

Bush Home Limited

Bush Rest Home

Inspection report

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Date of inspection visit:
31 October 2018
01 November 2018

Date of publication:
11 January 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 31 October and 01 November 2018 and was unannounced. The last inspection that was carried out on 06 and 11 June 2018 the provider was given an overall rating of 'Requires Improvement' with breaches in Regulations 12, 9 and 17. The provider remained in special measures from the inspection in November 2017. At the inspection in June 2018 we found while there had been some improvements the provider had not made sufficient improvements to reduce risks to how people were supported.

At this inspection we looked to see if sufficient improvement had been made to how people were being supported and the service was managed. We found improvements had been made and they were sufficient in some areas to remove the breaches in regulation 12 and 9. However the breach in regulation 17 remained with an overall rating of 'Requires Improvement' as the provider needed to show consistent improvement over a sustained period of time.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Bush Rest Home is registered to provide accommodation and support for up to 44 people who have conditions related to old age and/or dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were 34 people living at the home. There was no registered manager in post, however a manager had recently been appointed and would be applying to CQC to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

The provider needed to improve people's care records so the support people received would be clear and not leave staff confused as to what support they needed. They also needed to ensure the new computer based records systems worked sufficiently to ensure the information kept was accurate and up to date.

Quality assurance processes needed further development to identify areas of concern. Although people could complete questionnaires the analysis was not shared with them so they would know what improvements would take place within the service.

While staff supporting people could access training so they had the right skills and knowledge, domestic

staff required further training to ensure they had the right skills and knowledge to carry out their role. The provider followed the requirements of the Mental Capacity Act (2005), so people's human rights were not restricted where they lacked capacity. People had access to health care professionals as required.

Staff showed people kindness and compassion in the way they supported them. People made their own decisions as to how they were supported. Staff respected people's privacy, dignity and independence.

While people could raise complaints, the provider did not ensure a robust system was in place to show how complaints were logged and handled for future reference. People were not always involved in the process of reviewing the support they received. People could take part in activities they wanted as part of their assessed need.

People were supported safely as staff knew how to keep them safe. There was enough staff to support people on time and people received their medicines as it was prescribed. Staff knew how to ensure people were supported safely to reduce the risk of cross infection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe.

People were supported to take their medicines as prescribed.

There were enough staff to support people safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

While the provider supported people in line with requirements of the Mental Capacity Act (2005). Staff did not understand the principles and needed refresher training.

Not all staff were receiving sufficient training to be able to meet the needs of people.

People had access to health care professionals.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards people.

People made choices and decisions as to how they were supported.

People's privacy, dignity and independence was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not able to contribute to the review of their support needs.

The provider was unable to show the evidence leading to the resolution of a complaint.

People's interest and hobbies were an important part of the activities planned.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The quality assurance checks and audits were not consistently effective in identifying areas for of concern.

Care records were not sufficiently improved to ensure risks to people would be identified.

While people could share their views by completing a questionnaire. The outcomes from information gathered was not being shared.

Bush Rest Home

Detailed findings

Background to this inspection

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

This inspection took place over two days 31 October and 01 November 2018 and was unannounced. The inspection team consisted of two inspectors, an assistant Inspector and a Pharmacy Inspector.

The inspection was prompted in part by information shared by the local authority about their concerns about the poor management of the service and the potential risks to people receiving care. The service was also in special measures and services that are in special measures are kept under review and inspected again within six months from the last inspection.

We reviewed information we held about the service as part of the planning of this inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

On the day of our inspection there were 34 people living at the home. We spoke with six people who received a service, four relatives, four members of staff, the cook and the recently appointed deputy manager. We also spoke with both the recently appointed manager and area manager. The manager was in the process of applying to be the registered manager. We looked at the care records for 14 people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in June 2018 we rated the registered provider as 'Requires Improvement' in this question with a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the support people received was not safe. Whilst the service was improving sufficient progress had not been made in staff practice to ensure people's risks were known and managed in relation to their nutrition, weight and medicine management.

At this latest inspection we have improved the rating to 'Good'. We found the provider was no longer in breach of the law.

During this inspection we reviewed how medicines were managed and found significant improvements had been made. At our last inspection medicines records were not being maintained adequately for controlled drugs and the usage and disposal of these medicines was not sufficient to demonstrate clear lines of responsibility and accountability for controlled drugs to ensure they were handled correctly by staff. Arrangements were in place for ordering medicines every month to ensure medicines were available for people. A person said, "I get my tablets on time". After reviewing administration records we saw medicines and nutritional supplements were being given as prescribed.

Some medicines were prescribed to be taken 'when required'. Additional guidance was available for staff to explain when these medicines could be given. When people were prescribed a medicated skin patch to be applied on different parts of the body there were records available to show where the patch had been applied. This helped ensure staff could check that the old patch was removed before applying a new patch and to make sure the site of application is rotated to minimise side effects.

Arrangements were in place to ensure medicines with a short expiry were dated when they were opened. Medicines were stored in a locked treatment room which was only accessible to staff who were trained to administer medicines. There were suitable arrangements for storing, recording and checking medicines that required extra security. Room and fridge temperatures were recorded daily to ensure medicines were stored at appropriate temperatures.

Staff could explain how people's weight was being managed. We saw systems were now in place with a senior member of staff now having the responsibility to monitor and manage any changes to people's weight. If this person was not at work then other designated senior staff would take on the role. This ensured action would be taken to get advice as needed from other health professionals.

A person said, "I do feel safe". Another person said, "I feel safe here staff come to me when I want them. I use my buzzer in my bedroom". A relative we spoke with told us, "I am happy he [person receiving service] is safe". Staff could explain what abuse was and the action they would take to keep people safe. A staff member said, "I would report any abuse to the manager or if I had to I would contact safeguarding or the police".

The provider had systems in place to report when an accident or incident had taken place. We saw accident and incident reporting systems were in place and staff were aware of what to do and could explain this to us. We found that trends were being monitored as a way of reducing the amount of accidents and incidents within the service. The area manager checked on this as part of their monthly audits with the registered manager.

We saw risks to people were being managed. Assessments of people's risks were taking place and staff were aware of the decisions made to reduce potential risks to people. We saw where someone needed a hoist to move them staff were aware and knew how to use the equipment safely to keep people safe. We saw Personal Emergency Evacuation Plans (PEEPs) were in place to show how people would be supported in the event of an emergency. Risks to the building was also being assessed and action taken where needed to reduce any risks there may be to people.

A person said, "Staff do come when I pull my chord". We observed there was enough staff to support people safely. The area manager could show how they ensured there was enough staff to support people at the times they wanted and the actions they took where they needed more staff. We saw that people's dependency needs were a key factor in deciding how many staff were needed.

The provider had a recruitment process which they used to carry out checks on potential staff to ensure they had suitable skills and knowledge to support people. Where gaps in potential staff knowledge were identified relevant support was made available. Staff told us they were required to complete an application form and provide two references. They were also required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process. This check was carried out to ensure the provider had employed suitable staff to support people. We found that references and DBS checks were being sought and the employment history of potential staff checked.

We saw staff using personal protective equipment when supporting people. Staff told us they had access to this equipment and we saw the equipment available to staff throughout the home. The management of infection control was an integral part of how staff ensured people were supported safely. We saw staff had access to hand sanitising gel. This is an antibacterial liquid used to decrease infectious agents on the hands and reduces the risk of cross infection when providing personal care support.

Is the service effective?

Our findings

At our last inspection in June 2018 we rated the registered provider as 'Requires Improvement' in this question. This was an improvement from the inspection carried out in November 2017 where this question was rated inadequate. We found the support people received in June 2018 still needed to be improved to ensure people received effective support from staff who were well trained particularly around dementia care, specific medical conditions and Deprivation of Liberty Safeguards (DoLS).

At this inspection further improvements had been made to show staff were now able to access training and support when needed so they had skills and knowledge to meet people's needs. Staff received training in health and safety, manual handling and medicines, they were also able to receive specific training to be able to support people with specific support needs. For example, diabetes, dementia awareness, nutrition and skin integrity. Relatives told us staff knew how to support their relatives. Staff knew how to support people's nutritional needs and where people needed supplements we found from the records we saw that the appropriate advice was being sought through a Speech and Language Therapist (SALT). Records also confirmed staff were supporting people in line with the advice they were given.

Staff who worked in the kitchen while they also received training showed a lack of understanding around people who had a soft diet or were diabetic. The information we saw available to kitchen staff was not sufficient or clear enough to ensure they would understand requirements for each person who was identified as diabetic or needed a soft diet. We raised our concerns with the area manager who told us they would ensure the staff in the kitchen were retrained and more comprehensive information made available to them so they would understand people's nutritional needs.

A person said, "Staff do know what they are doing". A member of staff said, "I do get support and I hadn't received any support until the new managers started". Staff told us they were now receiving supervision and attended staff meeting recently. We confirmed what staff told us and found they could shadow more experienced colleagues as part of the induction process. The Care Certificate was also used in the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we checked to see whether the service was working within the principles of the MCA and whether any DoLS authorisations to deprive a person of their liberty had been approved through the local authority. We found where people's liberty was being restricted this was being done following the principles

of the MCA. Where a DoLS was required these were in place. A staff member said, "I have had training in the MCA". While staff had received training in the MCA and DoLS they could not explain it sufficiently to show they understood it. The area manager told us they would arrange further refresher training.

A person said, "They [staff] ask before they help me". Staff told us they would not support people without asking first what they wanted. We observed staff throughout our inspection consistently getting people's consent before offering any support.

At the last inspection we found staff were not aware of the amount of food and drink people were supposed to have daily. We found at this inspection this had improved. People had access to regular drinks and snacks and staff were more aware of which people they had to monitor for fluid intake. As part of the new system for storing information on people's support needs staff were required to carry a mobile device linked to the computer system which they used to record when people were supported. This would then automatically update the care records to show and monitor people's food and fluid intake or any other information the service needed. Staff could explain how the system worked, the benefits attributed to using the system and how they used the system to ensure people's health needs were maintained.

A person said, "I get offered drinks regularly, the food is excellent my favourite is corn beef hash. I can ask for food and drink whenever I want". Another person said, "The food is okay I get two choices every day". We saw a menu displayed so people could make choices as to what they had to eat. Staff were observed supporting people to make choices as to what they had to eat. This included showing them the actual meal to support the decision-making process. Where staff had to sit with someone to explain in more details we saw this happening.

We found at this inspection that a pre-admission assessment were in place to show people's support needs. The assessment process considered people's preferences, likes and dis-likes along with the protected characteristics of the Equality Act (2010). For example, people's religion, sexual orientation, gender and whether they had gender reassignment were some of the questions being covered. We found training in the Equality Act was taking place staff and had some understanding of the protected characteristics when asked. At our last inspection staff had no understanding of the equality act and could not explain how and why it was important to how people were supported. At this inspection we could see the improvement in staff knowledge.

We found people could access health care when needed. A person said, "I have seen the district nurse but I haven't had to see any other health professionals". During the inspection a nurse was on site supporting people's health care needs. We saw evidence noted where people were seen by a range of professionals, from a dentist through to an optician as well as seeing their GP when needed.

Is the service caring?

Our findings

At our last inspection in June 2018 we rated the registered provider as 'Requires Improvement' in this question. We found that people had mixed views about the caring nature of staff because staff were often focussed on tasks rather than their support needs.

We found improvements to how staff supported people. We found that staff spent time focussed on the needs of people. A person said, "I think the staff are very good". A relative told us, "They [staff] are very helpful and friendly". We found that staff were caring, friendly and kind towards people. We observed staff talking with people, sitting with them in conversation, having a laugh and generally sharing their time with people and were not task orientated. Staff we spoke with knew people's support needs and could explain the support people received.

We observed staff supporting people to walk using aids where needed, checking on people where they saw they needed support or help. We saw that a reminiscence box was used to support people suffering with dementia to remember things from their past. We found that people could live their lives in an environment that was kind, friendly and warm towards them. We saw people having conversations amongst themselves in small groups enjoying each other's company. We saw people making choices and decisions as to how staff supported them. A person said, "I can go to bed when I want and get up when I want. I have never had my breakfast in bed but feel that I could if I wanted to".

We found that advocate services were available where needed. An advocate is someone who support people to share their views. We found relative meetings were also taking place so people and their relatives could share their views about the running of the home or how things could be improved. We saw minutes displayed and dates of upcoming meetings. A person said, "They have residents meeting every two months they ask questions and I answer them".

At our last inspection while people told us staff were respectful of their privacy and dignity we observed staff not being respectful. At this inspection we found that staff were respectful of people's privacy, dignity and independence. A person said, "I feel that staff respect my privacy". Another person said, "I am able to lock my bedroom door". This showed people could get private time to themselves when they wanted to. Staff we spoke with could give examples of how people's privacy, dignity and independence was respected. A staff member said, "People are encouraged to do as much as they can and where people need privacy I will always leave the room to give them privacy". We observed staff supporting people in ways that respected their privacy and independence.

Is the service responsive?

Our findings

At our last inspection in June 2018 we rated the registered provider as 'Requires Improvement' in this question and they were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient progress had not been made and activities continued not to meet people's preferred choices. We found care provided by staff was task focussed and staff were not always aware of people's individual risks. We found improvements had been made in relation to establishing and operating a complaints system and people we spoke with were able to tell us who they would speak with if they were unhappy. However, improvements need to be sustained and embedded into practice.

At this inspection people knew how to complain and who to complain to. We saw the complaints process was displayed so people could see it and they were also given a copy of the process as part of the service user guide. A person said, "I have complained and I have been listened to". Staff could explain that they would pass all complaints onto the manager. We saw that the provider had a complaints log to show when they received a complaint and the actions taken to resolve them. However, the log was not accurate or clear as to how complaints were dealt with or actioned. We were unable to find information related to a number of complaints logged as completed and resolved. The area manager told us they would change the current complaints system to ensure in future all information relevant to a complaint is linked.

At this inspection people told us they were not involved in the care planning process. A person said, "I have never seen my care plan". A staff member told us that people were involved in the care planning process but we were unable to find any evidence to show that people were involved. Staff were unable to say whether people were given a copy of their care plan and we saw no written information to show how people were involved or whether they were given a copy of their care plan. We raised this with the area manager who told us they were still improving the service people received since the last inspection and this would be actioned.

We found while an assessment was taking place, people were not involved in reviewing the support they were receiving. People told us they were not involved in reviews. There were no records to show whether a review had taken place, who attended and the outcome and decisions made. We saw care plans were dated and signed to show nothing had changed as part of the staff review process but there was no information to show whether people or their relatives were involved.

At this inspection we found improvements had been made to the activities people took part in and the provider was no longer in breach of the law. We observed people consistently being able to interact with each other and take part in activities linked to their interests. We saw people smiling, laughing and showing from their visual expressions an interest in the activities they were involved in and an enjoyment in what they were doing. We saw that activities were not time limited and people could take part in an activity for as long as they wanted. This was not the case at the last inspection. People told us they could go out on visits to the shops, spend time with their relatives outside of the home and do a lot more than they could from the last inspection. Staff were observed encouraging people, spending time with them and explaining things so people could understand the activities. We saw from people's assessments their preferences, interests and

hobbies were part of the information gathered. This meant people could take part in meaningful activities.

Systems were in place to enable staff to share information with people in a way they would understand. We observed people communicating their views and visual aids, gestures and staff's knowledge of people were all used to support the communication process. We found through discussion with the area manager that the Accessible Information Standard (AIS) was not something they were familiar with but they ensured people were able to communicate their views. Staff we spoke with were unable to explain the standard. The area manager told us they would gather further information on the AIS and ensure all staff received training.

We found people's end of life wishes were being noted on their care records. While there was no one currently in the service at the end of their life, care staff were aware of people's wishes and the provider had ensured training was made available to support staff in dealing with this sensitive area of care.

Is the service well-led?

Our findings

At our last inspection in June 2018 we rated the registered provider as 'Requires Improvement' in this question and they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient progress had not been made in relation to developing an effective quality assurance system and the provider was unable to improve the quality of care sufficiently since their last inspection.

At this inspection the provider had made improvements to the support people received and had now developed a quality assurance system to check and monitor the service. We found the quality assurance system was not always effective in identifying areas of concern/improvement within the service. For example, we found wardrobes were a potential risk to people who were unable to understand the risk of them falling. We found wardrobes were not routinely secured to the wall and risk assessments were not carried out to identify where risks of wardrobes falling would need to be reduced. We opened some wardrobe doors and found they fell forward as they were not secured to the wall. The area manager told us they would take immediate action to rectify the risk to people.

The provider was in the process of moving care records to a computer based system where assessments, care plans, risk assessments and other documents would be routinely kept. While the system reduced the need for staff to complete daily records so they could spend more time with people, they were still having to work from paper records. We found the concerns identified at the last inspection had not been rectified. The information in people's care records were still contradictory and miss-leading. This meant there was a potential risk to people not receiving the support they needed. The area manager while they accepted our findings told us they would look to make the changes we had identified and updated one person's file by the second day of our inspection.

We found the computer system being used was not always reliable. For example, on a number of occasions the computer system did not work leaving staff unable to access people's care records. This meant staff could not support people in the way they needed. The area manager told us they were aware of the problem and was working with the provider to rectify the problem.

People told us they were not involved in the care planning process or reviews. A person said, "I have never seen my care plan". Another person said, "I have never attended a review". While the area manager and manager had not been in the service long enough to know whether people had been given a copy of their care plan, they were able to confirm that reviews did not involve people and as part of the improvements they were still making this would be an they would be improving.

The provider had a complaints process in place which people were aware of. However, the management of the process was not effective. Where complaints had been investigated the documentation could not be found or information to show the resolution to the complaint. This meant the provider systems for managing complaints needed to be improved.

We found the environment within the home to be warm, relaxing and welcoming. A person said, "The home is nice and clean". A relative said, "Sometimes I have to visit during my lunch hour and they have accommodated that". We observed staff addressing people by their first name and people were relaxed and comfortable around staff. We found spot checks being done to ensure the standards within the home were maintained. The area manager told us of the plans in progress for further improvements to the environment of the home.

People knew the recently appointed manager and area manager. The manager was in the process of completing their induction before then making an application to CQC (Care Quality Commission) to be the registered manager. Staff told us since both managers had been appointed the changes in the home was positive and they felt the way they supporting people had improved. For example, some staff had been given areas of responsibility which made them feel more involved in the running and management of the home and the support people received.

Questionnaires were being used to gather people's views on the support they received. A person said, "I do get questionnaires". Staff we spoke with confirmed people were given questionnaires and they were also able to complete staff questionnaires. It was unclear whether the information gathered and analysed was then shared with people. People were unable to confirm this. The recently appointed manager told us information would be shared in the future so people would know how their information was used.

Staff told us there was a whistle blowing policy in place and they were aware of its purpose. The evidence we saw confirmed the provider had a policy.

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website, we saw that the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

The recently appointed manager and area manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts. We saw evidence that this was being done.

The provider worked in partnership with other external organisation to help them improve the service to people. We found positive links with health care professional, local authority and advocate services were in place. For example, the provider was working in partnership with the Alzheimer's society as part of developing a dementia friendly environment.