

Enter and View Report

Location of visit	Bridge House Care Home 95 Bracken Rd, Brighouse HD6 4BQ
Service provider	Fisher Care
Date and time	Thursday 22 nd May, 10.30–2pm
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Acknowledgements

Thank you to all the residents, visitors, relatives and staff at Bridge House Care Home, who spent time talking to us about their experiences of using the services or working there. Thank you to Patricia for helping us to arrange our visit and to Josh and Patrica for talking to us about how the service operates and to Tracy for taking the time to show us around the home.

Disclaimer –Please note: This report relates only to a specific visit and the report is not representative of all service users and staff, only those who contributed within the limited time available.

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012.

Enter and View visits give service users, visitors, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well.

The visits may focus on a single issue across multiple settings, respond to local intelligence about a particular setting, explore an area we haven't visited before, or be carried out at the request of a service to better understand how it operates.

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The service

Bridge House Care Home is a purpose-built home with 66 rooms, located in Brighouse. It is surrounded by woodland, which makes it a calm and peaceful environment. The home offers residential, nursing and dementia care. The building has five floors, and each one has a balcony that residents can use. The home has two rooftop gardens on the top floor. There is a long, steep driveway leading to a car park and on-street parking is available nearby. On the ground floor, there are several communal rooms where residents can relax and spend time with others.

Why did we visit

We wanted to hear from people living, visiting and working at the home, about their day-to-day experiences. This followed feedback and information from relatives and visitors. This visit was a supportive, planned visit as social care is a priority area in our current work plan.

Staffing and resident numbers

On the day of our visit there were 62 residents living at Bridge House. Staff members included 1 reception staff member, 1 senior staff member, 14 care staff across all areas, a team leader and senior carer on each floor, 1 nurse, plus a hostess and a domestic worker on each floor.

What we did

We carried out a pre-arranged visit lasting 3 ½ hours. The visit was informal, and we used prompt sheets with questions about independence, choice, dignity, food and activities. It was hoped that this unstructured method of speaking to individuals would result in free-flowing discussions about their experiences of Bridge House. We also used our senses to note our impressions of the home (the '5 senses' approach). We spoke to as many residents, visitors and staff as we could on the day. A survey was offered to staff via a link and QR code and additional staff information bags with our details were left. Visitor information bags were left by the

signing in book. The survey was available for 1 week after the visit for people to give feedback via the survey link, telephone or email.

Overall impressions

We were warmly welcomed at Bridge House, asked to sign in and then introduced to four of the senior staff team. The building is spread over five floors and is quite impressive. The decor is stylish, and you can see the attention to detail with lighting and design. The ground floor had a hotel-like atmosphere that felt comfortable and inviting. We particularly liked the street-style area with brick style wallpaper, making it feel like you are walking down a real street to the cinema, pub or hairdressing salon. It felt like a lot of thought had gone into this area to create a positive experience for residents. We were shown all the communal areas. Three floors had residents' bedrooms, each with a shared lounge, dining area and kitchenette. The top floor had a rooftop garden, an outdoor walled area, and a staff/training room. We visited the ground floor, first, second, and top floor. We did not go to the third floor because some residents were unwell, and we wanted to avoid the risk of infection.

The ground floor– includes the reception and several communal rooms, including a pleasant café-style area with floral table displays. Most of the chairs here didn't have armrests, which may limit mobility and comfort. During our visit, the café was being used for a residents' coffee morning. Further down the corridor, there was a large room that could be divided into two – one side was set up as a cinema with comfortable high-back chairs to create a real cinema experience. The other side was an activity area with craft and painting materials and a small table for crafting. There was plenty of space to move around and a large bookcase held a good selection of books. A staff member was using the area as a quiet space to work on the morning of our visit. We were told a wedding had taken place in this room that weekend and it had been decorated accordingly, which was lovely to hear.

The 'pub' room felt very realistic with bar style tables, a dartboard and ales menu with prices. There was also a sandwich board/sign to advertise the

area. The pub isn't open daily; it is used as an arranged activity for residents to experience an outing to the 'local pub.' Further along the corridor was a kitchen, with cooking facilities, a table and four chairs covered with military 'uniforms' which looked unique. To access this room a key fob is needed. This room was not in use during our visit. The home later clarified that this room is used as a small board room/meeting room primarily by the group's management team and healthcare professionals.

The hairdressing salon was in use at the time of our visit; this felt a very well-used room. It had front-facing hair washing sinks. The home later told us that a backwash sink had been previously considered, however backwash sinks are not being fitted to newly built care homes due to residents inability to lay back and support their head/neck for long periods of time (up to 5 minutes causing neck strain). The home shared that it is now widely accepted that older people, especially those with joint pain and curved spines, find laying back for hair washing almost impossible. Extra equipment to make hair washing easier had been brought by the hairdresser especially for use in bedrooms for residents who are bedbound.

A large, well decorated room at the end of the corridor, previously a 'Day Centre' room, was not in use at the time of our visit. The home later told us that this room operated as a day centre up to the time of the Covid pandemic, when it closed. The space is still used by the rest of the home for cooking and baking activities and they are currently considering the ongoing use of this space.

The lifts and the staircase to other floors have a key code or key fob access. The signage for toilets along this area wasn't very clear. We saw a resident who needed this facility getting confused, unable to find where to go until a staff member directed them to the closest toilet, which they had already walked past unseen.

Floors 1-3 were identical, a communal area at one end, all with a large window which made for nice, bright rooms, but we noticed there was only one window that was openable. The home explained later that the

communal lounge / dining areas are fully air conditioned, and that they encourage the maintenance of a regular temperature in the home so they keep the windows in that area closed to maximise the benefits of the air conditioning. The décor was homely, with ornaments displayed around the room. Different zones had been created with a dining table in one half of the room and TV/ seating area in the other. These areas felt quite warm to the Healthwatch team, but the residents appeared comfortable.

Corridors on each floor were wide with a handrail on both sides of the wall to support walking. There were different wallpapers in different areas creating interesting zones. Doors were painted to look like front doors with a picture and name of each resident on each.

Resident floor 1 – There were a couple of large tables where residents can sit to socialise and eat together, the chairs seemed low in height. There were a mix of chair styles with room to walk with support aids around the table and comfortable looking chairs at the other end of the room. The television was on low volume with subtitles; we were unsure, given the size of screen, if the text would be big enough for most residents to read comfortably. Music was simultaneously playing at the other end of the room, also on low volume so it may not have been easily heard. In the far corner of the room was a large table with a selection of snacks – crisps, biscuits, fruit. There appeared to be some activities under the table, 1 jigsaw, a couple of books and magazines, these were not particularly accessible. We were unsure if they were placed there temporarily when tidying or whether this was an activity station. The home explained later that these items had been moved from the dining tables to allow lunch to be served, and that these are generally placed onto the dining tables around 9.30am and removed again around 11.30am to allow lunch to be set up. The same happens before and after other mealtimes.

There was a dementia-friendly clock, but it had been placed behind some of the snacks on the table so could not be easily seen. The kitchenette is used by the hostess to prepare drinks and snacks. There was a drinks station just outside the kitchen with tea/coffee facilities and a jug of juice and a water dispenser.

Resident floor 2–This had the same layout as the other floor with tables and chairs. More support equipment was available to support the needs of residents living on the floor. Chairs had no arm rests in some areas. Snack station table had fruit, biscuits, crisps and wine and a small selection of books on this table, with a dementia-friendly clock on clear display. The round table in the far corner of the room looked a little untidy with magazines piled up, a laptop, wires and an orange. This looked as if items had been put down and overlooked. There was a small cabinet with a glass front with a small selection of books and CDs. We did not visit floor three.

Top floor –there was a well-maintained roof garden, accessible with staff via the lift or stair key fob. One side is an open area with cabana and sofa-style seating – appealing but quite low. There was a high glass barrier, which felt like a secure area, with plenty of space for people in wheelchairs. The second side is a sheltered ‘walled garden’ without seating. We were told they had plans to put an orangery-style roof over this area. Throughout the home, the veranda/balcony areas, we noted, had no seating or outside potted plants which residents could manage, an activity we think would work well. The home made us aware later that the balcony areas were being jet washed at the time of our visit so items that would usually be present had been removed.

We asked visitors their thoughts about the environment, one said it was a “lovely place, tidy and safe”. Two visitors mentioned it was clean at the home. A visitor mentioned the resident they visit enjoys watching the comings and goings from the window, and the view is lovely, but it gets really hot in summer with only one window to open. Another visitor said the environment was nice, which is why they chose it, but the access is difficult when going out with the person they visit, and not the ‘right fit’ for them for a variety of reasons.

One visitor said although it was a difficult decision to move one of their parents into the care home it had worked well, with the other parent making friends at the home too and they also enjoyed coming to the home. Another visitor said that it was a lovely building but didn’t feel it was

fully used to the benefit of the residents. Other comments were that it would be nice to take their relative outside more easily and that the lower ground floor veranda looked bare – they felt it would be nice to have some pots or planters there that residents could manage. Shortage of outdoor space was mentioned and that the roof garden gets very hot, but the gazebo does provide some shelter. Another visitor felt that some outside space on the ground floor for people to use would be good for everyone. We were told plans are in place to develop this. One said they hadn't yet seen the roof terrace but the resident they visit uses the veranda. The home told us they have plans to add a courtyard to the front of the building by the main entrance where ambulance-only parking is currently.

Visitor comments about Bridge House

"I think I had my own fears about what a care home is, but everything I felt was unfounded".

Not all the residents had the capacity to talk to us or explain how they felt living at Bridge House. The individuals we did talk to explained they liked or thought it was 'alright' living at Bridge House. One said they were happy here, another that they feel safe, and one resident said they would recommend it to others. One resident said they liked the view, and another told us it was clean.

Residents' comments about Bridge House

"I can't fault it, it's lovely"

"It's lovely, nice people"

"Feel very well looked after"

"It's okay care-wise, nice girls"

Staff at Bridge House

The staff we spoke to told us they **“like”** or **“love it”** working at Bridge House. One said it was a **“happy place”** to work another said it’s a **“good place”**. One staff member said the staff team was ‘pretty stable’ and that staff get on well. Bridge House sometimes get students on work placements due to their links with Calderdale and Greenhead colleges. They have also taken student nurses from Leeds University, both with variable success.

We asked if staff felt they have the time to sit and talk to residents to get to know them, amongst their other tasks, they said yes they did. A staff member said they felt they could break off from a task to chat with residents. Staff tend to stay on the same floor so get to know the residents on that floor well. One staff member said that they talk to residents about their family and their likes.

Another mentioned they made a particular effort to speak with new residents to **“help them feel like part of the family”** and spent the time talking to family and visitors who ask updates about their loved ones, such as how their appetite had been that day and what they had eaten.

The online staff survey showed staff giving Bridge House an overall rating: 4.8/5 stars as a place to work and live. All staff via the survey said they were offered training, felt it a safe place to work and could speak to senior staff if they had concerns. Three felt they were able to help residents live independently **“very well”** and one said **“well”**. Staff were split about whether they felt they had enough time with residents and were able to build relationships: one saying **“yes”**, one, **“mostly”** and one, **“some of the time”**. Night staff were limited in their knowledge about what happened in the day and suggested an area of improvement could be in communication with night workers.

Staff comments about working at Bridge house

"I like seeing the residents happy, it makes me happy"

"Everyone gets on with everyone"

"The home is working on more involvement from residents – setting up a residents meeting. Family meetings not always able to discuss their preference as this is an overall meeting. Bridge House would like to implement an open-door day for relatives/Residents to discuss their wishes, hobbies, concerns what is going well and what is not. This would focus on their needs."

On resident floor one we observed staff serving drinks and using residents' names, indicating they knew the individuals well. The interactions we observed appeared functional (when carrying out a task) with not many conversations between staff and residents that weren't related to the task, other than the nurse from Quest who was chatting with residents. Staff were coming in and out of the room frequently, bringing items or assisting people to and from the room.

On resident floor two we observed a staff member talking with a resident and giving an affectionate hug. Again, on this floor, most other staff interactions observed appeared to be functional, bringing residents to and from the lounge area, using hoists etc to get them seated comfortably. Staff seemed to come and go from the room, but we didn't observe anyone spending time doing activities or engaging residents in other activities. The home later explained that, as the Healthwatch visit took place partly over a mealtime, many residents required personal care before eating. These tasks are necessary to ensure residents can enjoy a positive and uninterrupted dining experience. They added that during the mid-afternoon and early evening, activities and engagement are positive, supported by an experienced lifestyle team who deliver a wide and varied programme for residents who wish to take part.

The home also highlighted the use of the 'Oomph' wellness platform, which offers a range of 1:1 activities delivered in residents' rooms, as well as interactive content on residents' TVs, workbooks, and daily news articles for residents to enjoy if they choose.

We noticed that staff were attentive during the coffee morning later in the morning, in the café area. Staff spoke to residents respectfully when asking if they needed more refreshments during the coffee morning and joined in singing with them.

Visitor feedback about staff

We spoke to visitors on the day and via email and telephone after the visit. Most visitors we spoke to felt the staff team and the care was good. One visitor said that staff speak very calmly, are good communicators and make the visitor cups of tea. Another visitor talked about the support given by staff when their loved one first came to the home. They had felt they were letting the resident down as they were unable to care for them as they needed and felt reassured, that the resident is safe and well looked after. One visitor felt that staffing was inconsistent in the lounge on resident floor two when residents were occupying it. Apart from mealtimes, they felt there were long periods each day when there are no staff visibly present in the lounge or anywhere on this floor when they visit.

Visitor comments on staff members

"The staff are just wonderful, and they have helped me so much too, not in the early days but still today."

"When I address issues with staff 'on the floor' [the floor where the resident lives] I only get half a story back"

Resident feedback about staff

The residents we talked to on all floors spoke highly of the staff. Many saying they were "good", "nice" and one said "okay". "Friendly" was also

mentioned a few times by residents about staff. One resident said “helpful”, and another said they “like to chat to the staff”.

Residents’ comments on staff

“The staff are friendly; I have no complaints and feel safe and well looked after here.”

“Staff are friendly and make me feel like a friend”

“I think the staff are excellent, if you ask for help, they help without any bother.”

“There are a lot of staff, she has a loud voice but knows what she is doing, yes they are okay”

“The care from the staff is good – ‘they help me get washed and dressed’

Visitors to the home

We were told that visitors can visit when required. The main door is locked after 8pm for security but visitors can still be buzzed in by staff on each floor. Visitors are provided with 2 key fobs per family to access the room and main door after the front of house staff member leaves for the day and on weekends. The fobs give access to rooms downstairs and stairwell. Mealtimes are protected but visitors are allowed to come to assist residents to eat if they wish. Relative/visitor meetings are held to enable relatives to share views. The home is hoping to provide family and relatives with a weekly opportunity and an open-door meeting to speak to the manager soon.

Visitors agreed they could visit when needed and as often as they want, one visitor explained they were able to still care for the resident by supporting them to shave and feed them. Another couple of visitors felt that the relative meeting should be an opportunity for the home to say what might change if problems occur, but not to state their (Bridge House) problems. To be listened to as a visitor.

Visitor suggestions and comments of Bridge House

"Yes, I feel welcomed at the home, I get attached to staff it's like a home from home"

"The residents meeting attended seemed like a good opportunity to share feedback and any issues, it was just annoying with excuses as to why, not what might change"

"I think they should go daily downstairs (residents) – a change of scenery, with all these extra communal rooms"

Independence, choice and dignity

While we didn't see the bedrooms, residents commented that they were comfortable and that they could personalise their rooms. A resident told us about making their room feel like their own and another said they liked their room, *"It's private with a big ensuite, it's nice"*. One resident said the bedding was not great and felt the home need to change this. They explained they were glad they could bring own bedding.

A couple of visitors mentioned that rooms were good, one said it was like a little flat and they were able to have fish in a tank in the bedroom. We were told that they were able to add or remove items to suit the resident, accommodating their choices or worries. Another visitor said the rooms are nice, but didn't know about having names on clothing, saying that when a resident is new to the home, someone needs to explain this to their family. The home later explained that information such as this is provided to all residents and their families in their 'welcome to', booklet. One visitor said they leave their personal things in the resident's room so they can see something of them there.

We were told by a visitor that they felt there was some inconsistency in getting the resident they visit out of bed each day to be in the lounge for meals, socialisation and avoiding bed sores etc. There was one day where staff said this was due to shortage of staff, or they were too busy

depending on who they asked. A visitor told us that in recent weeks there have been days when the hoist was unavailable; it was unclear whether this was a problem with the hoist itself or whether it hadn't been charged. The home later explained that they were aware that in early April they had an issue with one of the hoists and the repair of this took longer than expected. To combat this, they purchased a new hoist and a new stand aid. They had disruption to the home for hoisting and longer wait times for 3 days until the new equipment purchased arrived, however they wanted to clarify that people were still able to be supported safely.

Visitors felt a consistent service should be provided for the substantial monthly payment they are making. Another visitor said that they'd like more support on what to say to the resident they are visiting when they are asking things about the home, such as how long they are staying and why they are living there. Feedback was mixed from relatives/visitors about being kept informed or communicated with about residents. One visitor saying they felt their relative's health needs were well managed and they felt they were kept informed of changes. Another explaining that whenever they come, the person they are visiting is clean and they can see they are well cared for. They added that any personal care is dealt with professionally and with respect. Another said the care is "good, in fact excellent – they are well supported to dress well, and I'm informed about their care". One visitor disagreed and told us that the communication isn't great, they didn't feel included in the care plans and didn't feel the care plan was finished yet, explaining they wanted to make a more personal care plan, specific with interests, hobbies etc. The visitor felt that some things were not in place yet for their relative, and they were considering other options for their care.

Visitors' comments about independence, dignity and care

"I feel like it's a hard job for staff, but I feel I can go home knowing [they] are safe and that feels reassuring."

"The laundry service is amazing"

"I'm here daily, I care for them when I get here."

We were given the key code for the lift and a key fob to operate the door to the stairs. We wondered if the fob system was easy to use for residents or provides a barrier for residents wanting to use the ground floor communal areas independently. We were told that residents with capacity have access to the code for the lifts and that residents can come down to use the ground floor facilities whenever they choose.

Others are supported by staff to move around the building to go to the roof garden. It was explained to two of our team when visiting the roof garden that the lift stops at the third residential floor but staff can override to visit the roof garden. Two of the Healthwatch team were unaware of the rooftop override and struggled to get the lift to the top floor to see the garden. Travelling up and down several times, each time they moved floors they had to enter the code and press 4 but the lift moved to where it had been called by someone else needing to get it. They felt if it was a family member with a resident or independent resident trying to reach the roof it would be very frustrating and confusing. They asked three separate staff members to help them get to the roof garden and each time the staff member put in the code and pressed 4 and left them to it, which didn't take them to the roof. The fourth staff member explained that they didn't know how to get it work and let them through the stairway instead. We wonder if all of the staff team know how to get to the roof and how often residents get to use this area. We were told later that residents could ask staff to take them up to the roof in the lift and they would go up to the top floor and call it from there with the resident in the lift.

Independence

We wanted to find out how independent residents felt and how their choices were met at Bridge House. We were aware that not all residents will have the capacity to be as independent as they wish. One resident said they can get up when they want and go to bed when they want. Another said they feel independent, but there are people around if they needed to talk to someone. One resident explained that they enjoyed the outdoors but were not able to go outdoors without staff. We could see how this was frustrating them. A resident said that they would like to go out but were

“not really allowed” they thought and that it was a steep hill to walk back from Brighouse, so they go for a walk along the corridor if they want a walk.

When we left there was a resident sat outside by reception enjoying the sun independently. One resident explained they liked to read but the lady who takes her to get books had been on holiday, and they hadn't got any new books to read during her absence; they were not sure if they were allowed to go and get books by themselves. The home later told us that the team had not been asked to support this person to obtain books but, had this been the case, they would have happily arranged for the resident in question to visit the local library or book swap / shop in the town.

One resident asked if we knew there were cameras in the lounge room. We hadn't been aware and didn't see them or any signs to say there were any. During our conversation at the end with the manager and owner we were told of an occurrence when they needed to look at the cameras to check something. We were unsure where the cameras are placed and felt this could have privacy implications. The home clarified later that their CCTV is in communal corridors and the outside areas of the home, no CCTV is located in private spaces or bedrooms within the home. They told us there are several signs around the home, including on the front door of the home and in reception area stating that the home has CCTV in operation. A consent form is also issued as part of moving in assessment to the home to state that residents (or, for those without capacity, their representatives) are aware they have CCTV recording in communal areas.

One resident said that they wanted to be at home, but they would say that about anywhere, any home, so it's not anything particularly negative about this care home. One resident was waiting for a suitable wheelchair and the company commissioned (Rosscare) had given the go-ahead for one but the family did not know when it would arrive. Healthwatch offered to contact Rosscare with their consent and see if we could assist. This is still ongoing with limited communication from the company.

Resident comments about choice and independence.

"My room feels like my own space now; it took some time to get used to it going from a house which is mine to just a room. I have a nice view, and I do look out a lot."

"I do come downstairs regularly and sit on the veranda, that's nice."

"I have my medication managed, I'd forget if I had to do it myself."

"I would like staff to wear name badges- it's so hard to talk to people when you forget their name. You can hardly say "Oi you come here". People are faceless with no names"

The hairdresser told us that residents with capacity paid her themselves – she asks a care worker to witness the transaction. Those residents without capacity have funds with the management team. She showed us the inflatable bowls she uses to wash the hair of residents who are in bed, to make this service accessible.

The hairdresser is self-employed and comes in twice a week, some residents book in with her and sometimes she goes up to the residents' floor and asks who wants a trim. A resident told us they liked their hair doing at the salon. A visitor also agreed their loved one enjoys getting their hair done regularly. There had been some changes lately as there used to be two hairdressers coming and now there's just one. We were unsure if this comment indicated that this changed the frequency of residents having their hair done or just an observation. The home later told us that they have one regular lady, called Lauren, who has been the home's hairdresser for many years, and they had recently been approached by a new hairdresser too.

We asked a staff member if residents could get involved in cooking/cleaning or everyday tasks if they wanted to. We were told they could with a risk assessment, but they hadn't known of any residents to ask to get involved with preparing food – other than a baking activity – but

said there were a few who liked to set the dining tables and help with cleaning after meals.

Food and drink

The food is supplied by the Apetito service (Wiltshire Farm Foods) which is delivered in frozen form and warmed at the home. Each floor has a kitchen with an oven. There are individualised meal plans for those who require modified food textures, such as soft or puréed meals, to support their dietary needs safely and comfortably. Staff explained that this approach to food provision was chosen to reduce the need for a chef. Hostess staff are trained to serve and present meals in an appealing way. However, it was acknowledged that maintaining consistency in how food is presented can sometimes be a little difficult.

Two of the management team had tasted the meals and felt they were good. Meals are seasonal but can be changed as needed if residents are not enjoying them. A food log is kept for each floor with likes and dislikes noted so they can change the menu accordingly. Takeaway fish and chips are ordered to the home once a month.

Mealtimes are protected times, but visitors can come to support residents as needed. The main meal of the day is at teatime and a light lunch is provided, such as sandwiches and soup. The home has decided to serve it this way as there is research to show it reduces falls in dementia patients as well as keeping energy levels stable through the day, avoiding a slump in energy midday. Extra fruit or other items are ordered as needed.

Residents can ask for food outside of mealtimes, and if a resident has missed a meal or wants to eat a little later that can be accommodated. Residents can request food they like– one example was that a resident wanted fresh pineapple instead of tinned and this can be provided. They also have a 'side menu' with an alternative choice of foods, including jacket potatoes and sandwiches. Most desserts, cakes etc are made on site. A hostess told us they made sure there were enough snacks and drinks available in between meals. A staff member said on special

occasions, such as the King's Coronation and dementia week, special meals are planned.

The food menus were displayed on the wall in the entrance area, but we didn't notice menus on other floors. There was a main menu with a choice of two main meals plus a side dish, followed by a dessert. There was also a lighter menu which featured a starter, main meal and dessert. There were few vegetarian options, although this may be because they're not required. It appears that the menu is changed every three weeks. The type face on the menus was very small to read with the whole week on 1 side of A4 and all black type.

While we were there, we noticed that milkshakes were served on one floor and residents were offered a hot drink as an alternative.

Staff were divided in their views about food, 2 saying it was excellent, 1 good and 1 average.

Staff comments about food and drink

"We use Apetito for all foods, it's very good for special diets, but could be presented better by the hosts."

We heard mixed comments about food served at Bridge House from both residents and visitors. Many visitors we spoke to hadn't tried the food or dined there. Commenting "I think it is good", another explaining that the food was brought into the home and not cooked here, but didn't have a strong opinion on this. A couple of visitors mentioned that their relatives have pureed or soft food and thought this option worked well for them. One visitor mentioned food choices, noting that some options were not suitable for residents with limited chewing ability. They emphasised that residents with dementia may not always choose meals appropriate for their needs, so it's important that suitable options—such as softer foods with sauces or gravy—are consistently available and encouraged.

It was mentioned that the furniture on the resident floors, particularly the dining area chairs, were generally too low for people to comfortably eat at the table. A visitor said that if residents are capable of feeding themselves,

they must hold a plate on their lap. Another visitor said that it was much better when residents had dined in the downstairs room as it was a different environment for them and a change of scenery. They said it was “a proper dining experience, which was lovely” and that it’s what ‘sold’ the home to them.

Not all residents were happy with the food, some enjoyed it and thought it “mostly nice”, “nice”, “decent” or “tasty”. One resident said they didn’t like cooking and preferred to have meals cooked for them. Portion sizes were mentioned as good, although one resident felt they were too big for them. Opinions were mixed on food choice, some residents unsure if an alternative was offered, while others said there were choices. One resident said “you can ask, doesn’t mean you’ll get it” when talking about an alternative choice. A resident who always cooked from fresh before moving to the home explained the food was not enjoyable, “older people can’t chew hard bacon”. They felt a chef was needed not a hostess, “A hostess, what does that mean?” The cost of living here was mentioned by another resident. “Come on it’s a big fee” regarding wanting value for money where meals are concerned. Milkshakes were highlighted as enjoyable by one resident and sausage, chips and beans and the cheese sandwiches by another. One resident said they were provided with plenty of tea to drink. Fish and chips from the local chips shop were mentioned by a few residents as something they looked forward to, although one person said they weren’t sure this still happened.

Temperature of the food was talked about by a resident who preferred it hotter as the food was ‘lukewarm’ in their opinion. One resident said they were happy with the mealtimes.

Residents’ comments on food

“It’s not for everyone but I like it”

“Poached eggs are my favourite, but one member of staff makes them the best.”

“The food is atrocious here, microwaved bacon sandwich is uneatable”

Visitors' comments on food and drink

"Inappropriate meals provided which don't take account of limited chewing capabilities (e.g. hard potatoes or pastry often without something like gravy to lubricate) or people's likes/dislikes (e.g. curry which is not something that many elderly residents like), the food is like student food"

"Initially it came on a plate and was nicely presented like all the others, but I asked them to put it in a bowl as practically that is easier for me to feed him. They [staff] were fine with the request."

Socialisation, activities and entertainment

There was a coffee morning activity for residents and visitors while we were there, held in the downstairs 'café seating area' near the reception.

Biscuits, raspberries and buns were served, (some baked by a relative to mark Dementia Week). Drinks offered, tea, coffee or a choice of fresh fruit juices. Residents could help themselves to what they fancied, the coffee morning was a nice event for social interaction with music from the Beatles, Elvis and Louis Armstrong playing which led to singing from the residents. It was lovely to hear residents singing 'you are my sunshine' together. It was clear to see this activity was enjoyed by all. Staff continued to assist residents when needed, but they also joined in the singing or sat and had chats with residents which made it feel relaxed. We noticed positive interactions between staff, residents and family members attending.

During the early afternoon some residents were taken to watch a film in the cinema room. We went back to talk to residents upstairs after lunch and some residents seemed to be sitting in the same places as earlier. We were interested what other activities take place, particularly for those who aren't able or don't want to join in downstairs. It was explained that the focus in the morning is more about morning routine, breakfast, dressing tasks etc. Activities tend to take place after 11am or after lunch. We were told about the 12 chickens hatched over the Easter; how residents were involved in the

care and got to observe the chickens hatching. Minnie the dog is currently being trained to be a therapy dog for residents.

The home is looking to book entertainers such as comedians. A programme of activities was displayed on the ground floor; there didn't appear to be a range of choice for residents to choose from each day. It was explained to us that two activity coordinators create a daily activity plan for the week but we didn't see these advertised, only a monthly print-out which didn't show daily activities. A visitor told us that the Healthwatch visit was advertised as an activity which they didn't really feel it was.

The staff survey highlighted that activities were carried out by two members of staff who were described as doing **"an amazing job"**.

Staff comments on activities and entertainment

"Activities team go over and above. Very residents-focused and always coming up with new ideas, involve staff and attend meetings with their ideas."

Visitors at Bridge House mentioned the Thursday coffee mornings as a weekly activity but felt there could be improvements to socialisation and activities residents were involved in at the home. A visitor said their relative has had their nails painted by a staff member and they enjoy this. Another visitor explained they had taken the resident out for nails painted as a treat as they didn't know what was happening 'activity wise' here at the home, explaining there wasn't enough going on for their loved one. Another visitor said more social stimulation was needed as when the person they visit is in their room they are often left without the TV on to occupy them. They felt that more regular, organised "activities" for residents were needed as currently they are limited to occasional events rather than being embedded in day-to-day care.

One visitor said it was the first time they'd seen residents on the ground floor in the short time they had been here. Another visitor mentioned a change in activities lately. They thought this could be due to some staff

changes, saying that different staff have different ideas and that there was more going on previously, “they [staff] are nice but it is different, previously a staff member had baked with residents”. A visitor told us that the person they visit is always in their room when they come and that they were expecting more going on in the communal areas. A visitor said that last year a Valentine’s disco was held for residents at the local working men’s club and that was good. They said, “I wish there was more of this and trips”, explaining they knew there was an accessible transport problem for people in wheelchairs.

Visitor comment on activities

“I wish they moved more from this floor to go downstairs”

The home is aware they are hindered by the hilly location when it comes to families taking residents for outings in the local area. They have an account with Woods Taxis – but you have to book a wheelchair taxi in advance and availability is not always guaranteed. We asked if it was worth investing in a mobility scooter for residents’ use.

We spoke to residents and asked them what they enjoy doing here at Bridge House. Some residents said they like to do puzzles or watch films, read and rest in the afternoons. Having their hair styled was another activity enjoyed. One said their own hairdresser comes to the home.

One resident told us about entertainers and singers that sometimes come and do a show downstairs, they enjoyed this. They also mentioned that if it is someone’s birthday and they don’t like to go downstairs, the entertainer will come up to the residents’ floor to sing. Many residents were unable to give us an answer as to what they enjoyed doing or what their favourite activity was. One resident told us they spend most of their time in the lounge and sometimes go to activities, either downstairs or in the lounge on the residents’ floors. Another explained they like to sit outside, indicating to the veranda. We asked if residents had ideas about what they would like to do some said, “not sure”, some “outings”, or shrugged shoulders or said “no”.

Two residents at the coffee morning said it was a nice activity but the first time they had experienced this. We were not sure if memory problems prevented them remembering or if they hadn't been for other reasons. A few other residents we spoke to on floor one and two said they hadn't used, or didn't want to visit the cinema room, pub or downstairs area. One resident stating "It isn't really my thing". One resident mentioned she sometimes liked a drink but hadn't been to the pub downstairs.

One resident told us about an impairment they had and how staff made reasonable adjustments to support them. We asked residents about the roof garden and their experiences of this, one resident thought they had used it and one said it was too hot.

Resident feedback about activities

"I like to keep an eye on people (passing and going) when sunny on veranda"

"The coffee morning gives me the time to hang out with the girls and have a sing; I have been to the pub a few times and watch a film. I choose what I do."

' I like to talk to staff'

"They are very good at explaining things to me about whats going on and helping me get involved'

Health professionals supporting the home

We were told that residents are registered with two local GPs with virtual 'ward rounds' via Zoom twice weekly. Staff can order prescriptions and seek support for unwell residents. They said they felt well supported by the GP practices. Hewett's in Brighouse provide the dental care as needed. There are no routine dental check-up appointments and care is mostly provided on a private basis as NHS dental services are not readily available. Specsavers provide eye tests and hearing tests annually and they book residents in as needed for appointments. At the end of our visit, we saw audiology and ophthalmology staff from Specsavers arrive.

During our visit we spoke to a nurse from Quest, which is an acute service delivering healthcare to homes throughout Calderdale. The aim is to reduce the frequency of GPs having to visit care homes and to reduce emergency admissions to hospital. The nurse told us she visits as requested to see to certain patients, almost like a triage but with care and treatment provided. The nurse will liaise with GPs/other services if needed. The nurse will also speak with other residents during the visits to build a relationship and get an understanding of their needs.

Conclusion

It's clear that considerable thought has gone into the design of the home, and we were encouraged to hear about planned changes aimed at further enhancing the environment for residents, visitors, and staff.

Residents spoke highly of the staff and praised the care they received, which was encouraging to hear. During the coffee morning, we observed some warm and positive interactions between staff and residents. Staff also told us they enjoyed working at the home and didn't have any suggestions for improvements.

While it was clear that staff were constantly busy throughout our visit, and residents expressed that they valued conversations with them, we only saw this type of engagement during the coffee morning. On the floors where residents spend the majority of their time, most interactions appeared brief and task-focused, rather than social or conversational. However, we do understand that the home was building up to lunchtime and residents care needs were being attended to.

Visitors strongly highlighted the need for more thoughtful planning around activities and opportunities for social interaction. Additionally, both visitors and some residents felt that the quality and variety of food could benefit from further improvement.

Overall, the home gave an impression of two distinct areas. The ground floor is large and visually impressive, but during our visit it appeared quieter than expected and may not have been used to its full potential at

that time. We acknowledge that residents and families, who know and understand the home's routines, may experience and view the use of this space differently.

We wondered whether the quieter atmosphere might have been due to staffing being spread across multiple floors to maintain a presence throughout the building. During our visit we observed limited social activity, however we recognise that this may not reflect the usual variety of activities and engagement that the home tells us takes place, in the afternoon and early evening.

We believe there is some work to be done, and our recommendations below reflect the actions we feel are needed to further improve the experience for both residents and visitors. After speaking with the senior management team, we felt encouraged by their openness and willingness to make positive changes. They showed a clear commitment to ensuring residents have the best possible experience and that visitors are given the time and opportunity to share any concerns or compliments more easily.

Recommendations

Recommendations	Managers comments
<p>Food and mealtime experience</p> <p>Our visit highlighted that food is a concern for some residents and visitors.</p> <p>We recommend that if Bridge House is confident that Apetito is the right provider, they organise a tasting session for residents and visitors. This would allow them to sample the food and provide feedback on menu choices.</p>	<p>We have already held a planned Apetito taster day with the team from Apetito, this was planned prior to Healthwatch visiting the home and we are already addressing the concerns of the 1 or 2 residents who have already raised this with the home.</p>

Recommendations	Managers comments
<p>Outdoor spaces (verandas)</p> <p>While the verandas are a positive feature, we recommend enhancing them with flowers or shrubs to make them more inviting.</p> <p>Seating should be provided to ensure these areas are accessible and comfortable for both residents and visitors.</p> <p>Consider using some verandas as accessible growing spaces, where residents can engage in planting herbs, small vegetables, or salads using raised planters.</p>	<p>At the time of the visit, we had been having the verandas all power washed and cleaned and they had been emptied of all chairs and flowerpots.</p> <p>We will however take on board the views from the visit and implement the use of growing boxes for residents to use.</p> <p>We do acknowledge that planting boxes would be a nice feature for these areas and will look to purchase suitable items to enhance our gardening experience for residents</p>
<p>Visitor communication and involvement</p> <p>It was clear that some visitors felt unheard and would value more time and opportunities to discuss concerns individually.</p> <p>We recommend fast-tracking the implementation of the planned open-door sessions to demonstrate that Bridge House is open to feedback and committed to making reasonable adjustments.</p>	<p>We have a pre-planned butterfly meeting session; this is booked for 16 July 2025, signs have been put up around the home and an email has been sent to all listed friends and relatives of those living at Bridge House so we can ensure we are actively engaging in gathering feedback and responding to this in an appropriate manner.</p> <p>We have ordered a feedback box which we will locate in our</p>

Recommendations	Managers comments
<p>An anonymous feedback box labelled “Tell Us What You Think” should be introduced, making it clear that individual concerns can still be raised directly with the manager.</p> <p>Feedback responses could be shared publicly through a quarterly “You Said, We Did” update displayed on the noticeboard.</p> <p>Offer regular opportunities for visitors, families, and residents to view proposed plans or changes and provide their opinions to ensure ongoing inclusion in decision-making.</p>	<p>reception area beside the signing in books for the home.</p> <p>We will then adapt a notice board in the reception café to include you said we did information following our planned butterfly family meetings</p>
<p>Activities and engagement</p> <p>We recommend embedding activities into the daily routine and raising awareness of the activity schedule among residents and visitors.</p> <p>Residents and families should be involved in shaping the activity programme.</p> <p>If the role of “Activities Champion” is shared with other responsibilities, we suggest allocating protected time for planning and delivering activities.</p> <p>Provide options for residents who may not want to participate in group events, such as coffee mornings or film sessions. For example, craft activities</p>	<p>Our activities schedule is published each week and we have activities notice boards on each floor of the home, we have activities as part of our daily 10@10 meeting where the activities team report what they are providing each day and they are aware who will and wont engage. Activities are discussed at residents’ meetings each month gathering feedback and ideas from residents to influence the activities schedules the home provides.</p>

Recommendations	Managers comments
<p>from the craft room could be shared more widely across communal areas to ensure they are accessible to all.</p>	<p>Our Front of house manager is the lead for activities in the home and has protected time to meet with the team to discuss ideas and plan implementation of ideas into the activities calendars</p> <p>We feel your findings with the homes activities are not truly reflective of what we provide and strive to deliver for all at Bridge House.</p> <p>Our activities team work very hard to engage with each resident throughout the week, including providing some 1-1 time for those who are unable to attend or choose not to attend the planned group session we hold.</p> <p>We often receive very positive feedback on the activities provided including community visits, regular guests to sing, talk, bring animals in to the home all of which are very well attended by the vast majority of residents</p> <p>We do have 1 or 2 residents who choose not to engage in any of</p>

Recommendations	Managers comments
	<p>the activities offered whenever asked and the activities team have spoken to those residents on a 1-1 basis to gather views and opinions on what they would like to participate in with mixed feedback.</p> <p>We will continue to strive to provide a varied and engaging activities calendar for everyone at the home to engage with should they choose to, however we also fully respect peoples choices and wishes if they choose not to engage or participate.</p>
<p>Accessibility and comfort</p> <p>We recommend that seating is looked at as a priority and check that it is accessible and fit for use in areas where it has been raised as a concern.</p> <p>Ensure staff are confident in accessing the top floor so they can guide visitors in using this space with their loved ones.</p>	<p>We are looking at purchasing appropriate new chairs at the present time and expect that these will be in place in the coming weeks.</p> <p>We will do huddles in the coming weeks to ensure all staff are aware of how to access our rooftop garden space.</p>

Other comments from the manager

Healthwatch comments in main report	Manager comments
Clear signage of toilet facilities	We have noted this feedback relevant to residents and have now provided new signage that is dementia friendly for all toilet doors
Visitor comment about information sharing to families and residents, particularly about names on clothing.	This is covered on page 12 of our welcome to booklet that is provided to all residents and families on admission to the care homes however we will reiterate this with our feedback at the Family butterfly meeting that is due to take place on 16.07.2025 and we will ensure this is noted on our you said we did feedback