

Wayside Care Limited

Wayside Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wayside Care Home is a care home that provides nursing and personal care for up to 31 people within 1 large, adapted building. It provides care to people requiring general nursing care some of whom live with dementia and have physical disabilities. At the time of our inspection, 21 people were living at the home.

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

People's care and support had been enhanced by the provider and management team working together to make improvements since our last inspection. Work was continuing to drive through further improvements required as identified at this inspection. This included some elements of care and medication documentation.

The provider had appointed a new manager who had already identified areas for improvement. They understood time was needed to embed and sustain these improvements.

The provider had not consistently fulfilled their regulatory responsibility to promptly notify the Care Quality Commission when Deprivation of Liberty Safeguards had been authorised.

People were protected from abuse. People and relatives were confident people had support from staff who knew their safety needs well. People were assisted to have the medicines they needed to remain well by staff who had been trained to do this. Systems were in place to reduce the likelihood of the spread of infection.

There were sufficient staff to meet people's care and support needs without rushing. Staff were safely recruited. Staff worked well together in a mutually supportive way and communicated effectively.

Improvements had been made to ensure any gaps in staff training were identified and action taken. Staff demonstrated the appropriate skills and knowledge to support people in an individualised, respectful, and compassionate manner; people told us this and our observations confirmed it.

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 in the service supported this practice. However, the associated records did not consistently reflect this and therefore the provider needs to ensure this is achieved.

People were provided with food and drink of good quality which they enjoyed and met their individual needs and preferences. Staff worked closely with local social and healthcare services to ensure people had access to any specialist support they required.

The home environment and facilities were being redecorated on an ongoing basis to reflect people's requirements. People liked their own rooms and they furnished these with personal items, to make these

homely.

People's needs had been assessed and met on an individual basis. Relatives were welcomed into the home and included in their family member's care.

The provider and manager were open and responsive to making ongoing improvements and achieving good quality care. Incidents and complaints were analysed, and learning was shared with staff.

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

Rating at last inspection

The last rating for this service was requires improvement (published 10 February 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We received concerns in relation to elements of people's personal care, care monitoring documentation and the cleanliness of home environment. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

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

The overall rating for the service has remained requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wayside Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach as the Care Quality Commission had not always been promptly informed prior to our inspection when the supervisory body had authorised DoLS.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Wayside Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 2 inspectors, an interim inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wayside Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wayside Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for just over a week and they intend to apply to register.

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 sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at the home and 3 relatives. We spent time with people in the communal areas of the home to see how staff supported the people they cared for. 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.

We talked with 8 staff members including the manager, nominated individual, clinical lead, nursing and care staff and chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records. These included sampling 7 people's care records and multiple medicine records. Multiple governance records were reviewed including 6 staff recruitment files, policies, quality assurance audits, statutory notifications, risk assessments and training statistics.

After the inspection visit we continued to receive information from the nominated individual and manager including care documentation, notifications and quality assurance.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and staff supported people with respect and in a caring way. One person said, "Definitely safe, very caring, I find staff really good, (there is) no member of staff I would not trust, never short tempered, kind and understanding."
- Relatives were confident staff and management took appropriate steps to support their family members to stay safe. One relative told us, "I have no worries about [family member's] safety."
- Staff received training in how to identify and alert others to potential abuse involving people who lived at the home. They told us they would report any abuse concerns to the management team without delay and had confidence these would be acted on.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local authority and police, were notified of any suspected or witnessed abuse.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the home because of the support they received from staff. One person told us, "Staff (are) very good, (they) know what they are doing when hoisting me always two (staff)."
- Risks to people were identified with assessments and care plans in place. For example, specific risks associated with falls had been considered and guidance was available for staff to follow to mitigate those risks.
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- People had personal emergency evacuation plans detailing the support they required if the building needed to be evacuated. Staff had received training in fire safety and knew what action to take in the event of an emergency.

Staffing and recruitment

- People made varied responses about staffing arrangements. One person told us, "Don't (have to) wait long to go to (the) toilet, just press my buzzer and someone there, (staff are) never short tempered, (they are) understanding (and) really care." Another person said there was not enough staff and staff were "...rushed off (their) feet."
- Staffing rotas were set out in advance and staff we spoke with said they felt they were able to meet people's needs without people waiting unreasonable amounts of time. We saw this was the case during our inspection as staff responded to people's requests for assistance in an unhurried manner.
- Staffing levels were maintained using the provider's dependency calculation tool and processes which were reviewed regularly.

- The provider continued to recruit staff safely. Appropriate checks were completed to ensure staff were suitable for the role. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had made improvements in relation to medicines being stored safely and at correct temperatures with measures in place to ensure medicines were safely received and disposed of.
- People were supported by staff to have the medicines they needed to remain well.
- We found for 2 people the guidance and instruction for staff to follow in relation to medication on an as required basis needed to be put in place. Guidance is important to ensure these medicines are administered consistently and as prescribed. Medication audits had already identified this, and the manager took action without delay.
- Medication audits had also identified where staff had not always applied their signature to confirm the administration of people's medication such as prescribed creams. The action noted was to remind staff about their medication practices individually and during staff meetings.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. The manager and clinical lead undertook daily observations which included checking staff were wearing the correct PPE. The manager had already identified staff were not always wearing face masks in the correct way and action was taken.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People told us they could see family and friends whenever and wherever they wished and there were no restrictions in place, as per government guidance.

Learning lessons when things go wrong

- The provider and manager monitored and took action to implement any required learning from accidents and incidents and shared these with the staff team.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found staff did involve people in decisions about their support, when providing their daily care.
- However, there were some inconsistencies in relation to the management and staff team working within the principles of the MCA. People did not always have sufficiently robust or detailed mental capacity assessments in place. For example, 1 person had bed rails in place. However, there was no mental capacity assessment documented to identify if the person could consent to this aspect of their care. This meant we could not be assured that the bed rails were not imposing restrictions on this person's liberty.

The manager told us they would review and update all mental capacity assessments following our inspection.

- Appropriate legal authorisations were in place to deprive people of their liberty where this was identified as necessary.
- The Care Quality Commission had not always been informed prior to our inspection where the supervisory body had authorised DoLS. We have reported on this in the well-led section.

Staff support: induction, training, skills and experience

- People and relatives were confident in the skills and knowledge of staff. One person told us, "Staff help with personal care how I like it, overall, pretty good, check regularly what care I need." Another person described how staff assisted them to take their correct medicines.
- Staff we spoke with told us they received appropriate support and training opportunities were readily available. Staff felt confident their training supported the care needs of people who lived at the home. One staff member said, "We have a lot of training. It is really helpful."
- However, staff did not always put their training knowledge into practice. Staff wore face masks below their chin and noses. The manager was already aware of this and told us they would be addressing this with staff.
- The provider's induction programme was followed for all new staff. New staff received an induction which

included shadowing more experienced staff and completing the nationally recognised care certificate. This supports staff to gain the skills needed to work in a care environment.

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

- People's care needs were assessed in advance of them moving into the home to ensure effective care and support could be planned and provided. This helped to ensure people were supported by staff in the way they preferred, and staff could meet all their identified needs.
- People's cultural and social needs were identified so staff could be aware and meet these.
- Health and social care professionals' views were also considered when people's needs were assessed so care remained as effective and responsive as possible.

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

- People told us they liked the food provided and relatives said the food was of good quality. One person told us, "Food (is) brilliant, (there is a) choice, do lovely salads I live on them. (I) have (a) roast on a Sunday. (Cook) makes the best gravy, lovely ginger cake yesterday, brilliant cook. Another person said, "Food (is) really good, I have breakfast in dining room, offered tea and coffee and (staff are) very good with (offering) water or squash."
- People were supported to maintain a healthy diet. During mealtimes staff were on hand to support people if needed. Staff also enabled people to eat undisturbed and unaided unless the person indicated they needed assistance.
- The cook and care staff worked together to effectively meet people's food choices, specific dietary needs, and any food allergies.
- People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted such as the GP.

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 staff supported their healthcare needs. One person told us, "GP visits on regular basis, optician been and had eyes tested, chiropodist about every 6 weeks." Another person said they were visited by a doctor and would be seeing a speech and language therapist.
- People's health needs were assessed, and care plans developed to support people's medical conditions, such as diabetes and epilepsy.
- The management and staff team worked with a variety of health and social care professionals to ensure people were provided with consistent care.
- Staff assisted people to access community healthcare services or, where appropriate, emergency medical services should they become unwell.

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

- People had their own rooms which they enjoyed spending time in and there were several communal spaces, so people had choice in where and how they spent their day.
- There was an accessible garden which people used during good spells of weather.
- The provider had redecorated parts of the home environment and had plans to ensure continual improvements to the home environment were made, including continuing with redecoration.
- There were some areas of the home environment where equipment was being stored such as a bathroom area. The manager was already aware and had plans to take action in regard to the storing of equipment.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Providers' registration with the Care Quality Commission (CQC) requires them to notify us about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services.
- We found the provider had not met their regulatory responsibility. The provider had not consistently informed CQC as required when the supervisory body had authorised Deprivation of Liberty Safeguards (DoLS).
- The nominated individual and manager acknowledged the omission to submit the statutory notifications. The provider had relied on the former registered manager in completing the required statutory requirements and submitting these to CQC as part of their role and responsibilities.

The failure to notify CQC of important changes, events and incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This is being reviewed outside of the inspection process.

- The manager took immediate action to remedy the omission in relation to the DoLS which had not been notified to CQC by submitting these. Additionally, the nominated individual and manager apologised and took action to further improve systems to prevent these omissions from reoccurring.
- Since our last inspection there have been changes in the management team. The provider had recruited to the position of registered manager. The manager had commenced in post on 13 February 2023 and had therefore been in post for just over a week when we undertook our inspection visit. A second clinical lead had also been appointed to support the manager.
- The management and senior staff team undertook audits to monitor the safety and quality of the care provided. Additionally, the nominated individual told us they were situated at the home 3 to 4 days each week and described how they instantly took action where improvements were required.
- However, there were gaps in the previous management team's checking mechanisms which needed to be further strengthened and embedded into staff practices. For example, the inconsistencies when completing MCA and medication documentation.
- At the time of our inspection visit the manager had already started to consider what quality checks they needed to undertake. This was to provide further assurance people consistently received safe and good quality care.
- After our inspection visit the manager and clinical lead took action without delay to resolve all the gaps in documentation which had been identified and considered any further refresher training staff required.

- Staff knew what was expected in their roles and were confident in approaching the manager. One staff member told us, "I feel like things are moving in a better direction now we have a new manager and (clinical lead). The new manager called a staff meeting next week so we can speak to her. I feel I can go and speak to her at any time though."

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

- People told us the care and support they received had a positive impact on their feelings of safety and wellbeing. Relatives we spoke with also confirmed this.
- One person told us, "Very pleasant, (staff members name) would do anything, we all get on very well, all different people, no complaints, never bored, can go to my room and do puzzles or watch TV, very happy here." Another person said, "Staff (are) brilliant nothing too much trouble."
- One relative described the positive impact a staff member had when providing individualised care and support to their family member. Relative said, "(Staff member) sits with (person) and is always there to help (person)."
- Staff spoke about the people they supported with a clear commitment to people's continued health and wellbeing. One staff member told us, "We (staff) didn't know you were coming; this is us, it's not a show this is the care we provide. I look at this like I am caring for my family. I love to care for people."

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 manager understood their responsibility to inform people and relevant others in the event something went wrong with people's care.

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

- People and their relatives were actively encouraged to feedback on the service, either through individual conversations or through a group which had been formed utilising a messaging application.
- The manager had plans to further improve the ways people and their relatives were involved in the service and could contribute their views. One example, the manager talked about was to reintroduce meetings for people and their relatives.
- Staff were invited to meetings and encouraged to contribute. Staff told us they had regular supervisions which they valued.

Working in partnership with others

- The management and staff team worked alongside several different health and social care professionals to support people's health needs and enable people to achieve good outcomes.
- People's care plans and records captured the input of health and social care professionals into people's care. Records included any guidance staff needed to follow to maintain people's health and well-being.