

Wayside Care Home Limited

# Wayside Residential Care Home

## Inspection report

8 Whittucks Road  
Hanham  
Bristol  
Avon  
BS15 3PD

Tel: 01179673314

Date of inspection visit:

18 April 2017

19 April 2017

Date of publication:

07 July 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 18 and 19 April 2017 and was unannounced. This service was previously inspected in March 2016. At that time we found there were three breaches in regulations. Wayside provides accommodation for up to ten people. At the time of our visit there were eight people living at the service and one person was in hospital.

There was 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. The registered manager was also the registered provider. For the purpose of the report we will refer to them as the provider/registered manager.

A significant number of improvements were required across the service. The provider/registered manager had failed to monitor the service effectively to ensure people were cared for by staff who had the right skills and knowledge. Lack of specific training meant staff did not understand or have the insight in order to enhance people's lives and to provide meaningful, person centred care.

Lack of specific risk assessments compromised safety and staff did not have clear guidance on how to manage some risks to people. Care plans did not contain enough detail to support people to receive individualised care. Care plans were missing people's essential diagnosis and needs; this particularly included those people with dementia.

Understanding on the principles of the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) required improvements. The provider/registered manager and staff were not always aware of when they should be raising concerns with the local authority safeguarding team or notifying the CQC. People were supported by the recruitment policy and practices in the home. Staff confirmed they were supported by the provider/registered manager.

Additional training was required in order to equip staff with the right skills. This was particularly in relation to understanding MCA and DoLS, dementia and managing behaviours when people became anxious.

Although there was some evidence of seeking advice from health and social care professionals, for example GP's and community nurses, further improvements were required. This particularly related to expertise from the community mental health team.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Risks had not been appropriately assessed and staff did not have clear guidance on the management of identified risks.

There was a lack of insight and understanding about reporting incidents and when to contact the local authority for advice and guidance.

There were enough staff on duty to support people safely.

People were protected through the homes recruitment procedures, however disciplinary procedures needed to be more robust.

People were protected against the risks associated with unsafe management of medicines and cross infection.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

We could not be satisfied people received care that met their needs because staff had not always received appropriate training.

Further improvements were required to extend staff knowledge and understanding around mental capacity.

People had access to a healthy diet, taking into account their nutritional requirements and personal preferences.

The service sought advice and support from community health and social care professionals, although improvements were required to widen their knowledge on resources and expertise that was available.

### Is the service caring?

**Good** 

The service remains caring.

### Is the service responsive?

The service was not always responsive.

Improvements were required to ensure the support people received was person centred and meaningful. Care plans were not always in place for identified health care needs and people's emotional well-being had not been considered.

People were encouraged to join in activities. Activities and stimulation for people with dementia needed to be further explored.

People were listened to and staff supported them if they had any concerns or were unhappy.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led and improvements were required.

Quality monitoring systems were not always effective and had not identified the improvements that were required in the service provision.

Improvements were required by the providers to promote a culture of openness and transparency.

The providers did not always notify CQC of incidents as required under our regulations.

Staff felt supported by the registered manager and enjoyed working at the service.

**Requires Improvement** 

# Wayside Residential Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in March 2016. At that time we found there were three breaches in regulations. This inspection took place on 18 and 19 April 2017 and was unannounced. Two adult social care inspectors carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

During our visit we met and spent time with all eight people living in the home and we spoke individually with four. Some people we spoke with had dementia. We kept questions simple and enjoyed general conversations with them; we also acquired evidence from observations and listening to interactions with staff. We spent time with the providers, registered manager. We spoke with four staff and two relatives.

The service was being monitored and supported by various health and social care professionals following previous safeguarding concerns which were raised about people's well-being. We have referred to the intelligence reports we have received from those that visit the service and from multi-agency meetings we have attended.

We looked at four people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

The service was not always safe. Prior to our inspection, we were informed by the local authority safeguarding team that they had concerns about the service under reporting possible concerns/alerts. They had also visited the home and had been concerned about some people who lived there. They arranged a meeting in March 2017 with the provider/registered manager, deputy and health and social care professionals and we also attended. It was evident at the meeting that there was lack of understanding about the local authority's policy and procedure and when to contact them following a significant incident. Guidance and support was given during the meeting and the provider was asked to familiarise the staff team with the local authority policy and procedure in addition to enrolling them on safeguarding training. At this inspection we found that the policies and procedures were now in place and training had commenced. However the provider/registered manager and staff still lacked insight and understanding about reporting incidents and when to contact the local authority for advice and guidance. During discussions we found there were several examples where the appropriate action had not been taken.

We could not be satisfied that people were protected from risks to their health and safety. We found people's risk assessments were out of date. The assessments we looked at had not been re-written since 2015, some of the information was no longer relevant to people. During the inspection we identified potential risks to people's health but risk assessments were not in place. Those that were in place did not equip staff with enough detail or guidance on how to manage the risks and help reduce them. Where necessary the assessments were not carried out in accordance with the Mental Capacity Act 2005. It was apparent that those who had written the risk assessments lacked the skills and competence to do so.

These were breaches of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

We asked the provider/registered manager about their staff compliment. During the discussion they told us about one member of staff who had recently left. They had been reported by a colleague for being 'abrupt and abusive in tone' to a person living in the home. They reported this member of staff was 'shouting' and told a person to 'sit down and shut up'. In addition staff also said they were 'over familiar and unprofessional with a relative' and had observed this member of staff mimicking people in a disrespectful way. These allegations had not been raised with the local authority safeguarding duty desk, nor had we received a notification with details about what had happened as required under our regulations. Although there was some written evidence in a notebook to show that they had conducted an interview with the staff member, the disciplinary pathway that was followed was not robust enough and would not protect other people if this staff member sought future employment in another care facility.

This was a breach of Regulation 19 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

Staff and relatives all told us there were enough staff on duty. We could not determine if staffing levels were always satisfactory. The provider/registered manager did not determine levels with a recognised tool,

although they did say they took into consideration the dependency levels of people. There were moments when the atmosphere in the home was calm and relaxed. However there were two people in particular whose dementia needs had changed and at times they became very anxious and distressed. It was only because the provider/registered manager were at the service on a daily basis that this situation was somewhat manageable. On the second day of our inspection the provider/registered manager told us they had stayed late the previous evening because these people were restless and required one to one support. There were staff vacancies at the time of the inspection. Two new staff members were due to commence their induction subject to appropriate employment checks.

We would recommend that the provider/registered manager review staffing levels and source a recognised tool to help support and determine adequate staffing for peak times and one that accounts for eventualities that we have described.

At the last inspection of March 2016 we found there were breaches of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014. This was because infection control measures were not adequate and did not protect people from the risks of infection. Some areas and equipment in the home were in poor repair. This meant effective cleaning was compromised. Staff were seen not wearing correct protective equipment when disposing of dirty laundry and continence pads. People's commode pans did not have lids, which meant staff carried used pans through the home without being covered. One toilet which was regularly used by people did not have hand washing facilities. Infection control audits had not been conducted in order to identify where improvements were required.

Since the inspection we found improvements had now been made. Partial refurbishment and maintenance of areas such as bathrooms, toilet facilities and the kitchen meant that risks had been reduced and deep cleaning was more effective. Commodes had been replaced and staff had received training in infection control. We saw that staff practice around wearing gloves and aprons had also improved. Since the inspection of March 2016 the service now had a domestic member of staff. It was evident that the home cleanliness of the home had greatly improved.

A new infection control audit had just been introduced. We asked the provider/registered manager to send us these completed each month for the next three months. This was so we could be satisfied with the quality of the information gathered and that the audit would help sustain the improvements made. The provider/registered manager had nominated the deputy as the infection control lead and additional training was being sourced. We look forward to seeing the progress with the introduction of this new lead role at our next inspection.

Policies, procedures and records were in place to help ensure safe management of medicines. Records of medicines entering and leaving the home were maintained. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on medicine rounds until they felt confident and competent to do this alone.

## Is the service effective?

### Our findings

The service was not always effective. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We could not be satisfied with the level of understanding the staff team had around the MCA and DoLS. We found that although the provider/registered manager understood the MCA process they did not take in to account the actual principles that underpin it. Since our last inspection some people's capacity had changed due to deterioration in their cognitive ability. People had an overall MCA assessment about capacity, however some practices and the way staff supported people did not consider people's ability to make certain decisions. The least restrictive options were not always considered and there was a sense that coercion methods were implemented when people were anxious and certain behaviours were exacerbated. Visiting health and social care professionals we spoke with had also expressed concerns around these areas. Professionals told us there was a lack of understanding about suitable, effective distraction techniques and had witnessed staff 'cornering people' so they couldn't move freely. This was not an effective way of reassuring a person and diffusing their anxiety and had the potential to increase their levels of obvious distress.

This was a breach of Regulation 19 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

Improvements were required to ensure training equipped staff with the skills and knowledge they needed to support and care for people effectively. Certain practices questioned their understanding around areas of the MCA and DoLS, person centred care, dementia awareness and managing behaviours when people became distressed and anxious. The effectiveness of any training that staff had received in these areas needed to be reviewed, further explored and developed.

This was a breach of Regulation 18 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

There was evidence that supported the service recognised the importance of seeking expert advice from community health and social care professionals. This included GP services, district nurses, dentists and



opticians.

The service had a small, steadfast group of staff. Staff told us they felt supported on a daily basis by the provider/registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Staff had the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any training they would like to explore.

People told us they liked the food and there was plenty of choice. Comments about lunch included, "I enjoyed my lunch it was very nice today", "Lunch was nice, I enjoyed the bacon" and "It was good, cooked just how I like it". Mealtimes were pleasurable, calm and relaxed. The food was well presented. If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to GP's and dieticians when there were concerns regarding people's food intake and weights.

## Is the service caring?

### Our findings

There was no doubt that the provider/registered manager and staff were caring people. With additional training and support from community health and social care resources people's care and well-being would be further enhanced.

People told us they were happy living at Wayside. One person said, "The staff are always very friendly". One relative came to speak with us about their experience of the service, their relative was staying in the home on respite. They told us their relative had settled in well and their health had improved since receiving 24 hour support. They said, "The staff and manager are very caring, mum is very happy and there is a happy, homely feel here". Another relative told us, "I am happy with the care given to my wife, they are very caring and have lots of patience".

The service had received thanks and gratitude from families. Written comments included, "Thank you for the wonderful care given to my mother. It was a great comfort to all of us to know that she was in good hands" and "I cannot praise you and your staff highly enough of the way in which care was given. Such patience and kindness was shown and we will always be grateful to you".

Health and social care professionals told us, "There are some staff that particularly stand out and are lovely with the residents", "I have observed some genuine kindness when staff have been delivering care" and "On observation staff have shown a caring side".

During our visits we saw staff demonstrating acts of patience and kindness. One person was poorly with a chest infection. We saw on numerous occasions staff were checking to see how they were feeling and offering regular drinks. One staff member explained to the person that the GP had been called, she appeared very caring and offered reassurance.

People were smartly dressed and they were supported with personal grooming. Staff had maintained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures and sessions with a hairdresser.

Staff provided us with details about people's family support and existing relationships prior to moving into the home. Every effort was made to ensure relationships remained important. Visitors were welcome any time. People saw family and friends in the privacy of their own rooms, communal areas and the garden. One relative told us they visited every day and time spent with their wife was precious. They were always made to feel welcome and on Sunday's they stayed for lunch.

## Is the service responsive?

### Our findings

The service was not always responsive. People did not receive a person centred approach to care at all times. Health and social care professional's felt that care was delivered based on tasks and routines and not necessarily respecting individual wishes and preferences. Staff had some knowledge of peoples likes, dislikes and personal preferences. These included basic things for example what time people liked to get up and go to bed and preferred food choices. Further development was required in order to ensure people's lives were meaningful and fulfilling.

Care records we looked at were not up to date, they did not always reflect current needs and lacked specific detail as to how people wanted to receive support. There were gaps in the information and not all paperwork had been completed. Care plans had been written in 2015 and needed to be re-reviewed with individuals and re-written. The content of the information was generic and we saw the same text repeated in people's records. In one person's records we saw that they were referred to by the wrong name, the information from someone else's records had been copied and pasted over to this person's record. There was no written evidence that showed people had been involved and supported to express their views on how they wanted to be supported and cared for.

At the inspection of March 2016 we found that the written terminology in care plans was demeaning and referred to words such as 'toileting' for those who had continence needs and 'feeds' for those who required assistance with eating and drinking. At this inspection we found that these care plans had not been re-written and the words had been merely been crossed out.

Care staff were still responsible for arranging and providing activities on a daily basis. Although some activities were provided, the programme and types of stimulation available for people needed to be reviewed. Activities that were provided included arts and crafts, armchair exercises, one to one time and movie afternoons. People chose how to relax, including watching television, listening to music, sitting outside, going out with family and receiving visitors. At the inspection of March 2016 we asked that the service seek advice and guidance from a reputable source, about providing meaningful activities and stimulation for those people with dementia. At this inspection for April 2017 we found that attempts made to address this were unsatisfactory. Any efforts made had not been done in a timely, effective way. There had been insufficient impact to improve people's social and recreational well-being, not just for those with dementia but for everyone living in the home. One person said, "There is very little to do or available, but I do like listening to music".

These were breaches of Regulation 9 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

Following a recent audit of the service it was identified that monitoring and recording informal complaints needed to be reviewed and improved. We will review the progress on this at the next inspection. There had been no formal complaints since the last inspection. One person told us, "I have no complaints, but I would speak with the manager and staff if there was something wrong, there is no bullying here". A relative also

confirmed they were 'confident to speak with staff and the manager if they had a problem'.

## Is the service well-led?

### Our findings

The service was not always well led. The arrangements in place to ensure the service was well led were unsatisfactory. At times the provider/registered manager struggled with the management of the whole service and there was an inconsistency in the management approach. This compromised essential aspects in service provision.

Evidence of breaches in regulations throughout the inspection demonstrated that there had been a failure to identify and manage risks for people across the home. Lack of strategies and forward thinking meant that the risks were not minimised. This was particularly around providing prompt access to suitable training to equip staff with the right skills to provide safe, good quality care.

The provider/registered manager did not always have people's best interests at the heart of their service. They had received various amounts of support, guidance and advice from community and health and social care professionals over recent months. They were receptive to this however it was evident that they were reactive to improve the service they provided rather than being proactive. Timescales to initiate, follow up and act on advice/recommended actions were not completed in a timely manner. There was a lack of insight and vision as to how they intended to improve the service they provided and to make continued plans to enhance people's experiences.

This is a breach of Regulation 17 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Prior to and during the inspection it was evident that the service did not always send us notifications when required. When we spoke with the provider/registered manager and deputy there was a lack of understanding about our regulations for reporting incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Improvements were required by the provider/registered manager to promote a culture of openness and transparency with people who use the service and other relevant persons. We found that advice was not always sought in a timely manner and there were recent examples where health and social care professionals should have been contacted sooner. This related in particular to those people whose needs around dementia and behaviours had deteriorated. These professionals felt that when guidance had been provided this had not always been well received. We were told there was sense of defensiveness and a reluctance to work alongside professionals in order to do what was best for people who lived there. We had been witness to this at the meeting held in March 2017 and found that during the meeting attitudes were somewhat disruptive and obstructive. We discussed this with the provider/registered manager who agreed that relationships and working in partnership with others required improvement. The ethos of the home must promote and accept that guidance is a way of learning and improving quality and safety, rather than a

personal criticism.

This was a breach of Regulation 20 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

During the meeting arranged by the local authority safeguarding team in March 2017 it was evident that the service required support in order to improve the quality and safety they provided. The provider/registered manager asked an independent auditor to visit the home to conduct a full review based on CQC's key lines of enquiry. We found that there were similar themes identified to those that we found during our inspection of March 2016, in addition to those we found at this most recent inspection. Some progress had been made with the audit results and subsequent actions that were required. We look forward to seeing further developments and the improvements made at our next inspection.

The views of people who used the service and relatives were sought by providing questionnaires. Family members, friends or staff supported people with these if required. At the inspection of March 2016 the provider/registered had been disappointed in recent years with the numbers completed and returned and the lack of written comments and feedback. We discussed changing the content of the questions to encourage people to use them. They were looking at developing a format to send to staff and health and social care professionals who visited the service. The timescale for this was to commence by July 2017.

Staff felt supported by the provider/registered manager, deputy and fellow colleagues. Comments included, "I think we work well as a team and support each other", "I love working here, I have no complaints about people's care or working here" and "The manager is a good man, an easy person to talk to, motivated, caring and encouraging".

The provider/registered manager promoted effective communication between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These records informed staff about what had happened each day and were particularly useful for those staff who had been absent during holiday leave or sickness absence. Staff meeting were being reviewed to make them more effective and structured. The proposed new agenda was comprehensive and was due to be implemented in April 2017. We will review the effectiveness of the meetings at our next inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider must notify CQC of incidents that need reporting.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Improvements are required to ensure care and treatment people receive is appropriate, meets their needs and reflects their preferences.  Regulation 9 (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service lacked insight and understanding about reporting incidents and who to notify. Improvements were required to ensure risks to people's health, safety and welfare were reduced through robust assessment.  Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider must work within the principles of the Mental Capacity Act 2005 and Deprivation

of Liberty Safeguards when supporting people who use the service.

Regulation 13 (5)

Regulated activity	Regulation
--------------------	------------

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider must assess, monitor and improve the quality and safety of the services provided.

Regulation 17 (2)

Regulated activity	Regulation
--------------------	------------

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Improvements were required with policy and procedures when taking disciplinary action

Regulation 19 (5)

Regulated activity	Regulation
--------------------	------------

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA RA Regulations 2014 Duty of candour

The provider must act in an open and transparent way with people who use the service and other relevant persons.

Regulation 20 (1)

Regulated activity	Regulation
--------------------	------------

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff must be provided with the appropriate level of training in order to fulfil their roles and responsibilities.

Regulation 18 (2) (a)



