

Bush Home Limited

Bush Rest Home

Inspection report

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West Midlands
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bush Rest Home is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 44 people.

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

Some care records required further detail about actions staff should take to keep people safe and to ensure compliance with the Mental Capacity Act. This was being acted upon by the registered manager. People felt the management team were approachable and that the service was well led. People had the opportunity to feedback on their experience of their care.

At the last 3 inspections we found shortfalls in the management of the delivery of care. This included a lack of understanding of risk and regulatory requirements, and care/risk plans without details of how staff should mitigate risks. At this inspection we found not all risks to safety had been assessed, however, staff knew how to reduce risks for people.

There were enough staff to meet people's needs and people had received their medicines as required. There were infection prevention systems in place to reduce risks associated with infection..

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who understood their dietary needs and ensured these were met. People had access to healthcare support where needed. Staff received training relevant to their role.

People felt staff were kind and caring to them. People were treated with dignity and were encouraged to maintain their independence where possible.

People were supported by staff who knew them well. Records held about people gave personalised information about their preferences with regards to their care.

People were supported to keep hobbies that were important to them. Where complaints were made, these had been investigated.

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

Rating at last inspection

The last rating for this service was Good(published 06 October 2021).

Why we inspected

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bush Rest Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 5 people's care records and multiple medication records. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, complaints, and quality assurance records. We spoke to 2 people who live at the home and 3 family members. We also spoke with 5 members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Identified risks to people's safety had not always been assessed and measures had not been implemented to reduce this risk. Risk assessments did not always detail the level of risk and actions staff should follow in response to this. For example, one person who smoked did not have a smoking risk assessment completed. This meant that staff did not have clear instructions on how to support the person when they wanted to have a cigarette.
- Another person had been advised by their doctor not to fast due to health complications. However, there was no risk assessment for the person so staff could not clearly see the risks associated with fasting. However, this was only found in 2 care files, and staff knew the people well in order to mitigate risks. The registered manager also knew people's needs and risks.
- Staff knew people well and understood the individual risks posed to each person. Staff were seen to be supporting people to move around the home safely to reduce their risk of falling. For people who were at risk of developing sore skin, staff could describe how they supported them to reposition to reduce the risk of skin breakdown.

Staffing and recruitment

- Staff were generally recruited safely. However, 1 staff member's file showed gaps in their employment history. The provider explained this person had been in post for a number of years under the previous provider, and they had been transferred to Bush Residential Home after a change in ownership of the service. However, they accepted the staff file checks should have taken place during handover and the missing information should have been retrospectively entered.
- People told us they were enough staff to meet their needs. One person said, "You can always get hold of a member of staff if you want them." Another person added, "They [staff] come and check on you throughout the night."
- People's needs were met in a timely way. Staff remained with people in communal areas throughout the day and people who stayed within their bedrooms were being checked regularly.
- Staff confirmed that recruitment checks took place. This included Disclosure and Barring Service (DBS) checks and obtaining references from previous employers.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative shared with us, "[Person] is definitely safe. If I thought they were not, I wouldn't have them there."
- Staff received training in how to safeguard people from abuse and could confidently explain the actions they would take if they had concerns about a person's safety.

- Where concerns had been identified, the registered manager had shared these with the relevant external agencies as required.

Using medicines safely

- People received their medicines as required. We saw medicines were stored securely and records reflected that people had been given their medicines as needed.
- Some medicines were given on an 'as and when required' basis. For some of the medicines, there was no guidance for staff on when to administer this. However, staff we spoke with understood when these medicines should be given, and senior staff updated the medicines records during our visit.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong.

- Where accidents and incidents occurred, a record was kept of these detailing the actions taken in response. This indicated that action was being taken to reduce risks in future. For example, in response to falls, referrals had been made to falls teams and equipment had been sourced to reduce future risks. However, we did not see evidence of how these incidents informed wider discussions with staff and the provider to mitigate future risks. Trends were not analysed. The registered manager told us that they were looking at implementing a system to help analyse trends in incidents which would support risk management.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices had been assessed and any changes to these needs were clearly recorded. For example, care records showed consideration had been given to the person's protected characteristics under the Equality Act 2010, such as their sexuality.
- People told us they were asked for information during care plan reviews and had an input into how they received care. One person's family told us they were always asked during reviews about food for their loved one as they did not like the food offered due to cultural issues. The family stated how the provider had offered cultural meals, but the family were happy to provide food themselves as this was their loved ones preference.

Staff support: induction, training, skills and experience

- Staff told us they received an induction that included the completion of training and shadowing a more experienced member of staff.
- Staff received training in areas specific to people's individual needs such as Dementia Care. However, training records showed there were gaps in some staff training where updates were required. The registered manager had identified this and provided staff with a deadline to complete the required training.
- Staff were very supportive of people in promoting independence. We saw 1 staff member encouraging a person to stand and hold their walking frame rather than helping them up. The staff member told us this was to help in ensuring the person safely exercised muscles whilst standing up and sitting down.

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

- People gave positive feedback about the meals they had at the home. Comments included, "They have a good variety of stuff" and, "It is pretty good, there is always a choice and you can always get something you like."
- We spoke with the cook who informed us there were systems in place to share information about people's dietary needs. They showed us information sheets in the kitchen which enabled them to tailor people's meals to their specific dietary requirements.
- Mealtimes were a relaxed experience for people. Staff sat with people and made conversation. People were encouraged to eat their meals and provided with alternative options where they did not want the meal they had originally chosen.
- We saw a staff member eating their lunch whilst supporting a person. However, the person was getting frustrated as the staff member was not supporting them enough due to eating their own lunch at the same time. The registered manager told us that this was a policy they had implemented as feedback from people had indicated it would be nice to eat with staff. However, upon reflection they agreed that it may not always

be possible due to the needs of the people supported. They would look into the policy and make changes.

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

- When we arrived on the day of inspection, we saw there was decorating work being conducted within the building. The registered manager told us they were painting the building and making repairs to make the environment more pleasant and dementia friendly. They also told us the furniture was being changed and showed us an invoice for new furniture.

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

- People told us they had access to healthcare support when they needed this. One person said, "They [staff] get all of those kinds of people out to me." A relative added, "They [staff] get someone in to take care of their feet and their nails. [Person] hasn't needed a GP recently, but staff are always happy to support them with medical needs."
- Records showed people had been supported to access a number of health professionals, including Speech and Language Therapy and community nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were working within the principles of MCA. People told us staff sought their consent prior to providing their support. One person told us, "Yes, staff ask my permission and would leave me alone if I refused [support]." Staff could explain how they obtained permission prior to supporting people and how they would respond if someone refused support.
- Where people lacked capacity to make a decision, DoLS authorisations had been sought. Records held in relation to these decisions showed that the relevant process had been followed, however there was not always a record of who had been consulted in making these decisions.
- An application for DoLS was missing the names of persons at the meeting as well as referral dates. We raised this with the registered manager who advised this would be addressed. They stated that this document was incomplete and showed us another held on a computer file which was fully completed. They understood that documentation should be held in 1 place to allow staff to be able to read this when required. However information missing would not be required by staff to support people on a day to day basis.
- All staff did not always know who had a DoLS authorisation in place and why. However, all staff knew where this information was kept and advised they would refer to people's care plans for this information.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality of the care provided. This included reviews of accidents and incidents, checks on infection control practices and checks on health and safety. Where areas for improvements had been identified as part of these systems, it was not always clear what action had been taken in response to this. Although the registered manager could describe the actions being taken, this had not always been recorded.
- Care records required further detail in places. For example, staff told us about how they mitigated some risks to a person's safety but this had not been reflected in care records. In some Mental Capacity Assessments, it had not always been clearly recorded who had been consulted in the decision-making process. We raised this with the registered manager who identified records required further work and had commenced the updating of these.

The providers systems had not been effective at identifying risks and improving the quality of the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the leadership at the home and told us the home was well led. Comments made included, "Staff are absolutely fantastic at their jobs, they listen to what I need or want. Anything I ask, they are straight onto it."
- Staff told us they usually felt supported in their roles and that managers were accessible to them. One staff member said, "I am usually happy with managers, but sometimes, they are not available for questions with the door closed." The registered manager told us that they usually only keep the door closed when they are doing sensitive work which may be confidential, however, they would look to inform staff of these times and ensure more visible availability.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and the requirement to be open and honest with people. Where concerns had been raised, the registered manager had shared this information with the

relevant external agencies and families where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had opportunity to feedback on the quality of the care. One relative told us, "[Registered manager] will ask me for my feedback. They keep in touch with us." All people spoken with told us their feedback was acted upon.
- Staff also had opportunity to feedback their thoughts on the home with the management team. They said this took place via staff meetings. One staff member told us, "We can give feedback in staff meetings, handovers, or our 1:1 meetings."

Continuous learning and improving care; Working in partnership with others

- The registered manager displayed a commitment to continuously improving care. However, the systems in place to provide oversight had not identified issues such as missing details in staff files, missing risk assessments for smoking and missing information on Deprivation of Liberty Safeguarding documentation.
- Where required, the registered manager had worked with other agencies to improve care for people. This included a number of health professionals, from GP's to district nursing teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems had not identified that Care Plans and Risk Assessments did not have enough information to support people safely.