

Bridge House (Oxfordshire) Limited

Bridge House

Inspection report

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Date of inspection visit:
22 November 2018
23 November 2018

Date of publication:
18 January 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected this service on 22 and 23 November 2018. This was an unannounced inspection. Bridge House nursing home is registered to provide accommodation for up to 71 older people and prepared to accommodate individuals living with dementia and require personal or nursing care. At the time of the inspection there were 70 people living at the service.

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

At the last inspection on 18 April 2016, the service was rated good. At this inspection, we found the service had improved to outstanding.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was exceptionally well-led. All staff showed a passion and commitment to providing the best support to enable people to have full lives. The management team and staff shared common values about the aims and objectives of the service. These were based on people being supported to live full and enjoyable lives and engaging with the community they lived in to reduce social isolation. Regular quality audits and checks were completed so improvements were continually recognised and there was effective follow up action which made sure people received a high-quality service.

People at Bridge house received exceptional person-centred care and support. The management and staff team understood what was important to people living at the home and acted upon this to improve people's quality of life. Management and staff worked closely and with people and their families to ensure each person lived as good a life as possible. People played an active part in the running and development of the home. A motivated management and staff team came up with new ideas to enhance people's quality of life and provide benefit to people.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. An activities team alongside care staff all worked together to organise an imaginative and rich programme, providing every opportunity for people to take part in activities that were meaningful. People had opportunities to maintain and develop relationships with visitors to widen their social networks. There was a sense this was people's home which people were proud of. People were supported to actively use their skills and interests in the decoration of the different spaces within their home environment.

Food and drink were provided to a high standard and people could choose what to eat and drink, as well as

decide on times of their meals. People who lived at the home and their relatives could voice their views and opinions. The registered manager listened to what people had to say and took action to resolve any issues. The management team reviewed incidents and concerns to look for opportunities to improve policies and practices for the future. There were systems in place for handling and resolving complaints which focused upon opportunities for learning lessons.

People who lived at the home and all staff were actively encouraged to contribute to the evaluation of the care and support provided and make recommendations for improvement. The management team and staff worked together as a team with a passion to learn about and aim for best practice, with people very much at the heart of the services they received in their home.

People were supported to make safe choices in relation to taking risks in their day to day lives, which helped people to maintain their own levels of independence. This was because staff made sure people had the equipment and aids they required to meet their needs. Staff had been suitably trained and understood how to support people in a way which protected them from harm and abuse. People benefited from positive risk taking which improved their morale and quality of life.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in an effective, responsive and personalised way. The management team supported staff to gain additional knowledge to promote a greater awareness and understanding of the diverse needs of people whom they provided with care and support. Staff had used their knowledge in practice on many occasions to support people in gaining additional equipment, aids and specialist advice which had a significant impact on enhancing people's well-being.

The service worked in partnership with other health care organisations, local school and a local hospice. The registered manager provided free of charge training for other health care providers and pioneered a toddler group that was interacting with people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe from abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

Risks to people's safety were identified and plans put in place to minimise the risks.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and well-being.

Staff cooperated effectively with local healthcare services and people had prompt access to any specialist support they needed.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Sufficient amounts of food and drink were provided to support people to remain healthy and well.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People's privacy was respected at all times.

Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

Care and support were provided in a warm and patient way which took account of each person's personal needs and preferences.

Is the service responsive?

The service was extremely responsive.

People had many opportunities to take part in as many interests as they chose. The service showed a real 'can do' attitude.

The home recognised and responded to people's changing needs, including needs for social interaction and stimulation. The management of the home developed and promoted community involvement within the home.

Feedback from people and relatives was extremely positive about the quality of life people were experiencing as a result of receiving support from the service.

People using the service and their relatives knew how to raise a concern or make a complaint.

Outstanding 

Is the service well-led?

There was excellent leadership in place and a structure that supported staff at each level. The registered manager and all staff showed enthusiasm and passion to continually improve people's outcomes.

The provider had put a great effort into involving the service in the local and wider community.

Quality assurance systems in place were effective and any shortfalls found were promptly addressed. There was a consistent drive to ensure that standards were maintained and improved.

Staff were highly valued by the management team, with strong recognition of and respect for their involvement in developing the service.

Outstanding 

Bridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 and 23 November 2018 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who were not able to talk to us.

We spoke with 14 people and seven relatives of people. We spoke with the registered manager, a deputy manager, one domestic staff member, two lifestyle co-ordinators, two registered nurses, one bistro staff member, five carers and one volunteer. Additionally, following our inspection we obtained feedback from other health care professionals.

We reviewed care records for seven people, looked at six staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel safe. I know the people around and about [carers]. It is a lovely place". Another person told us, "I feel very safe, there is a nice feel to it. There are good staff to talk to and it is nice to see the same faces". One person's relative said, "[Person] is in a safe environment. Had few falls before he came here, but only one little slip since. A lot of affection as well".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. A member of staff told us, "If I suspect abuse, I would whistle blow. I would inform the nurse in charge or the manager. If they did not act on it, I would go higher within the organisation or I would whistle blow to the Care Quality Commission (CQC)".

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Risks were appropriately managed. For example, when one person's health had deteriorated, a range of risk assessments had been produced. These risk assessments covered the areas of mobility, communication, manual handling and personal hygiene. Risk assessments were in place to help identify risk factors specific to each person, such as manual handling, falls, specific nutrition needs or fragile skin integrity. This helped to provide staff with information on how to manage and minimise these risks and provide people's care safely. All risk assessments were reviewed monthly or, if circumstances changed, even more often.

Staff understood how to report accidents and incidents and knew the importance of following the procedures in place to help reduce risks to people. We saw the registered manager had analysed each accident and incident which had involved people who lived at the home. As a result, appropriate steps could then be taken to help prevent incidents and accidents from happening again. An example of this involved people being referred to a general practitioner and other specialists after they had experienced a number of falls. This had supported staff to receive expert advice about how to best assist people concerned so it was less likely that they would experience falls in the future.

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were sufficient staff to meet people's care needs. Staffing levels were set appropriately to meet the support needs of the people living at the service and staff were deployed

effectively. People and staff told us that they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences.

People were supported to receive their medicines safely. Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up-to-date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance.

Medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking the stock at the home to ensure the medicines provided to people were correct. Staff supported people to take their medicine, and they did so in a gentle and unhurried way. They explained they always informed each person what medicine they were given and why, and sought people's consent before giving it to them.

For prescribed medicines to be administered 'as and when required', there was clear guidance in place when these should be given to people, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used.

The registered manager told us the service worked well with other health professionals to ensure regular reviews of people's medicines. A health professional described their link with the service as 'excellent', emphasising good communication between them and the service.

Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and the fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered the eventuality of people having to leave the home due to an emergency.

Housekeeping staff followed the colour coding system for their cleaning equipment. As a result, the spread of a potential infection was reduced because, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when delivering personal care to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet people's needs. One person told us, "Staff do know what they are doing, they all are very good at what they do". One person's relative said, "They are very well trained to cope with [person's] behaviour. [The person] can get very agitated and physical if [person] doesn't want to do something. They are definitely on the ball".

New staff had undergone a thorough induction programme which had given them the basic skills to care for people safely. The induction programme was linked to "Skills for Care". This meant care workers were trained to obtain the nationally recognised Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. In addition to completing the induction training, staff were provided with opportunities to shadow more experienced staff. This enabled them to get to know people and learn how they liked to be cared for. A member of staff told us, "I loved my induction. I got to see everybody on every floor. You do your training before you start shadowing other staff".

The training matrix and individual records showed what training staff had completed and when they were due for refresher training. Training sessions included moving and handling equipment, first aid, infection control and safeguarding adults. The service supported staff through the Nursing and Midwifery Council (NMC) revalidation process. The revalidation is the process that allows nurses to maintain their registration with the NMC and demonstrates their continued ability to practise safely and effectively. All nursing staff were required to complete the revalidation process every three years to renew their registration. All nurses' fees were reimbursed by the provider and their revalidation was supported by the registered manager and the director of nursing through training competency and reflective practices.

Records showed that all staff members had received regular supervision sessions and staff confirmed this while talking to us. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw records confirming that staff had received annual appraisals of their individual performance and had an opportunity to review their personal development and progress. A member of staff told us, "I am always more confident after supervision".

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. We checked whether the service was working within the principles of the MCA. Staff had been trained in the Mental Capacity Act (MCA) 2005 and received updated training. The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have capacity to make certain decisions were protected to ensure any decisions made were in their best interests. For example, we saw records of best meetings organised to decide on the insertion of a device to provide artificial feeding due to a person's reduced ability to swallow. We saw evidence that health care professionals, people and their families were involved in the best decision-making process. A member of staff told us, "The MCA is to support people who may lack capacity and to act in their best interest".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke to were able to explain what deprivation of liberty was and why and how people could be deprived of their liberty.

The chefs working at the service had attended training with Great British Chefs on how to prepare and create meals that were appetising and appealing to the elderly. Great British Chefs is a food multimedia company that publishes recipes and other cooking-related material via its website and through a range of social media. Great British Chefs is notable for working with a high standard of chefs, most of whom have been awarded a Michelin star. All the menus were prepared quarterly with people's input and feedback and this was sent for the Great British chefs to analyse for improvements required. One person said, "The food is good. They will always do something different if you want". One person's relative told us, "Food is good. If I am here at lunchtime I am asked if I would like lunch. This is like an extension of care".

The service took immediate action to address the needs of people at risk of malnutrition. When needed, people were offered fortified food and referred to appropriate professionals. We saw that the service took pro-active action to prevent the risk of malnutrition. One person needed food with more flavour to appeal to their taste and make them eat more. In response to the person's needs, the service had trialled spicy food with home-made spicy sauces. When this had not worked, the service had trialled externally prepared food, which resulted in improved eating of the person concerned.

People were supported to maintain good health by accessing health care services and obtaining advice from a range of professionals. These included GPs, psychiatrists, district nurses, community mental health nurses, speech and language therapists, and other professionals

The premises were dementia friendly. Carpets were free of patterns and building design helped to prevent people becoming confused. Small seating areas were available for people to rest or chat with others. There were indoor gardens on each floor and people were encouraged to participate in taking care of the flowers. In the dementia wing each plant had a card with the name of a person who had adopted the plant with a brief instruction for staff to remind the person about watering.

People's toilets and bathrooms were decorated in a homely style which helped to prevent people with dementia from experiencing the distress that may be caused by the use of a traditionally decorated hospital style bathroom.

Is the service caring?

Our findings

People using the service and their relatives spoke very positively about staff and the care received. One person told us, "I like the people [staff] looking after me. They are nice people, kind people. More than kind". One person's relative said, "Carers always have time for people. If someone is uncertain, they tend to reassure them and allay anxiety".

We observed that staff respected people's dignity and privacy. Staff knocked on people's doors before entering their rooms. They also ensured the curtains were pulled and the doors were closed while they provided people with personal care. One person told us, "They treat me with privacy and respect".

We saw that care staff spent lots of time talking to people to make them feel supported and comfortable at the service. Using the Short Observational Framework for Inspection (SOFI), we saw staff assisting people with their meals. People were offered food options by staff who talked to them or used gestures and other prompts to ensure people understood them and could make their choices. We observed staff assisting people with eating and drinking in a calm and caring manner. Staff worked well as a team; there was frequent communication among staff members who shared all information needed to ensure people's needs were met.

People and their relatives told us they were involved in planning people's their care. One person told us, "Do go through the care plan with me". One person's relative said, "We are very much involved care planning. We talk about any changes".

People were encouraged to maintain relationship with their friends and relatives. There was a nicely decorated room for visitors who wished to stay overnight to be closer to their relatives.

We saw people were offered choices in their daily routines and that staff encouraged people's independence. For example, people could make decisions on how to spend their free time. People could choose meals to eat, decide on the times of rising and retiring, pick clothes to wear. They could also decide whether to participate in the offered activities or not. Relatives confirmed people were offered choices and staff said the communication with people was good. As a result, people were able to express what they wanted and didn't want and they were listened to. Staff were able to describe how they offered choices to people. A member of staff told us, "We are offering people choice of food, choice of activities and choice of being involved in running of the home".

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized and respected within the service. A member of staff told us, "We need to respect all cultures and differences. Everyone is different. Some people require a different diet while others require a different type of the end of life care".

Staff were discreet and respected people's confidentiality. People's personal information was stored on a

password protected computer.

Is the service responsive?

Our findings

The service demonstrated that they were offering an exceptional level of providing responsive and personalised support and had gone the 'extra mile' organising meaningful activities and events for people. One person told us, "Carers [lifestyle coordinators,] who organise the different activities are superb". Another person said, "I love going to the musical things. Everything you want to do is done". One person's relative told us, "There are constantly things to do, [person] particularly likes the exercise class. [Person] is not forced into anything she doesn't want to take part in". Another person's relative said, "I have been up to events. Dad has been on trips with Mum [resident]".

The service used innovative ways to respond to people's wellbeing needs. People were encouraged to use technology such as tablets to create individual playlists of music, which was particularly beneficial for those people who were bed bound. Staff told us that music was played to one person if they experienced an episode of distress which helped them become calmer and helped distract them from any distress they were experiencing. The service had gone the extra mile to ensure that any activities offered were personalised and meaningful for people. They would find out what people had enjoyed in the past and found ways to provide opportunities to accommodate activities linked to this in meaningful ways. For example, a virtual reality machine was used to assist people revisit memories of their favourite sports and activities, such as sailing and paragliding. One person enjoyed using virtual technology to see the mountains and the scenery from their homeland. This resulted in the person speaking a few words in their native language which they had not done for a long time. People also used communication applications on their tablets to contact their families abroad allowing them to keep in touch more frequently.

The service ensured social activities were person centred and innovative, meeting people's individual needs, so people lived as full a life as possible. For example, one person enjoyed carrying out household tasks. In order to accommodate their needs, the person was encouraged by staff and an occupational therapist to get involved in daily tasks around the home. The person enjoyed cleaning and tidying with the assistance of care and domestic staff. Staff told us that this had a significant impact on their well-being. Another person benefited from using a memory box and their engagement in a range of social activities offered by the service. This resulted in the reduction of behavioural incidents and also a reduction of their PRN medicines that were used to help the person stay calm. Other activities organised by the service included making stained glass, quizzes, a scavenger hunt activity and a reminiscence.

We saw painting and sewing areas had been developed to meet the needs of people who were artists or craftspeople. These people had been upset by the fact they had not had any space to paint or sew when they had first moved in. Painting and sewing activities could be used as a distraction to reduce distress and people appreciated the opportunity to pursue their hobbies in the specially designed areas.

There were plenty of other areas in the building designed to suit people's individual taste, choices and areas of interests. For example, there was a corner with a typewriter and books. Other people who enjoyed painting, sewing or playing music had their own specially designed corners. The cinema room was decorated with posters of old movies and people could watch movies on a big screen.

A sensory room provided people with microfibre, bubble tubes and light experience. According to research, people living with dementia benefit from sensory sessions as had a calming effect and helped to prevent sensory loss. The bistro had an impact on people, enabling them to engage in social interaction, providing them with the opportunity for a chat, with home-made cakes and cappuccinos on offer.

The garden area was well maintained and nicely decorated. We saw evidence that people and their families used the garden regularly whenever weather allowed. There was a spa and a gym on the ground floor and we saw people using these facilities without any restriction.

The service understood the different needs of people and delivered support in a way that met their personalised needs. For example, one person had felt too shy and unmotivated to take part in the offered activities. The registered manager realised that the person had enjoyed knitting in the past and could still manage this skill. They placed a basket of knitting by the person's chair. This prompted the person to start to knit as they sat there in the quiet times and then they gradually built up their confidence to take a part in more activities.

Monthly history talks about the local community had caught the interest of one of the people using the service. The service manager discovered that the person had previously been engaged in the community and had conducted many interviews with different people important to the local community. Then the service decided to invite some of those people in to hold talks. The person knew and recalled her work with the individuals and enjoyed the fact it had been recognised by the service and interviewees.

The life people had lived before moving into the service was recognised and honoured by the staff. The service held a RAF tea to celebrate the 100th anniversary of RAF. One person who had previously been a WRAF enjoyed the event which meant a lot to them. The person was happy and stood up to speak, recalling their squadron number and their memories of the service. The service gave a special honour to another person who had been a Spitfire pilot. They received a special framed autograph from a famous typhoon pilot.

The service was running a 'Wish Wednesday' incentive to fulfil the wishes of people. For example, one person enjoyed a ride on a Harley Davidson. Another person wished to go a beach, which was not possible due to their medical condition. The service created an indoor beach especially for the person so they could feel like they were out at the seaside. Other people using the 'Wish Wednesday' incentive went to a swimming pool, got a video message from their favourite dancer/tv presenter or went to see The Flying Scotsman steam train. Another person wished to spend time with their family at the seaside. The service provided them with a chauffeur who took the person, their daughter and granddaughter to the seaside so they could enjoy a family picnic.

The service also actively supported people's wishes and choices through positive risk taking. The benefits of positive risk-taking can outweigh the harmful consequences of avoiding risk altogether and support a person's well-being. We saw evidence that one person had informed the director of nursing they were leaving for a holiday with their relatives. As the person was at risk of falls and had some specific health issues, the service liaised with the person's relatives to find out if relatives were able to manage the person's specific health condition. As a result, one of the relatives was trained by one of the nurses in the service to manage the person's condition. Additionally, the service arranged a physiotherapy review that helped make a decision about the most suitable walking aid for the person which had been purchased before the person went on their holiday. The person's relatives were provided with advice sheets and an emergency transfer care plan providing the relatives with instructions on what to do if the person became unwell and the nearest medical facilities to the place where the person was staying. This meant that with the support of the service the person enjoyed their holiday and was able to spend time with people who mattered to them.

People's individual religious needs were met. The service held a monthly church service with the service's local church group who held multi-denominational services. There was also a monthly Bible study group for people to participate in. One person was supported to continue to go to their church service by being driven by the chauffeur.

Each person had their needs assessed before they moved into the home. The aim was to make sure the home was appropriate to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met.

The service recognised individual needs of people and tailored care to suit their preferences. Care plans were reviewed by the registered manager monthly and adjustments or changes were made to the support if needed. Staff told us they were kept fully informed about any modifications in the support people required.

People had been provided with all the information they required to be able to make a complaint. None of the people and relatives had made any complaints but they said they would feel comfortable to talk with any of the registered managers if they were unhappy about any aspect of their care.

People's records included their decisions about their end of life care. The end of life care plans recorded people's wishes and choices as to what was to be done after their demise. For example, the plans contained details of people's wishes regarding funeral arrangements and the service followed this as far as possible. This showed that the service had a caring approach and respected people's end of life wishes.

Is the service well-led?

Our findings

At the last inspection, the service was rated as good in well led. At this inspection, we saw that the service had shown continuous improvement which demonstrated the characteristics of an outstanding service. There were high levels of satisfaction across all staff and morale was extremely high with staff saying they felt very well supported in their roles. Staff told us there was exceptionally good teamwork and the registered manager went the extra mile to set an example by being open and supportive. A member of staff told us, "I feel absolutely supported. It is a very good company to work for. I have a condition that is incurable. They made arrangements in my workplace so I can continue working as before. It is really nice to have that kind of a relationship with the management". We heard many examples of how the provider had ensured staff felt valued resulting in high levels of satisfaction.

Staff were supported by recognising their efforts and devotion to service users during an annual 'Heart of Gold' celebration. This ceremony was held to recognise and celebrate the contribution made by individuals in the staff team who consistently went above and beyond what was required to make a real difference to people's lives. Also a monthly recognition of 'Going the Extra Mile' took place to show staff appreciation and recognition to those who made a difference to people's lives.

All members of the staff team were welcomed to share their ideas or suggestions. Staff could do this through a 'Share with us' box or via email. All ideas were considered and where appropriate actioned. For example, one suggestion had resulted in lifestyles training as part of the induction and also as part of staff mandatory training. The lifestyle training had been developed by the service as a part of 'making a difference challenge' and aimed at improving people's quality of life. Every member of staff who shared their idea got a gift voucher for helping to shape and improve the service.

Staff benefitted from an employee assistance programme. The provider realised that at times it was a challenge for staff to balance the pressures of work with the needs of home life. They also recognised the fact that sometimes support was needed to deal with some challenges staff might face, either practical or emotional. The assistance programme meant staff could receive personal counselling after the death of a loved one in their family as well as financial support, childcare advice, vouchers and tax information.

The services values were embedded as part of the culture. New staff had the opportunity to talk about the company values and the mission with the senior management during Carebase insight training. A Carebase insight training day was mandatory for all new staff and was part of the induction process. On these training days staff were chauffeur driven to a hotel and spent a day learning about the company and their values. Staff were able to meet the director, the chairman and business managers. A member of staff told us, "This really makes you feel you are part of Carebase".

Staff were rewarded and supported alongside carers through a Carer's Week which was held by the service annually for a full week. Every day during Carer's Week staff had the opportunity to enjoy a variety of attractions, ranging from massages and beauty treatment, through cakes and pizza, to an ice-cream van outside the service and wrestling in sumo suits. During this week carers from the community were also

invited to come in and have some treats. Afternoon tea was offered at the service's bistro whilst external carers were provided with training, advice and support.

Further ways in which the service showed their appreciation for staff were the weekly 'Team Tuesday', where the service organised events. For example, we saw evidence of events such as team breakfasts, pizza lunches, fun treasure hunts around the home and fancy-dress days when staff could bring fun and enjoyment to the service. Staff told us this had a huge impact on their morale.

All of these initiatives ensured that staff felt valued and appreciated which helped them have a strong organisational commitment. Staff knew that going the extra mile was always recognised and rewarded and they knew they could always rely on support from the management team. A member of staff told us, "It does not matter what you do. You are still at the centre of the home".

The service had developed numerous community links to reflect the needs and preferences of people in the service. For example, we heard that a local toddler group regularly visited the home. The introduction of this activity to people had proved to be rewarding and beneficial for all parties involved. Staff reported to us that the crossing of generations created 'really amazing' moments for people living in the service. People who usually had difficulties with mobility became more active as a result of playing and engaging with the children. People who had not been eating well ate willingly if, for example, offered a biscuit given out by a child. One person told us, "Everyone is welcomed, especially children. The children refer to Bridge House as "Great Grannies Hotel". It's a very happy place to come".

A local junior school working in partnership with the service had completed projects on art, allowing pupils to draw portraits of people living in the service. The service together with the local junior school also organised reading competitions and music concerts. Some of the people living at the service went to the school for a special meal when they were working on a project related to the World War II.

Pupils from a local school visited the home weekly to take part in a quiz which comprised of their team competing against a team of people from the home. This was extremely well-received by people.

The service had also built a relationship with the local Brownies group. Brownies are a section of the Girlguides for girls aged seven to ten years old. This proved to be a very important to people as some of them had previously been Brownies or their commissioners. This provided many people with an opportunity to reminisce about their days in the Brownies. The service completed many projects with the local Brownies, such as a wedding parade for the royal wedding that took place at the service. The Brownies had recently been awarded their badges for entertainment by one person living at the service after doing a poetry and magic concert for people.

A community book group led by Oxfordshire's "tea books" had worked with the library to create groups for people to stimulate reading and discussion. This had become one person's favourite activity. They told us they would never miss a session and they were always catching up on their reading. This person was supported to continue their desire for learning by enrolling for a degree course in university.

A local music centre had helped the service to build up and establish their own home choir. As a result, the service had started to hold performances for people's relatives with people singing different songs of their favorite repertoire each quarter.

The service invited children from the local schools to design and create a wedding dress, with the winning entry featured in a parade through the home. Children were tasked with making a dress Meghan Markle

might like. The winning design was presented together with 11 other wedding dresses that belonged to people, their relatives and staff. Some models were relatives of people and other dresses were displayed on mannequins.

The service had also gone the extra mile in working with other care homes. We saw evidence that the registered manager had provided clinical supervision for staff from other care homes run by non-clinical managers. The service was also providing free-of-charge end of life training and clinical supervision training to other services. Training was also provided to the local community on such subjects as dementia, nutrition, and falls prevention.

Bridge House was collaborating with a research project run by a food manufacturer in conjunction with a local hospital. A trial food supplement was designed to break down some infection caused by bacteria, reducing the need for prolonged use of antibiotics.

The service's efforts to provide good quality care and to improve people's quality of lives had been nationally recognised. The Great British Care Awards are a series of regional events throughout the UK and are a celebration of excellence across the care sector. The purpose of the awards are to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work. Staff from Bridge House had won the 'Putting People First/Personalisation Award' in 2018. This was achieved by demonstrating how they made people feel special by making their wishes come true. Judges from the Great British Care Home award were full of praise for the team's efforts, commenting: "This team enables genuine person-centred care. They allow residents to live life to the full and get the balance right between risk and choice. A dedicated, person centred team of care professionals."

The provider had a number of systems in place to monitor the standard of care delivered to people. A quality assurance and monitoring system was in place to assess the quality and safety of the service and to ensure continuous improvements. Where audits had shown that improvements had been needed, action plans had been produced. These had been reviewed and updated to ensure that the required actions were completed and the improvements achieved.

The people we spoke with and their relatives felt the culture of the home was open and transparent. One person told us, "There is a good atmosphere in the place, friendly staff who get on". One person's relative said, "There is good communication. I phoned yesterday and the nurse informed me of the situation with [person]". Another person's relative told us, "If anything happens, they will call me. What I like is that they will phone when something good has happened."

We saw evidence of regular staff meetings. Regular meetings kept staff up-to-date and reinforced the values of the organisation and their application in practice. Staff told us the meetings were useful and enabled staff to contribute to the service development and improvement by sharing their ideas.

The service worked in partnership with other agencies. They had good links with the local health and social care professionals. More specialist support and advice was also sought from relevant professionals when needed. This helped to ensure people's health and well-being needs were met.