

Bush Home Limited

# Bush Rest Home

## Inspection report

37-39 Bush Street  
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West Midlands  
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Date of inspection visit:  
25 August 2021

Date of publication:  
05 October 2021

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	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 that the management team were approachable and that the service was well led. People had opportunity to feedback on their experience of their care.

People were supported by staff who knew how to report any concerns of abuse to keep people safe. Risks to safety had been assessed and 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 COVID-19.

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 that 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 people 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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 08 February 2020).

### Why we inspected

This was a planned inspection based on the previous rating.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.  
Details are in our well led findings below.

# 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 Care Act 2014.

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 and one pharmacy 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.

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

#### Notice of inspection

This inspection was unannounced.

#### 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 three 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 via video call to four people who live at the home. We spoke with on the telephone to four relatives. We also spoke with three members of staff and the cook on the telephone.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

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 had 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.

Assessing risk, safety monitoring and management

- Any identified risks to people's safety had been assessed and measures implemented to reduce this risk. Risk assessments detailed the level of risk and actions staff should follow in response to this. Some of these records required further detail. However, this had been identified by the registered manager who had started to update the assessments with the required details.
- 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 support them to reposition to reduce the risk of skin breakdown.

Staffing and recruitment

- 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."
- We saw that 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 rooms 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.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### 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.



# 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 now 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

- Records indicated that people's needs, and choices had been assessed and that any changes to these needs were recorded. For example, care records showed that consideration had been given to the person's protected characteristics under the Equality Act 2010, such as their sexuality.

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. Although some members of staff initial training had been impacted by the COVID-19 pandemic, staff received support from other members of the care team. One member of staff explained, "Every time training was booked COVID-19 interrupted it, I did shadowing though so did feel prepared for the role and I can do the training soon."
- Staff received training in areas specific to people's individual needs such as Dementia Care. However, training records showed that 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.

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 told us that there were information sheets in the kitchen that enabled them to tailor people's meals to their specific dietary requirements.
- We saw that 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.

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

- Adaptations had been made to the home to support safe visiting for relatives. This had included the building of a visitor's pod attached to the main building so that people could visit without entering the home. Relatives spoke positively about this and one relative told us, "We have used the visiting pod, [registered manager] was really good at helping us get it organised."

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 but I am sure they would get one if needed."
- 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.

- People told us that 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. This indicated staff were working within the principles of MCA.
- 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. We raised this with the registered manager who advised this would be addressed.
- 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 caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about their relationships with care staff and told us staff were kind and caring. One person said, "Staff are very nice, very good to me. They will do anything for me." This view was shared by relatives who also told us staff were kind to their loved ones. One relative told us, "I have no problems with any of the staff, they always have a smile on their face and are always very friendly."
- Staff spoke about people in a kind and compassionate way, reflecting on people's unique characters and their enjoyment of 'banter.' We observed positive interactions between staff and people, with one staff seen to be affectionately holding the hand of a person while they chatted. A person told us, "I love them [staff], I love them."

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

- People were supported to make their own choices and be involved in their care. People confirmed they would choose their own clothes each day and were able to get up and go to bed at a time of their choosing. One person commented, "I just tell them what I like and what I don't like." We saw people being supported to make choices, including the activities they wished to take part in, and where they would like to sit at mealtime.
- Relatives told us they were kept informed about how their loved one was and felt equally involved in planning for the person's care. One relative said, "Staff were brilliant in lockdown. They would always fill me in on how [person] was." Another relative told us how their loved one had always liked to wear clothes which colour co-ordinated, and staff had always ensured this was respected.

Respecting and promoting people's privacy, dignity and independence

- People felt their independence was promoted. One person told us how they had supported staff within the kitchen and said, "I helped make the pastry and do the washing up." Staff could provide us with examples of how they promoted independence. One staff member explained, "I always ask if people want help, or if they would like to try the task themselves first. I wouldn't just jump in."

# Is the service responsive?

## Our findings

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

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 needs were met through good organisation and delivery.

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

- People and their relatives felt staff knew them well. One person told us, "I tell them [staff] what I like and what I don't, but the staff know me."
- A relative explained how the registered manager had taken time to get to know their loved one before they moved into the service. The relative said, "[Registered Manager] asked all kinds of questions and they always had time for us. They took time to get to know [person], they asked us their favourite things, what they like and what they don't. I felt that the manager listened to everything we said and took note of everything."
- Staff demonstrated an in depth knowledge of people's needs, including their care needs, their preferences and their life histories.

Meeting people's communication needs

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

- Each person within the home had a communication care plan in place that outlined their communication needs. This gave detailed information about how people would communicate if they had sensory loss or were no longer able to verbally communicate. This included descriptions of non-verbal gestures the person uses, as well as words they may use to convey meaning.

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

- People felt they had access to activities that had meaning to them. One person told us, "Knitting is the thing I look forward too, it keeps me young. Staff always check if I need any more wool so I don't run out." Another person added, "Today I have been drawing, that's always been my major hobby."
- We saw staff encouraging people to take part in activities, either in a group or individually. The group activity was well attended, and we heard people cheering and clapping as the game went on.
- People and their relatives told us they had been supporting to maintain contact with each other through the COVID-19 pandemic. One person told us, "I like it here, but I miss my family also, staff have helped me keep in touch with them." A relative added, "Staff helped us keep in touch during COVID-19. [Registered manager] was always really clear that we could call at any time. Then when restrictions were lifted, we visited in the booth. [Registered manager] was good at helping organise it all."

#### Improving care quality in response to complaints or concerns

- People and their relatives told us that although they had never had cause to complain, they would know how to do this if needed. One person said, "I would tell staff if I had any complaints, I haven't had too but I think they would sort it."
- Only one complaint had been made. The records held in relation to this indicated that the registered manager investigated and recorded the outcome of the concern and shared this with the complainant.

#### End of life care and support

- Although no-one was the service was receiving end of life care, each person had a care plan in place that recorded their wishes should they reach end of life. These records held personalised information about people including what music they would like to hear and who they would like present with them.

# Is the service well-led?

## Our findings

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

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 had identified that records required further work and had commenced the updating of these.

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, "[Registered manager] is absolutely fantastic at her job, [deputy manager] is so hardworking and fantastic" and, "I get on really well with the registered manager. I have no problems on that score. Anything I ask, they are straight onto it."
- Staff told us they felt supported in their roles and that managers were accessible to them. One staff member said, "I am absolutely supported by managers. All of us have a good relationship with them, we can go straight to [registered manager] and tell them anything."

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 one to one meetings."

Continuous learning and improving care; Working in partnership with others

- The registered manager displayed a commitment to continuously improving care. The systems in place to provide oversight had identified that care records required more detail and work had begun in making these changes. Where required, the registered manager had worked with other agencies to improve care for people. This had included a number of health professionals, from GP's to district nursing teams.