

Bush Home Limited

# Bush Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 6 and 11 June 2018. Bush Rest Home is a care home without nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Bush Rest Home provides care and support for up to 44 people some of whom are living with dementia. On the day of the inspection 32 people were living at the home.

At our last inspection in November 2017 we identified significant improvements were needed throughout the service. We judged the home as 'Inadequate' in four of our key questions and identified seven breaches of the Health and Social Care Act 2008 and was failing to meet the requirements of regulations 12, 18, 14, 9,16, 20A and 17.

Following on from this inspection we placed the home in special measures and met with the provider and asked them to complete an action plan to show us what they would do and when by to improve all the key question(s) to at least "good." Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

At this most recent inspection we found the provider had made some improvements and was no longer in breach of regulation 18,14,16 and 20A but in other areas improvements were still required. The overall rating for the service was changed to 'Requires Improvement'. However, the service remains in 'special measures' as the provider could not evidence sustainability of the changes implemented and was also in continuing breach of regulations 12, 9 and 17.

Since our last inspection the registered manager has left the home and the home is being managed by a new manager who has not yet registered with the Care Quality Commission to manage the service. This means the home does not currently have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home and staff could explain the actions they would take to keep people safe from abuse. Where people had specific risks in relation to their health or well-being, staff did not always manage these risks consistently to keep people safe from harm. Medicines were not always managed safely to ensure people received their medicines as prescribed. There were sufficient numbers of staff to meet people's needs and they were recruited safely. Effective systems had not been fully established to learn from incidents, accidents or events that occurred to reduce the risk of re-occurrence. The home environment was clean and tidy.

Not all staff had the skills and knowledge to meet people's care and support needs. Systems were not in place to ensure staff were competent in their role. Adequate systems had not been established to monitor and manage people's nutrition and hydration needs. Staff lacked knowledge about which people were subject to a Deprivation of Liberty Safeguards [DoLS] and the application of DoLS by the provider was not effectively maintained.

Although some staff were seen to be engaging positively with people not everyone felt staff were caring. Staff sometimes missed the opportunity to engage with people as they were focussed on tasks. People were supported to make their own decisions about their daily lives and were encouraged to be as independent as possible. People were not always treated with dignity and respect.

People had access to some activities but there was little evidence of people being able to follow their individual interests. Care records were not reflective of people's needs. People knew how to raise concerns or complaints and the provider had a system in place to investigate concerns.

The provider had failed to implement adequate systems to ensure the quality of service provided to people was sufficient to protect their health, safety and well-being. People and staff were positive about the new manager and said they were open and approachable. Although the new manager had not yet registered with CQC they understood the responsibilities of a 'registered manager' and the requirement to report certain incidents and events to us that had occurred at the home or affected people who used the service.

## 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 consistency safe.

Risks to people's health, safety and welfare were not always effectively monitored and managed. People's medicines were not consistently managed and stored in a safe way. People told us they felt safe and staff understood how to recognise and report abuse. People were supported by sufficient numbers of staff. Staff were recruited safely. The environment was clean and tidy.

**Requires Improvement** ●

### Is the service effective?

The service was not consistency effective.

Not all staff had the skills and knowledge to meet people's care and support needs. People's nutrition and hydration needs were not always monitored or managed to ensure people's safety. The provider was not following the principles of the Mental Capacity Act and DoLS were not clearly understood by all staff.

**Requires Improvement** ●

### Is the service caring?

The service was not consistency caring.

Staff missed opportunities to engage with people as they were often focussed on tasks. People were supported to make their own decisions and to be as independent as possible. People did not always receive care that respected their dignity.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistency responsive.

People did not have access to meaningful leisure activities. Care records did not reflect people's current needs. Information was readily available to people about how to raise concerns or make a complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led

**Inadequate** ●

There was no registered manager in post. The provider continued to lack the oversight to address the breaches of regulation identified at our last inspection. The quality assurance systems were not effective in identifying and addressing issues of concern to improve the quality of service to people.

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# 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 was prompted because the service was in special measures and services that are in Special Measures are kept under review and inspected again within six months. The inspection took place on 6 and 11 June 2018 and was unannounced.

On the first day of the inspection the inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse and the expert by experience was a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection the team consisted of two inspectors. As part of the inspection we looked at the information we held about the service. This included the action plan we had received from the service and statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority for information they held about the service. This helped us plan our inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided to people who were unable to speak with us. We spoke with six people who lived in the home, three relatives, six staff members and the new manager and supporting manager. We also spoke with one visiting healthcare professional. We looked at eight records about people's care and support, three staff files, 15 medicine records and systems used for monitoring the quality of care provided including accidents and incidents.

# Is the service safe?

## Our findings

At our inspection in November 2017 we found the service was not safe. This was because the provider had not ensured risks to people's health and safety were assessed and managed appropriately which meant people were at increased risk of harm. We found unsafe techniques were used to mobilise people and we could not be assured people got their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we rated the provider as 'Inadequate' in this key question and met with them to discuss how they were going to improve the safety and quality of service provided to people.

At this our latest inspection we have improved the rating to 'Requires Improvement'. Whilst steps had been taken to improve people's safety we identified a continuing breach of legal requirement. This was because we found 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 our last inspection we found medicines were not given as prescribed and systems used to manage and monitor medicines stored in the home were not effective. At this inspection we continued to find concerns in relation to the accurate recording of medicines. We looked at MAR charts for 15 people and medicines that are called 'controlled drugs'. These are medicines which contain a controlled substance whose manufacture, possession, or use is regulated. We found records for these medicines had not been adequately maintained and as a result we could not confirm stock balances for these medicines were accurate. We also found the systems used to monitor 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. At this inspection we continued to find improvement was required in relation to the recording of people's medicines to ensure records could demonstrate people received their medicines as prescribed.

Some people received their medicine via an adhesive patch placed directly onto the skin. However, we found some people did not receive them as prescribed because staff had not rotated the location the patch was applied on the skin. Placing a new patch on the same locations may irritate the skin. We found that guidance for administering these medicines was not followed to ensure people received these medicines safely and consistently.

At our last inspection we found the medicine refrigerator temperatures were not measured correctly. As a result, the medicines held in the fridge were at risk of not working effectively and we advised the provider to obtain new supplies of certain medicines. At this inspection we found fridge temperatures were maintained daily and the records demonstrated temperatures were within a safe range to ensure medicines kept in the fridge remained effective.

However, at this inspection we found concerns in relation to the temperature of the medicine room; records we looked at indicated the temperature of the room was consistently low for a period more than two months. We identified the thermometer was not working correctly and meant the provider was unable to be

sure of the actual temperature within the room. We asked the provider to refer to the pharmacy for advice to ensure medicines stored in the room remained effective.

Staff told us about one person known to have a medical condition which required their pain levels to be monitored. However, they were not able to explain to us how this person's varying levels of pain were managed effectively. We saw this person was in discomfort and shouting out in pain. We looked at the guidance available for staff to refer to and found it did not contain adequate information to control this person's varying levels of pain. When we intervened, staff gave the person pain relief which alleviated the person's discomfort. We spoke to the provider and new manager about this and following our discussion they implemented a system to assess pain levels for people who were unable to clearly articulate their needs.

At our last inspection we looked at one MAR chart to see how people's nutritional needs were being met. We found nutritional supplements had not been administered in accordance with their prescription. At this inspection we looked again at those people who required nutritional supplements to meet their dietary needs and found these were being given as prescribed. Although we found people who required nutritional supplements received them we identified two people who were at risk of weight loss. These people had been assessed by the Speech and Language Therapy (SALT) team and required a high protein, high calorie diet as well as the additional nutritional supplements to reduce the risk of further weight loss. We found staff were not aware of this guidance and therefore were not following healthcare advice to support these people's dietary needs. This demonstrated people's risks were not being managed safely.

At our last inspection we saw one person required their weight to be checked weekly. We found no evidence of action being taken to refer the person to healthcare professionals for advice to ensure their safety following significant weight loss. At this inspection we continued to find concern's in relation to the monitoring of people's weights. For example, we found one person required their weight to be checked weekly. Although their weekly weights had been recorded we found they had lost over five percent of their body weight (4.45kg) in five weeks. Staff guidance stated if a person lost more than 2kg of weight within a month they should be referred to a dietician for further advice and guidance. Conversations with staff and the provider and records we looked at demonstrated this had not been done. This meant people might be exposed to the risk of harm because the provider had failed to take actions to manage people's known risks.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Although the provider recorded accidents and incidents that had occurred throughout the month. We found the provider did not have an effective system in place in which they learned from events that occurred to reduce the likelihood of events happening again or to improve staff practice. For example, the total numbers of cuts/ skin tears or fractures were documented however information was not analysed to identify patterns or trends.

People told us they felt safe with the support of staff. One person said when asked if they felt safe, "Yes, it's very nice. There's always someone here and they check on us." Another person commented, "it's safe living in the home it is very nice and comfortable, I am happy here, it's kept warm and the [staff] are nice." Staff told us they had received training in safeguarding and knew the different types of abuse. They knew the action they would take if they identified any concerns about a person's safety. One member of staff said, "I would tell the manager." Records we looked at showed when safeguarding incidents had occurred, the manager had reported these to the relevant safeguarding authority for investigation and notified us as is required by law.



We asked people and their relatives if they felt there were enough staff available to meet their needs. One person said, "There is quite a few staff about." Another person commented, "Sometimes staff will come straight away other times you have to wait." Staff we spoke with felt there were adequate numbers of staff to meet people's needs. One member of staff said, "We are not short staffed." We observed care throughout the days of the inspection and found staff were often focussed on tasks and were not able to spend any significant amount of time with people. However, we saw people got the support they required and were not exposed to the risk of harm due to insufficient numbers of staff to meet their needs.

We looked at how the provider ensured staff members were recruited safely. We checked three staff files and saw the provider had completed a range of pre-employment checks to confirm staff's suitability to work with people prior to commencing work at the home. These checks included Disclosure and Barring Service (DBS) and reference checks. Completing these checks reduced the likelihood of employing unsuitable staff to work with people.

People told us the home was clean. One person said, "Its clean if there are any spillages or anyone knocks anything over they clean it up straight away." Another person commented, "Yes they are cleaning all the while." We saw regular audits and cleaning schedules were in place to ensure the cleanliness of the home. We observed staff followed infection control prevention practices such as using personal protective equipment (PPE) when supporting people with their care needs such as gloves and aprons.

## Is the service effective?

### Our findings

At our inspection in November 2017 we found the service was not effective. This was because the provider had not ensured staff had the knowledge and skills to meet people's care, hydration and nutrition needs. This was a breach of Regulation 18 and Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we rated the provider as 'Inadequate' in this key question and met with the provider to discuss how they were going to improve the effectiveness of care people received.

At this inspection we have improved the rating to 'Requires improvement'. We found the provider was no longer in breach of the law. However further improvements were required 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 our last inspection we found people were not always supported by staff that had the skills and knowledge to support them safely with their care needs. We also found there was no system in place to ensure staff were competent in their role which had resulted in some people receiving unsafe care. At this inspection the provider informed us that improvements continued in relation to training and developing staff's knowledge required to support people safely. People we spoke with had mixed views whether staff had the skills and knowledge required to meet their needs. One person said, "I have good and bad days with my [medical condition] so staff need to do more for me sometimes; they don't always understand that and don't understand I can't do things on some days." Our observations throughout the inspection found some people's needs were not consistently met by knowledgeable staff. For example, in relation to specific health conditions.

At our last inspection we found competency checks of staff practice had not occurred and we saw they used unsafe techniques to move people. At this inspection staff told us they had received training in moving and handling people safely. However, although moving and handling techniques had improved since our last inspection we continued to find no observational checks of staff practice occurred to ensure staff were competent in their role and providing safe care to people. At our last inspection the provider told us they had planned to implement a system in 2018 to assess staff competencies. At this inspection we found this had not been done, we discussed this with the new manager and provider who said this would be addressed.

New staff completed an induction which included shadowing more experienced members of staff when they first started working at the home. Staff that were new to the care sector were also required to complete the care certificate which is a set of standards that aims to develop care staff's skills and knowledge to provide safe effective care and support to people.

At the last inspection we found the provider did not have adequate systems in place to ensure people were supported to eat and drink enough. People's preferred choices and specific dietary requirements were not always followed by staff. At this inspection we found improvement continued to be required in relation to

following advice from healthcare professionals and ensuring adequate systems were in place to monitor food and fluid intake. For example, some people required their food and fluid to be monitored to ensure their dietary needs were being met. We found staff were unaware of the amount of food and fluids people should have daily to maintain their health. We discussed this with the new manager. They said they would review all the people whose nutrition and hydration intake were being monitored to check if it was required. For those people who continued to require their food and fluid to be monitored effective systems would be established and information made available to staff to follow to ensure people's nutrition and hydration needs were being managed safely.

At this inspection people told us they had a choice of food and drink. One person said, "I have a say about the menu and [staff] come around and ask what I want. They also ask if you are satisfied with the food. It's always well prepared and I've got no faults with the food." Another person commented, "I have a say on the menu and they come and ask if you want sandwiches or soup or something on toast. I am happy with the food." We observed meal time and observed it to be disorganised; although people were offered a choice of meal we saw some people waited for periods more than 50 minutes for their meals to arrive.

At the last inspection people told us they were happy with the care they received from staff. However, we found people's needs were not always assessed effectively to ensure they received care which met their individual needs. At this inspection we found the assessment process to identify people's care and support needs continued to require improvement to ensure information was personalised and relevant to people's needs. We found information lacked detail around recognised diverse needs for example sexuality and specific needs such as those people who were living with dementia or Parkinson's disease.

We looked at the home environment and saw people walked freely around the building and had access to a secure garden. People and staff told us several improvements had been made to the environment since our last inspection this included new equipment and flooring. However, we found further improvements were required in relation to the environment to support those people living with dementia.

People and their relatives told us staff worked with other agencies and professionals to meet people's needs. We spoke with one healthcare professional who was visiting the home on the day of our inspection. They felt staff were helpful and cared for people appropriately. They said staff were proactive in seeking advice and followed any recommendations made in relation to people's healthcare needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. At our last inspection we found improvements were required around involving people who had capacity to make their own decisions about the care they received. At this inspection we spoke with staff and found they did not clearly understand the principles of the act and could not describe what this might mean for people living at the home. Records we looked at did not consistently demonstrate that people's mental capacity had always been assessed or considered when needed. This meant the key principles of the MCA were not implemented or fully understood.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found although the provider had a system in place to record and monitor

applications and authorisations of DoLS; information was not accurate and we were not able to confirm who had an authorised DoLS in place. Records could not demonstrate that people's mental capacity had always been assessed or considered in a decision or time specific manner. Staff we spoke with were unable to identify who was currently subject to a DoLS authorisation and some staff were unable to explain what this was. This meant DoLS and the requirements of the MCA were not understood or implemented sufficiently. We discussed this with the provider and new manager who said they would review the information they held to ensure it was accurate and up to date and provide additional training to staff.

# Is the service caring?

## Our findings

At our previous two inspections in September 2016 and November 2017 we rated the provider as 'Requires improvement' in this key question. This was because people were not always supported to be involved with their care. At this inspection we found people had mixed views about the caring nature of staff because staff were often focussed on tasks.

At this inspection although we saw many positive interactions between staff and people, people we spoke with had mixed views on whether the staff were always kind and attentive to their needs. One person said, "To be honest I don't like them. I don't like their attitude and being told what to do." Another person told us, "I think they are caring and considerate in the main." We observed staff were often busy and focussed on completing care tasks; this meant they did not have enough time to engage with people and promote their social interaction. We saw many occasions where people were sat in the lounge areas of the home for long periods of time with limited interaction from staff. One person told us, "Staff are busy but I enjoy watching the goings on." We saw there were missed opportunities for staff to interact with people because they were rushed and did not have the time to spend with people. Staff had not considered how people would like to spend their time.

Although people told us they were involved in decisions and choices about their care they could not recall being involved in developing their care record. One relative we spoke with said they were aware of their relative's care record but had not had much involvement in the development of it. Since our last inspection people's care records were in the process of being updated. However further improvement was required to reflect people's individual choices and preferences and provide sufficient detail about people to support staff to deliver personalised care. We saw where possible people were involved in making decisions about their daily lives. One person told us, "They ask me what I would like to eat or drink." We saw people were offered choices when being supported by staff, such as where they wanted to sit and if they would like to take part in an activity.

At our previous inspection we found people's dignity was not always respected by staff. At this inspection although people told us staff treated them with dignity and respect; we saw occasions where people's dignity was not respected. For example; we observed people's medicines including eye drops being given to people during meal times. We saw one person who required encouragement to eat their meals refuse to continue with their meal after they received their medicine at the table. This indicated people's dignity and privacy was not always respected by staff that provided care.

However, people told us if they spoke with staff they felt they were listened to and staff respected their views. One person said, "If staff want to ask you something they come up to you they don't shout across the room." We saw people were dressed in clothing they liked and reflected their individual tastes and gender. We also observed staff discreetly supported people out of the communal area when they required support with their care needs.

People told us they were supported as much as possible by staff to maintain their independence. One

relative said, "[Staff] will encourage [person name] to use their frame to walk." Another person commented that staff only helped when it was needed as they liked to do as much for themselves as possible.

## Is the service responsive?

### Our findings

At our inspection in November 2017 we found the service was not responsive to people's needs because they did not always receive care in a way they preferred or which met their needs. We found people did not have sufficient choice of how they wished to spend their leisure time. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found people were not empowered to share their views and opinions of the care they received and were not aware how to complain. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we rated the provider as 'Inadequate' in this key question and met with them to discuss how they were going to improve the responsiveness of the service provided to people.

At this inspection we have improved the rating to 'Requires improvement'. Although actions had been taken to improve the care provided to people we identified a continuing breach of legal requirement in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found sufficient progress had not been made and activities continued not to meet people's preferred choice. We also 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 the last inspection people told us they did not have sufficient choice in how they wished to spend their free time. At this inspection although a member of staff was employed to support people with different activities; people told us they spent long periods of time with nothing to do. This was confirmed from our conversations with staff and our observations during the inspection. An activity plan was in place however we found it limited activities to specific times during the day rather than being based on people's individual choices and preferences. Some people we spoke with could tell us about activities they used to enjoy doing, but said there was little opportunity to continue with these. For example, one person told us they used to enjoy cooking and another told us they liked to listen to music. At the last inspection we found information about people's interests and hobbies had been gathered prior to them moving into the home. This information was not used to develop activities that might be meaningful to people. At this inspection we found no information was available to demonstrate how information previously gathered was used to shape how people spent their time. We discussed this with the new manager and provider who were aware this was an area where improvement was still required. They said they would look to develop more meaningful activities following discussions with people.

People had mixed views whether they had been involved in discussions about their care. One person said, "Yes I am involved in my care planning." Another person told us, "Not sure." Care records we looked at had some evidence of involvement of people or their representatives. However, in others we found no involvement of people or their representatives and no evidence of any review of the records to ensure they were up to date and reflective of a person's needs. We found the information recorded was often inconsistent, for example one person who we were told did not have an authorised DoLS had information

relating to this in their care record. Care records were not reflective of people's needs particularly in relation to dementia or those who had specific health needs. Sufficient detail about how to support people to retain their independence or support them when they became distressed was not available in their records for staff to refer to. This meant in the absence of up to date care records there was a risk that people could receive inconsistent care as well as not receiving the care they wanted in the way they preferred.

Staff told us communication systems within the home had improved since our last inspection. They explained information about people's changing needs and any events during a shift that had occurred were discussed during shift handover. However, we found information shared was not always reflective of events that had occurred. For example, we found one person was given an incorrect dose of medicine and this information was not shared during shift handover. There was a risk without relevant information being shared staff would not be responsive to people's needs.

The provider was not currently providing care to anyone who was at the end of their life. We found some information was available in people's care records about details of family contacts and how a person wished to be cared for at the end of their life; however, these were not routinely asked. This might mean that if a person passed away suddenly their wishes might not have been known or identified and staff would not have the guidance they needed available to provide care to according to their individual wishes.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.

At the last inspection we observed people choices and preferences were not always respected. At this inspection staff we spoke with were aware of people's choices and preferences. For example, staff could tell us about people's preferred food choices and the times they liked to get up or go to bed.

At our last inspection people told us they were unsure how to complain should they need to. We also found information was not easily accessible to people or their relatives. At this inspection people and their relatives told us they felt able to raise any concerns or issues they may have with the staff, the new manager or provider. One person said, "I would tell the staff or manager but I don't have any concerns." Another person commented, "No complaints if there is anything staff sort it out I have no problems." We saw information was accessible to people and their relatives with easy read versions of the complaints process displayed around the home. Since our last inspection one complaint had been received and we found this had been investigated and responded to appropriately. This meant the provider had established a system that was accessible to people and responded to any issues or concerns appropriately.



# Is the service well-led?

## Our findings

At our inspection in November 2017 we found the service was not well led. This was because the systems operated by the provider did not ensure people were involved in the development of the service and the quality assurance systems used by the provider were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider had failed to ensure the rating of the home following our inspection of September 2016 was displayed as is required by law. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we rated the provider as 'Inadequate' in this key question and met with them to discuss how they were going to improve the quality of service provided to people.

At this our latest inspection we identified a continuing breach of legal requirement in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found sufficient progress had not been made in relation to developing an effective quality assurance system. We found the provider had ensured the rating of the home was displayed conspicuously in a place which was accessible to people therefore was no longer in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this our latest inspection the rating remains as 'Inadequate' because the provider has not been able to improve the quality of care sufficiently since our last inspection to ensure people were receiving 'good' care that met their health and care needs.

At our last inspection we found the provider had failed to develop an effective quality assurance system. We found the systems that were in place did not identify risks to people and any areas of improvements required. Since our last inspection we found the provider had developed a number of quality audits to monitor and assess the standard of care people received. However, we found these audits were not fully effective and did not identify the areas for improvement we found during the inspection. For example, in relation to identifying and monitoring risks to people, ensuring medicines were stored, managed and disposed of in a safe manner and having an adequate system in place to monitor and manage DoLS. We also found although the provider had introduced a system to record the incidents and accidents that occurred in the home there was a lack of management oversight which meant patterns and trends were not monitored to reduce the likelihood of reoccurrence.

People's health and well-being were not adequately protected as the provider had failed to implement sufficient systems to ensure people received the care and support they needed. For example, we found although some people's food and fluid intake were being recorded steps were not being taken to protect people's health. This was despite some people being identified as having lost weight. We found the provider did not have adequate systems in place to monitor daily records; which meant no action had been taken by the provider to ensure people who had lost weight were protected from harm.

Improvements continued to be required to ensure staff had the appropriate skills and knowledge to support

people with their specific health needs or who were living with dementia. We found staff competency checks in relation to their care practice had not been completed which increased the risk of people receiving inconsistent care and support.

The systems the provider had in place continued not to be effective in assessing, monitoring and mitigating the risks relating to people's health, safety and welfare that use the service. This is a continuing breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulation 2014.

Since the last inspection the registered manager had left the organisation and a new manager had been appointed. At the time of our inspection they were completing their induction process and getting to know people, staff and processes used within the home. They had not applied to register with the Care Quality Commission (CQC) at the time of our inspection however informed us it was their intention to register with us. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered person have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The new manager was aware of the responsibilities of a 'registered manager; such as reporting incidents and events that occurred or affected people who lived at the home. They had a clear vision of the way they wanted the home to run for example by purchasing a new electronic care planning system to improve record keeping within the home and ensuring staff had the skills and competencies to meet people's needs.

People and relatives, we spoke with knew who the new manager was and they expressed positive views about them. One person said, "[Manager's name] I get on with them alright." Another person said, "Yes you can have a laugh with them, don't tell them but they are a darling, very lovely, very helpful and very kind to me." Staff we spoke with also expressed positive views about the new manager and the changes they were looking to implement across the home. One member of staff said, "[Manager's name] seems really good it feels loads better." Staff confirmed the new manager was approachable and had spent time getting to know both people and staff since they started to work at the home. They told us they felt listened to and said they felt confident that if they raised any concerns the new manager would listen and take the appropriate action. Staff demonstrated an awareness of the provider's whistle-blowing procedures. Whistle-blowing is when a staff member reports suspected wrongdoing at work.

Since the last inspection the provider had gathered feedback from people and their relatives to better understand their views on the service provided. Information was being analysed to make improvements to the service people received. Records we looked at showed staff worked with other agencies to support people. For example, we saw doctors and district nursing teams were contacted when required as well as working with the local authority to improve the quality of care people received.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured people received care which reflected their need and choices.

### The enforcement action we took:

We imposed positive conditions on the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured risks to people's health and safety were assessed and managed effectively.

### The enforcement action we took:

We imposed positive conditions on the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective governance systems in place to assess, monitor and improve the quality and safety of services provided.

### The enforcement action we took:

We imposed positive conditions on the provider's registration.