

Lotus Care (Bridge House) Limited

Bridge House Residential Home

Inspection report

Bridge House Care Home
Topping Fold Road
Bury
BL9 7NQ

Tel: 01617641736

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04 November 2019

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05 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bridge House is a residential care home providing personal and support for up to 30 people, some of whom live with dementia. Accommodation is provided over two floors, accessed via a passenger lift. All bedrooms are single with en-suite facilities. At the time of the inspection there were 29 people living at the home.

People's experience of using this service and what we found

Prior to this inspection we had received a number of concerns about the management and care of people living at Bridge House. It was acknowledged a series of changes in ownership of the service had impacted on standards within the home. However, during this inspection people and staff told us and our findings showed the new owner had been proactive in identifying and taking action to make any improvements needed, as detailed throughout this report. No further concerns were raised with us.

People, their visitors and staff spoke positively about the management of the service. We were told managers were approachable and supportive. People also spoke about the kindness of staff and how they were cared for in a way they wanted and needed.

Auditing systems were in place providing oversight of the service. The management team were clear about how they wanted to develop the service further to enhance the experiences of people. Plans were in place to address this.

Staff had been safely recruited to work at Bridge House. There was a programme of induction, training and supervision to support staff personnel development. This was confirmed by staff we spoke to. Whilst there had been some turnover in staff, people, we were told this was now more settled. We found sufficient numbers of staff were available to support people in a timely manner.

We saw and people told us activities were provided. Further opportunities were being planned for to provide further variety to people's day. People's enjoyed regular visits from family and friends, who said they were made very welcome.

A programme of improvements were being made to enhance the standard of accommodation as well as create a more 'dementia friendly' environment. We have made a recommendation about the implementation of the Accessible Information Standard (AIS).

Aids and adaptations were provided to aid people's mobility and promote their safety. Relevant maintenance and safety checks were undertaken to ensure the premises and equipment were kept safe. Hygiene standards were maintained to help minimise the risk of cross infection.

People's nutrition and hydration needs were met. A choice of meals and refreshments were offered throughout the day. Kitchen staff had a good understanding of the people's dietary needs. The kitchen was

clean, organised and all equipment was in good working order.

People received their prescribed medicines in a safe way. People and their visitors told us they had access to a range of health care professionals to help maintain their health and well-being.

Relevant authorisations were in place where people were being deprived of their liberty. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care records reflected the individual needs, wishes and preferences of people. Staff spoken with had a good understanding of people's and how they wished to be supported. Staff were described as respectful and provided care in a kind and caring manner.

Staff aware of the procedure to follow with regards to safeguarding people from harm and had confidence the management team would respond quickly to any issues brought to their attention. Systems were in place for recording and responding to complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received by CQC and the local authority about the care and safety of people living at the home and the management of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, responsive and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bridge House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors. On the first day of the inspection assistance was also provided by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first of inspection; the second day was announced. Inspection activity started on the 29 October 2019 and ended on 4 November 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the

views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 14 people who used the service and the relatives of five people about their experiences of the care provided. We also spoke with seven members of staff including the registered manager, deputy manager, cook, housekeeper and care staff.

We reviewed a range of records, including the medication administration records (MAR's), the care records for four people, three staff personnel files, training records as well as information relating to health and safety and management and oversight of the service. We also explored the specific area of concern raised with CQC and the local authority about the care and treatment of people living at Bridge House.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, health and safety records and service improvement plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to this inspection we received concerns about management and care of people living at Bridge House. The local authority adult services and quality improvement teams were also aware of the issues. If necessary, the local authority may undertake individual reviews of people's care and support. It was acknowledged under previous ownership areas of improvement were required. During this inspection we found the new owner had been proactive in identifying and taking action to make any improvements needed. This was confirmed by people and staff told we spoke with.
- People we spoke with told us they were happy living at Bridge House. People visitors also felt their relatives were cared for safely. We were told, "I feel settled here, I have no complaints", "'I'm not sure how long I have been here, but they look after you so well" and "I think it's good here. I am safe and happy with everything. The staff always seem to be around to help". People's visitors also said, "[Family member] is 91 years of age and is doing well and is safe here", "I feel it is safe here for my [family member]", "I feel it is safe and I am happy that [relative] is being looked after well here" and "I feel it's safe here and the staff are open and helpful."
- The management team were aware of their responsibilities in relation to people's protection. When asked staff said they were confident managers would act on any reports, adding "Oh yes definitely, they would investigate", "Any safeguarding concerns I would report to the manager, I'm certain she would take action but I could take concerns elsewhere" and "100 % sure [manager] would take action and is 100% approachable."

Assessing risk, safety monitoring and management

- On the first day of our inspection we requested the provider confirm the safety and suitability of the mains electric circuit, fire safety, boiler maintenance and safety of the lift. On the second day of our inspection we were provided with evidence of safe systems in relation to the electrics and fire safety. Immediately following our visit, the registered manager also confirmed the remaining checks were in place.
- We noted the legionella assessments needed to be reviewed and updated. The registered manager confirmed with us during the inspection this had been completed. A copy of the report was to be forwarded to CQC on receipt.
- Internal fire safety checks were completed on the fire alarm and equipment. In addition, individual personal emergency evacuation plans (PEEP's) were in place in the event of an emergency arising.
- Plans were in place where potential risks to people's health and wellbeing had been identified, such as risk of falls, weight loss or pressure care. Where necessary additional monitoring and checks were completed so people's changing need could be quickly responded to.

Staffing and recruitment

- Over the last year there had been some turnover in the staff team however, further appointments had been made. People and their visitors told us enough staff were available and respond to their requests. We were told, "I think there usually are enough members of staff. They respond rapidly to the buzzer", "If you ask them, they'll do it and there are enough staff, at least there have been whenever I've been here" and "There had been a lot of new staff recently."
- Staff spoken with confirmed relevant recruitment checks were completed prior to them commencing employment. This was confirmed on review of staff personnel files. Staff spoken with said, "There are enough staff and it is a settled staff team", "The staff team are amazing, it's a good team now and we can be open and honest" and "We have had a high staff turnover because of personality clashes and sickness levels because of it but we are back on track we had to pull together as a team to get through it."

Using medicines safely

- Prior to this inspection concerns had been raised about medication practice. We spent time looking at the storage recording and administration of people's medicines. We found a safe system in place.
- Records showed and staff told us training and observations were carried out on those staff responsible for medication. One staff member said, "There's always a senior on days and nights who are responsible for medication along with [managers]." People confirmed they received their medication, adding, "The staff are nice and bring my medication", "I'm sure they're doing the right thing for me" and "The medication round is regular and good."

Preventing and controlling infection

- Prior to the inspection concerns were raised about the hygiene standards within the home and the provision of suitable cleaning products. During this inspection we found no malodours and good standards of hygiene were maintained.
- People and their visitors felt the home was always kept clean. We were told, "You can see that the home is clean and there are no funny smells", "Generally, I think the home is pleasant and clean" "The home is very clean and [staff member] is a good cleaner", "There are no problems with regards to cleanliness. The cleaner, [staff members name], is excellent" and "I think this is a wonderful place and it's very clean" and "I feel that it's clean throughout the home."
- Prior to this inspection we were informed the Health and Environmental Protection Team had undertaken an audit at the home in relation to infection control procedures. The service was assessed at 94% compliant. We were told that action identified had been addressed.

Learning lessons when things go wrong

- The registered manager monitored events within the home. Findings were shared with staff through supervisions and team meetings so practice could be improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Prior to this inspection concerns were raised about the lack of training and support offered to staff. A review of records and discussion with staff showed opportunities were provided to support and develop staff.
- People we spoke with and their visitors felt staff had the knowledge and skills needed, "The staff seem to be well trained, they all seem very good at the job", "There's a mixture of ages in the carers, which I like. They all bring different perspectives and interests" and "I think the staff has a good skill set" and "I think that the staff seems well trained."
- Staff spoken with confirmed they completed an induction following their appointment. This included an introduction into the home and their role and responsibilities, reading policies and procedures, completing areas of training as well as shadowing experienced staff. Staff also told us they had completed recent training in a range of areas. These included, moving and handling, end of life care, dementia, food hygiene and fire safety. Additional training, specific to the individual needs of people had also been provided, such as, Percutaneous endoscopic gastrostomy (PEG). This is a tube passed into a person's stomach for feeding where they are unable to take things orally. Records seen confirmed what we were told.
- Staff told us they were supported in their role and had the opportunity to speak with managers about their personal development. Comments included, "All management staff are very experienced and you can go to them for support", "We've done a lot of training because of the changes of ownership" and "I am really keen to improve my weakness and Tracy is helping me with that through supervision and clear objectives."

Supporting people to eat and drink enough to maintain a balanced diet

- Prior to this inspection concerns were raised with us about catering staff, equipment and the quality of food provided to people. During this inspection no issues were identified. All equipment was found to be in working order and staff clearly understood the nutritional needs of people. The chef confirmed the training they had completed and confirmed meals were made fresh each day. The service was inspected by the food standards agency in September 2019. and was rated '5' meaning hygiene standards were 'very good'.
- We saw a choice of meal was offered, freshly cooked and nicely presented. Where people needed assistance, appropriate support was provided. Adapted and coloured crockery was available to help people maintain some independence.
- People we spoke with were very complementary about the meals provided. They told us, "The food is very good and am always happy with what's dished up", "The food is good, usually home-cooked and we do get plenty of drinks" and "The meals are good. It is very good food, homemade with fresh vegetables and fruit." People's visitors also said, "The meals and drinks are all good here. Residents have always got jugs of fruit juice and tumblers handy for them to have drinks in the lounges" and "The food is homemade, and they

always have a good Sunday lunch. I've been invited to eat with [relative], and the quality of food has always been good. There seem to be plenty of drinks provided through the day."

- Staff monitored people's weight. Where risks were identified these were assessed and planned for. Additional monitoring was completed and referrals to dieticians and speech and language therapists were made so additional advice and support could be provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Prior to the inspection we were told people did not have sufficient supplies of continence aids. During this inspection we saw enough supplies of items were stored in people's bedrooms.
- People we spoke with said they had access to healthcare professionals if they needed them. We were told, "They [staff] will send for the GP if I am ill, and they have also referred me to the optician and podiatrist", "I've had a GP come to visit me" and "The staff know what they're doing, and they would always refer to the appropriate outside agencies if required. For example, they referred me to the GP for my [condition]. He prescribed the [medication] needed." One person's visitors added, "There is a dentist, podiatrist and an optician who visit."
- Care records showed people's personal care needs were assessed and planned for and referrals to the continence team had been made. One visitor told us, "[Relative] has had continence issues here and the staff have arranged for continence products to be supplied."

Adapting service, design, decoration to meet people's needs

- Prior to the inspection concerns were raised about the safety and suitability of the premises. Since taking over the service the provider had invested in the premises making the necessary improvements needed, including the redecoration of communal areas as well as new furniture. Further improvements were planned to enhance all areas of the home. One staff member told us, "The refurbished lounges have helped to raise the atmosphere. Kitchen equipment has been replaced and repairs are done immediately. They [provider] have also got equipment for pressure area care and the weighing bar for the hoist."
- People and their visitors acknowledged there had been some redecoration and refurbishment to improve the appearance of the home. People told us, "'I love this seat, because I like to look out of the window at the garden. It's beautiful, isn't it, so peaceful", "It's a nice quiet environment and I like my room as well", "I think the environment here is comfortable and relaxing", "There have been upgrades recently and it's created a nice bright, light atmosphere. The home is clean, and my relative's room is very pleasant and has a large en-suite. I wouldn't mind living here myself" and "They asked my [relative] what colour they would like their room to be decorated before they came. The room was specially decorated ready for when [relative] arrived. We thought that was excellent."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to

deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate arrangements were in place to ensure people deprived of their liberty were protected.
- Where able, records showed that people had been involved and consulted with about their care and support. Where people were assessed as lacking the capacity to make a specific decision for themselves, a best interest decision was made involving relevant people.
- Information to guide staff and training was provided in the MCA and DoLS procedures. Staff spoken were understood the principles of MCA and DoLS and making decisions in people's 'best interest'. Whilst staff had previously completed training in MCA and DoLS, updates in training were to be provided.
- Prior to people moving into Bridge House a pre-admissions assessment was completed to make sure people needs could be met. Assessments explored all areas of care and support required and any known risks. This information was used to inform people's care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff speak with people in a kind and respectful manner. Staff were caring in their attitude and approach to people and knew people well and how they wished to be supported.
- People felt staff treated them well and support was provided in a timely manner. This was supported by comments from people, such as, "The staff generally are good with me and I feel that I get support when I need it", "I feel that the staff act in a gentle and proper way. I feel comfortable with everything", "Anything you want, they will help you with, if they can. They are very good" and "I'm being treated with respect here as the proper human being and not an idiot."
- People felt staff treated them well and support was provided in a timely manner. One person told us, "Oh yes, they know all about me", "Oh yes there is always someone there for you" and "Yes, the staff on nights are good if I ring in the night they come quickly."
- People's visitors felt they were always made welcomes and they and their relatives were cared for in a kind and sensitive manner. We were told, "I really feel that the staff support both [relative] and me. They are so kind", "The carers will always take time to speak, which is good" and "The staff seem kind and caring and they all seem very good at the job." Another relative gave an example of how kind and compassionate staff were, adding "They show affection openly, for example the carers will kiss my mum and give her hugs, which is so important for someone living with dementia."
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, whether these be spiritual or cultural. Visits from local faith groups included Bury Parish Church who take Holy Communion with some residents and a regular visitor from Trinity Methodist Church.

Supporting people to express their views and be involved in making decisions about their care

- People's wishes and feelings were considered when planning their care and support. One staff member commented, "I enjoy the company of the residents and I love listening to them talk."
- We saw that people were able to make day to day decisions for themselves as well as follow routines of their own choosing, for example what time they wished to rise or retire to bed. People told us, "The staff is always willing to listen to me. I think there is a very kind team of staff here. They listen and they respect my choices" and "I think the staff are kind and caring. They also listen and respect my views." One person's relatives also felt their views were listened to and considered, adding, "They also listen to us and act on what we suggest, wherever possible."

Respecting and promoting people's privacy, dignity and independence

- People gave examples of how staff respected their privacy and dignity when providing care and support.

We were told, "They assist me in the shower and respect my privacy and dignity by closing the doors. They look after us very well", "They also respect privacy and dignity, by closing the doors and curtains if needed. I prefer a female carer to male one particularly when I'm in the shower. They have respected my wishes" and "and "The staff always ask for my permission before providing care", "I feel that the support is good here, because you get it when it's needed."

- People also spoke about how they were helped to maintain their independence and do things for themselves where possible. People said, "I have never used the buzzer. In fact, I don't believe I've ever needed help or to summon assistance. I like to keep independence" and They encourage me to dress, and wash, and manage as much as I can independently. I wasn't able to do anything when I came in at first, so I feel that I've improved a lot here. It's good care."
- Appropriate aids and adaptations were provided throughout, which enabled people to move around the home freely and safely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had been involved in the development of their care plan so information reflected their needs and wishes. Periodic reviews were also undertaken so information was kept up to date. One person commented, "I last saw my care plan about six months ago, when it was last reviewed."
- Personal histories, people's likes and dislikes as well as their wishes and preferences were detailed within people's individual plans of care. From our observations we found staff knew people well and delivered care in personalised way. One staff member said, "Care plans easy to read and clear."
- Additional monitoring records, such as, personal care charts, food and fluid intake and the use of topical creams and thickeners were completed. This information helped the team identifying changing needs or potential increased risks which were quickly responded to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Whilst information was available to people and their families about what to expect from the service this was not routinely available in different languages or different formats. However, we were told should this be necessary this would be provided.
- We saw new winter menus had been introduced. These were to be created into individual table menus and include pictures. A picture book of meal options was also available so people could make choices using visual aids.
- Pictorial signage was available in some areas of the home to help people identify bathrooms and communal areas.

We recommend the provider refers to the Accessible Information Standard (AIS) and explores current arrangements and how these can be enhanced further.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Prior to the inspection concerns were raised about the lack of activities and opportunities made available to people. The registered manager acknowledged the appointment of an activity worker had not been successful, therefore arrangements were again being made to recruit to the post. In the interim staff were providing some opportunities for people.

- We asked people about their daily routines, things they enjoyed and took part in. We were told, "I can go to the shops assisted. I'm lucky that and I have reasonable mobility", "I love to go to the hairdresser every week here. I also like to join in when they have singers, who come from time to time", "I can choose whether I want to take part in the activities here or not. I mostly enjoyed going out shopping and going on trips, such as to the cinema. I have been to see different pictures when the staff have had time and I really enjoy it" and "There are some activities here. I really enjoyed the children's pantomime and I like it when the singers come."
- During the inspection people took part in a Halloween party and a game of bingo. These were well attended and appeared to be enjoyed by both people and their visitors. One visitor said, "The residents seem happy and it's good to see them engaged and involved in activities." Another added, "On occasions they seem to have choirs from a local church and primary school children have visited. The children were involved in a pantomime here."
- In addition to the activities currently offered by staff, plans were also being made for Christmas, the creation of reminiscence room and a bar area offering different opportunities for people.

Improving care quality in response to complaints or concerns

- Systems were in place for the reporting and responding to any complaints and concerns. Information about how to make a complaint was made available to people on admission to the home as well as being displayed in the home.
- People we spoke with said they had no issues or concerns, adding, "We can all speak our minds, if needed, but all the staff are kind and caring", "You've nothing to worry about here", "All the people who work here are great and I have no complaints at all" and "I can raise any issue with [registered manager], and the staff know me well." People's visitors also said, "I have had no concerns in the 12 years I've been coming" and "I would recommend this home because I've never had any concerns. "

End of life care and support

- The service was not currently caring for someone at the end of their life. However, we were told and staff confirmed they had received training in end of life care and would seek the advice of relevant health care teams to ensure people received the care and treatment needed.
- We were shown new documentation, which explored people wishes and preferences before and after death. These were to be completed with people and their families should they wish to.
- As part of the improvements within the home, the registered manager said consideration was being given to a designated visitor room which could accommodate family members wanting to stay close to their relatives.
- The housekeeper we spoke with was mindful about being sensitive to those people at end of life, poorly in bed or asleep. We were told they would house keepers have to use their judgement about cleaning and would be as quiet as possible for example using a dust pan and brush rather than the hoover so as not to disturb them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Prior to the inspection concerns were raised about the attitude and conduct of the management team. We spent time talking with staff about their experience. Staff spoken with told us, "Their [managers] door is always open if I have a concern, they are very friendly." Another staff member said the new provider was also approachable, adding, "You can talk to him he is very personable." Staff were also provided with opportunities to share their view. Records showed and staff confirmed that regular team meetings were held.
- People and their visitors felt both managers and staff were approachable and listened to them. We were told, "Registered manager and deputy manager are both very approachable and pleasant. I would recommend this home", "I feel totally comfortable with things and I'm not afraid to ask about anything. The staff know me well. I would recommend this home because it is comfortable and friendly", "I can talk easily to those in the office and they always listen" and "The manager is very good. All the staff are approachable, friendly and pleasant."
- Resident and relative meetings were held and annual surveys were distributed. One person told us they were aware meetings were held, adding, "I've never attended any meetings, but if there have been any queries, I've always been able to talk to people on a 1 to 1 basis." One person's visitor told us, "I am aware of the monthly meetings, which have been introduced recently. I have attended one and my sister has attended two. These are quite useful meetings and are minuted, so that we get feedback."
- Recent response to the recent feedback surveys had been summarised. Where areas of improvement had been suggested such as the environment and activities, the provider had drawn up a plan to show how these were to be addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The service had a manager who was registered with CQC. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- People's visitors felt the registered manager and staff understood their role and responsibilities. We were told, "I can readily speak with [registered manager]. They have taken on board our views and also listened to our worries and are somethings out. I would recommend this home" and "The whole staff is approachable

and friendly here. I would recommend this home because I've not ever seen anything wrong. The staff are happy and willing and what's really important."

- When asked what was good about the service and if they felt it was well led staff told us, "It's a lovely atmosphere here, lots of interaction with the residents here. The décor has improved, and staff are feeling more positive about the future" and "It is a very friendly place. I get on with the staff and the residents are lovely, I like it here."

- Bridge House has yet to be rated by CQC since the new provider took over. However, a copy of the previous inspection report was displayed in the home for people and visitors to read.

Continuous learning and improving care

- People and their visitors acknowledged improvement had and were being within the home. One person told us, "The new owners are making changes and things seem to be improving."

- The management team had identified immediate and long term plans to enhance the service provision and improve the experiences of people living at the home.

- Audits systems were in place providing oversight of the service. The registered manager talked about the development of individual roles providing better scrutiny of the service to ensure continuous improvements were made.

Working in partnership with others

- The service worked in partnership with other agencies including a range of healthcare professionals and the local authority.

- As part of the inspection we spoke with the local authority quality improvement team. We were told action required following review by the local authority had been concluded.