

Wayside Care Limited

# Wayside Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# 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, 24 people were living at the home.

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

Improvements in the recording of people's care and medication documentation had been embedded since our last inspection. The provider and registered manager were now fulfilling their regulatory responsibility to promptly notify the Care Quality Commission (CQC) when Deprivation of Liberty Safeguards had been authorised.

The home was clean, although some communal areas looked worn. There were plans in place to ensure continual improvements to the home environment were made, including redecoration.

Processes were in place to safeguard people and protect them from harm and abuse. People were supported to take their medicines as prescribed by staff who were trained in medication management and were assessed as competent to administer.

There were adequate numbers of safely recruited staff to care and support people. The provider used agency staff to cover any shortfalls in staffing levels. The registered manager pre booked agency staff in advance to ensure consistency of the same agency staff as much as possible. Risks to people had been assessed, monitored, and reviewed. People were supported to maintain a healthy and balanced diet and were given choices. Staff understood people's dietary needs. Staff knew how to recognise and respond to signs of ill health and ensured people were supported to access the health care they needed.

People were supported by staff who helped them to be as independent as they could be. People were encouraged to maintain relationships with those important to them and to engage in activities they wanted to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a complaints policy in place. People and relatives were aware how to raise any concerns.

The registered manager and senior management team carried out regular audits and checks to monitor the quality of the service and care provided. Areas for improvement were identified and responded to so the service was continuously learning and developing. People and their relatives' views were sought and considered to help drive through improvements. Staff worked in partnership with other health and social

care professionals to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 27 April 2023) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of complaints. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

#### 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was 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.

#### Inspection team

The inspection team consisted of 1 inspector and a specialist advisor in nursing on the first day. Two inspectors and an Expert by Experience on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience carried out telephone calls to people offsite.

#### 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 a registered manager in post.

#### 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 who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 3 people who lived at the home about their experience of the care provided and 8 relatives. We observed mealtime in the dining room to help us understand the experience of people. 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 spoke with 12 members of staff including the registered manager, the provider, who is also the nominated individual, deputy manager, clinical lead, nurses, carers, head cook, head housekeeper and maintenance person. Additionally, we spoke with an external health professional who was visiting during our inspection and spoke over the telephone with a further external health professional who regularly visits the home.

We reviewed a range of records. This included 3 people's care plans, risk assessments and associated information. We reviewed 5 medication records. We looked at 5 staff files in relation to recruitment, training records, staff rotas and documents in relation to the governance of the service.

# 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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition, environment and any equipment used were assessed and managed.
- We identified some people's wardrobes had come loose from the wall. The provider immediately took action to address this during our inspection.
- A relative said, "The staff provide [person's name] with appropriate support when being hoisted."
- Staff were guided on how to promote people's safety and manage their risks through detailed information within people's care plans and risk assessments.
- People's care plans had specific healthcare guidance for staff to follow. For example, with percutaneous endoscopic gastrostomy (PEG) and catheter care management.

### Staffing and recruitment

- We received mixed feedback relating to staffing levels. Staff told us there were enough staff to support the current number of people living at the home. However, some relatives said they felt there were not enough staff. One relative said, "It is understaffed more so of a night than a weekend. During the weekdays they are all brilliant. Nights and weekends is a problem. For the last 8 months the new manager is trying very hard to recruit full-time staff for nights. [Registered manager name] is still trying." Another relative said, "When I have been there, there has always been someone (staff) there."
- During our inspection, staff were present throughout and we observed staff responded to people. We did not see or hear people having to wait for assistance. Staffing arrangements met people's needs.
- The provider and registered manager were open about challenges they had experienced recruiting and retaining staff and were working hard to fill their current vacancies. Agency staff were used to cover shortfalls in staffing levels. As much as possible consistent agency staff were used to minimise the impact on people's care.
- The provider followed safe recruitment practices. The provider carried out pre-employment checks to ensure the suitability of staff for their role. These included checks on identity, previous employment, character, right to work in the UK 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

- People were supported to take their medicines safely and as prescribed by staff who were trained to administer medicines and regularly had their competency checked to ensure correct procedures were followed.

- Whilst we found no harm, we identified the pharmacist had not been involved in the decision-making process and in the multi-disciplinary team discussion for one person on covert medicines. It is good safe practice to consult a pharmacist as it is generally not acceptable to crush medication or to open capsules as this may alter the properties of the tablet or capsule. This meant that the quality of medicines could have been compromised and ineffective. We discussed best practice with the management team who assured us they would rectify this and consult the pharmacist on safe administration method.
- Medication Administration Records (MAR) we viewed noted all medicines were administered correctly. Medicines were received, stored, administered and disposed of safely.
- Protocols for 'as and when' PRN medications were in place. The clinical lead told us they were currently developing these and in the process of making them more bespoke.
- A person told us, "Since being here, in a short time my life has turned around, they are weaning me off my antidepressants because my mood has lifted so much since being here."

### Preventing and controlling infection

- The home was clean and domestic staff carried out regular cleaning. A relative said, "It is clean. It is quite old, and it could do with modernising and redecoration in the communal areas." Another relative told us, "It's an old building but plenty of cleaning takes place, except the toilets, which are done only once a day, in the morning. As the residents will go to the toilets unsupervised, cleaning of toilets should be done several times a day." We discussed this with the registered manager who told us they had already identified this and were enhancing their cleaning schedules to include frequency of these areas during the day.
- 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 using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 were able to receive visits from loved ones without restrictions, other than protected mealtimes. The registered manager told us these arrangements were flexible depending on requirements. For example, if a family member wanted to eat with or assist their loved one during mealtime or if anyone was in receipt of end of life care where there were no restrictions in place. People's relatives were visiting during our inspection.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff received safeguarding training and knew how to identify and report any concerns. Staff told us they would report to the management team and said action would be taken. One staff member said, "I could whistleblow and not feel there is repercussions. Everything is dealt well, with [registered manager name] leadership you can be open and transparent."
- We saw evidence where a member of staff had raised concerns and actions taken. For example, where poor staff practice had been identified.
- The registered manager understood their responsibility to report any allegations of abuse or neglect to the local authority and the Care Quality Commission (CQC).

### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and monitored by the registered manager to reduce the



likelihood of reoccurrence. Any actions or identified trends and patterns were discussed and shared with staff. For example, staff communication records and staff meetings.

# 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. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty or these had been requested and were waiting approval.
- The registered manager understood their responsibilities under the MCA.
- The registered manager had a DoLS tracker in place. We discussed with them how this could be further developed to add additional information such as dates DoLS were applied for and any conditions. The registered manager responded to this suggestion and sent us an updated tracker.
- Staff understood the importance to support people to make choices and decisions for themselves where possible.

Staff support: induction, training, skills and experience

- Staff told us they were supported in their roles and were provided with the relevant training to carry out their roles effectively and received refresher training. For example, it had recently been identified staff required refresher training in manual handling and face to face training had been provided to staff. One staff member said, "The manual handling session was really good, the trainer was fantastic, they spent time gauging the learner's ability. We (staff) were able to reflect about our residents' current needs."
- We received mixed feedback from relatives in relation to staff skills, experience and knowledge of their family members care and support needs. Comments included, "Monday to Friday the staff are amazing, they all know [person] well," "Yes, I think most of them do," "Quite a few of the staff are inexperienced," And, "I

would say so. [Person] is a lot more settled in this "Home", compared to the others [person] has been in."

- Records confirmed staff received sufficient training to enable them to carry out their roles and to meet people's needs and support them effectively.

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

- People had their own rooms and there were several communal spaces, so people had choice in where and how they spent their day.
- There were some areas of the home environment where equipment was being stored such as the conservatory area. This area was out of use and the provider told us the items were to be removed of imminently. We received photographic evidence the items had been removed and the area was clear of clutter following our inspection.
- The provider had plans in place to ensure continual improvements to the home environment were made, including continuing with redecoration. The downstairs communal shower room was being painted during our inspection visit. We discussed further developing signage in the home to help people navigate their way around the environment and identify key rooms.
- We observed people spent time interacting with each other in communal areas.

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

- People received care and support that was planned and delivered in line with their assessed needs and preferences. Care plans and risk assessments were detailed.
- Care plans were regularly reviewed to reflect any changes in people's needs. Families were involved with care planning and were regularly informed of any changes.
- Staff spoken with knew people well and demonstrated a good understanding of their individual needs and preferences.

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

- People received support to eat and drink in line with their assessed needs and preferences.
- People were happy with the food and choice of meals offered to them. One person said, "The food is brilliant." Another person said, "I like the food, I am diabetic, and staff help me to manage this." A relative told us, "[Person's name] really likes the food and there is a good choice of food and drinks." Another relative told us, "[Person's name] does like the food and I have had a couple of meals there too, it is quite good."
- Where required staff monitored people's eating and drinking. When concerns had been raised such as weight loss healthcare professionals had been consulted. One relative told us, "[Person's name] has lost a tremendous amount of weight. I am meeting the nurse tomorrow to find out why [person] is losing so much." Another relative said, "[Person's name] has lost some weight but we can't determine why that it is. All indicators look good and [person] does eat regularly." A further relative told us, "[Person's name] is actually putting weight on. [Person] has gained weight since they moved in and looks really well."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed where healthcare professionals had been involved in people's care. A relative said, "A doctor does the rounds once a week or more frequently. If there is a concern, there is always medical staff at hand." Another relative told us, "They have a medical person from the local surgery once a week. So, all is covered there."
- People had access to healthcare professionals such as GP, dentist and chiropodist. A relative said, "This home gives him regular foot care and it is remarkable, as [person's name] feet have never looked better."
- A healthcare professional told us staff were responsive and any advice and guidance given was followed.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. For example, people decided where they wished to have their healthcare consultations. Some people chose to have these in their bedrooms. Other people enjoyed the freedom and independence of choosing to have their consultations in other areas of the home. In these circumstances, staff supported people to maintain their privacy by using privacy screens.
- People were supported to be as independent as possible. A relative said, "They (staff) embrace [person's name] wishes on how they like to be treated. They (staff) give them space. [Person's name] tries to do things themselves and they (staff) support them to do this. For example, [person's name] likes to drink for themselves, even though they may spill some of the content, but it makes them happy."

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

- People were engaged and responded well to staff. Staff knew people and their individual needs and preferences well; they told us what support people required, what food consistency people needed and what they like and don't like to engage in.
- Relatives felt their loved ones were well treated and supported. One relative said, "I like the way they (staff) speak to [person's name]." Another relative told us, "I am quite happy my [relative] is there (Wayside Care Home). If I thought, they (staff) weren't treating [relative] well I wouldn't have [relative] there. I think it is alright." A further relative said, "They have looked after [relative] and there are some very good carers in there. I have no problems with the staff in general. I just would like to see them (staff) take the residents out on trips. My [relative] is happy there and is happy now."
- Staff spoke positively about the work they were doing and the people they were supporting. One staff member said, "Making a difference to people's lives, is our goal." Another staff member said, "It's like a lovely family environment."

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

- People were supported to express their views and make decisions about their care.
- 'Residents' meetings were held, and records showed people were encouraged to express their views and suggest ideas for improvement. People were actively involved and engaged with discussions which included discussions around food preferences and activities.
- People were offered choices such as where they spent their time and whether they took part in individual or group activities. A relative said, "In [person's name] present condition they just want to be left with a cuppa. [Person] does not want to be involved in any activity. [Person's name] is never forced to do anything they don't want to do."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were assessed prior to moving into the home and as their needs change. This helped to ensure effective care and support could be planned and provided by staff in the way they preferred, and staff could meet all their identified needs.
- People's care plans were personalised and provided detailed information to staff on how to support people in the way they preferred.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act 2010 were considered. Assessments were detailed and included the support needed with mobility, personal care, communication, mental and physical health.
- One person who hadn't been living at the home long described it as, "It's heaven. I lived at home with carers, stayed in bed all day, it was awful. The nurse has refitted my catheter, I didn't feel a thing. I have had previously been in a lot of pain when having it changed and it has bypassed. [Clinical lead name] changed this for me, amazing. Staff are brilliant, food is brilliant, can't believe my luck. I enjoy the activities they provide, its heaven getting out of bed and seeing people. Can't fault it in anyway, I have laughed, not done this in months. I'm really looking forward to Christmas. I feel a load has lifted off my shoulders. I worked as a carer for years; this place is so nice and good. Everyone is so pleasant."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff knew how to communicate with people.
- The registered manager understood their responsibilities regarding AIS and told us information could be presented in different formats where necessary. We saw pictorial aids were displayed on communal walls to inform people of daily activities available to them.

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

- People were supported to maintain relationships important to them and were encouraged to follow their interests. A relative told us, "[Person's name] has no hobbies or interests really. [Person] had to give all that up after their strokes. [Person] likes their sport and is very sociable. The activity coordinator is absolutely brilliant there and gets [person name] and other residents involved. My [family member] thrives on that as it

is so good."

- Another relative echoed this and told us they like best, "The activities and entertainment they put on and how they engage with the relatives. The residents are well looked after and there is a lot of love from the vast majority of the staff."

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

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.
- The provider had policies and procedures in place to manage complaints and concerns.
- People and relatives told us they knew how to complain. A relative said, "If we have a problem in the first instance, we contact the manager or deputy manager."
- A relative described a situation where they had to raise a concern relating to their family member and told us, "They [staff] listened and responded with changes I wanted and was happy with."

#### End of life care and support

- People's care plans included end of life wishes and preferences where appropriate.
- Staff were trained in end of life care.
- At the time of our visit there was no one receiving palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.

# 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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection in February 2023 the provider had failed to notify CQC of important changes, events and incidents. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider was meeting their regulatory responsibility and informing CQC as required when the supervisory body had authorised Deprivation of Liberty Safeguards (DoLS).
- Since our last inspection the manager had registered with CQC.
- The registered manager and senior staff team carried out regular audits and checks to monitor the safety and quality of the care provided. These included, infection control, home environment, medication, and care plan audits.
- We discussed adding further information to the care plan audits to demonstrate any actions which had been taken, who these were allocated to and what timeframes had been given. The registered manager told us they would address this immediately.
- The registered manager was supported by the provider who they described as approachable and supportive.
- The provider and registered manager was committed to continuously learn and improve care. For example, the provider had invested in specialist equipment to enable people with complex manual handling needs to have access to a shower and were sourcing a new call bell system.
- Staff were clear about their roles and responsibilities and what was expected of them at work. Staff were complimentary about the support they received and the senior management team. One staff member said, "[Registered manager name] has implemented and made positive changes since being in post." Another staff member told us, "[Provider and registered manager's names] are an excellent support."

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

- The registered manager was committed to instil a culture where people, relatives and staff could approach them with concerns, ideas and suggestions. A relative said, "[Registered manager name] is very

easy to talk to. I see [registered manager] most days and we have a chat." Another relative said, "The manager is very supportive, and I can't fault them for listening."

- Staff told us since the registered manager had been in post things had improved. For example, communication. Staff confirmed and records showed regular staff meetings were taking place where information was shared, and staff had the opportunity to discuss any concerns or make suggestions. One staff member said, "[Registered manager name] listens." Another staff member said, "We (staff) can talk with manager, and they will respond."
- A relative told us, "The new manager I am strongly supportive of and [registered manager name] is moving everything in the right direction. Very challenging to erase ingrained habits of the past, but [registered manager name] is making inroads. The home is definitely improving and going in the right direction."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour to be open and honest when things went wrong. The registered manager ensured people's relatives were notified about any issues and incidents.
- A relative said, "The new manager is exceptional. Always calls me back and follows up and keeps me informed." Another relative described a time when their family member had a splinter and bruising and said, "I was informed about this. I asked for photos of this, and it looked consistent with what the manager's findings were. I am always told about any issues and subsequent investigations."

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

- People were supported, as much as possible, to have their say on the care and support they received. We saw staff involved people in making day to day decisions. For example, what they wanted to eat and drink and what activities they wanted to participate in.
- The registered manager held quarterly relative's meetings to gather views, share information and drive through improvements. A relative told us, "The manager started the quarterly relative meetings about 6 months ago, with the next in January. We, my wife and I, find them very constructive and supportive."
- We saw the registered manager had listened to relative's feedback. For example, a suggestion box had been introduced and the provider and registered manager were developing a staff picture board. This will help relatives know what roles staff are carrying out.

Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received. The provider worked in partnership with others.
- The registered manager and staff worked with external health and social care professionals to ensure positive outcomes were met for people.
- An external healthcare professional described the registered manager as a good support, they said, "My general observations since [registered manager name] been manager is they are proactive, want to improve, gets things to improve, and is a good asset to have."