

Wayside Care Limited

Wayside Care Home

Inspection report

25 New Road
Bromsgrove
Worcestershire
B60 2JQ

Tel: 01527837774

Date of inspection visit:
19 June 2019

Date of publication:
07 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

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 one 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, 11 people were living at the home.

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

The provider and manager had worked together to make improvements since our last inspection. Work was continuing to drive through further improvements identified at this inspection. The manager understood time was needed to embed improvements and sustain these.

Staff practices to manage the risks associated with infection prevention and control needed to be strengthened further in some areas. Staff told us they had access to enough equipment to support their practices in reducing the risks of cross infections.

The provider's arrangements to undertake regular checks on all safety aspects of the home environment needed to be completed on a more regular basis; so, any actions required were undertaken in a timely manner. Fire safety practices with one specific piece equipment needed to be undertaken by all staff which the manager was already aware of.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines regularly and systems were in place for the safe management and supply of medicines.

Sufficient, knowledgeable staff were available to meet people's needs and the manager understood when more people move into the home staffing arrangements will need to be focused on. People told us when they needed assistance, staff responded promptly so people's safety needs were not compromised.

People's needs were assessed, and care was planned and provided to meet people's needs. Care was provided by staff with training and the manager understood this needed to be provided on a regular basis. People had a nutritious diet, and they enjoyed the food offered. Staff ensured people had enough to drink to meet their individual needs.

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

People were cared for by staff who were kind. Staff were considerate towards people they cared for. People and relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

Staff were responsive to people's needs and wishes and were knowledgeable about each person. Care records were being further improved to ensure they were personalised to each person's needs. Relatives confirmed staff knew their family members well.

The manager was continuing to support people in having opportunities to have fun to follow their interests. People had access to some entertainment they enjoyed and there were ongoing improvements to recreational activities.

People felt their concerns would be listened to and action taken to improve the service as a result.

As part of the manager and provider's oversight of the service they were following an action plan to drive through further improvements and strengthen the effectiveness of quality monitoring systems.

We found the service met the requirements for good in three areas and requires improvement in two other areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (inspection report published on 10 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the service's previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

this inspection was carried out by two inspectors, one specialist professional (nurse) advisor (SPA) 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 or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager registered with the Care Quality and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before this inspection visit we looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and the clinical commissioning group 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does 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 this information to plan our inspection.

During the inspection

We spent time with people in the communal areas of the home to see how staff supported 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 spoke with four people who lived at the home and two relatives about their experiences of the care provided.

We talked with the management team which included the manager, clinical lead and one of the directors. In addition, we spoke with a range of staff which included, two care staff, the activity coordinator, domestic staff member and cook.

We looked at a range of records. These included sampling five people's care records which specifically noted people's physical needs, accident and incident records, complaints records and medicines records. We also looked at staff induction and training records, the staff duty rota, records associated with the safety of the premises and quality assurance audits. Furthermore, we looked at the action plan the manager was following to support them in making continual improvements.

After the inspection

We spoke with three relatives via the telephone to seek their opinions of the service provided. The manager also shared with us a new item of equipment they had purchased the day after our inspection visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now remained the same Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12, although further practices needed strengthening.

- Some of the provider's regular checks on the safety and condition of the premises and care equipment in use to keep people safe had not happened on a consistent basis. This included in-house weekly fire door checks and monthly emergency lighting checks. The manager told us they would take action to make sure checks were completed on a regular basis.
- Staff training in certain fire safety practices such as, fire evacuation equipment had not taken place for all staff at the time of this inspection. This was raised with the manager who told us they would take immediate action to ensure all staff were competent and confident in using the fire evacuation equipment.
- People told us they felt the home was a safe environment. One person told us, "I feel in 'safe hands' here. Carers [staff] help me to get into my wheelchair which they [staff] do without rushing me. I forget things and there are always carers [staff] around to remind me." A relative said they were confident their family member was safe because of the care provided by staff to meet their physical and health needs. The family said, "They [staff] know how to help [family member] so they are not at risk of falling and they will call a doctor when [family member] is poorly."
- The manager and nurses had worked together to make improvements to how they assessed and kept under review the risks associated with people's individual care and support needs. People's risk assessments considered a range of factors, including people's vulnerability to falls and pressure sores and any risks or complex needs associated with their eating or drinking.

Preventing and controlling infection

- During our inspection the manager took a responsive approach to any practices which could increase the risks people from cross infections. We identified a piece of equipment which had signs of rust on it. The day after our inspection visit the provider and manager had purchased a new item of equipment.
- There were individual items of toiletries left in some toilet/bathroom areas and toilet rolls were left loose in some toilet/bathrooms. The registered manager took immediate action to remove the toiletries and gave

assurances staff would be reminded of good infection prevention and control practices.

- We found staff practices when using hoist slings along with the storage of these did not always promote good infection prevention and control. We saw staff shared some hoist slings amongst the people who lived at the home but did not always ensure these were cleaned between use. For example, a hoist sling was wet on one of the strap areas following staff using this to support a person. This hoist sling was stored ready to be used again without the hoist sling being cleaned and some hoist slings had fallen on the floor. These practices did not reflect good infection control.
- Hoist slings are a potential source of cross-infection, as they are absorbent fabric products which come in direct contact with people's bodies. We discussed this issue with the manager who acted so the hoist sling was not used again. They gave their assurances actions would be taken to improve infection prevention and control practices. We will follow this up at our next inspection.
- People who lived at the home and relatives appreciated the work staff did to make sure the home environment was consistently clean and smelt fresh. On this subject one person told us, "They [staff] keep it very clean [and] it does not smell which I am pleased about." A relative commented, "[The home environment] always looks clean. They [staff] do a good job in keeping [the home environment] smelling fresh."
- The provider employed domestic staff to support the care staff in ensuring standards of hygiene and cleanliness were maintained.
- Staff had access to, and made use of, personal protective equipment, which comprised of disposable aprons and gloves to further reduce the risk of cross infections.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to.
- The manager understood their responsibility to report allegations of abuse to the local authority and to the Care Quality Commission.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess staffing levels to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- People who lived at the home and relatives we spoke with were satisfied with staffing levels at the home. One relative said, "Staffing levels are good. They can waiver a bit, but normally there's more than enough [staff]."
- We saw there were enough staff to respond to requests for assistance and call-bells without unreasonable delay.
- The provider and manager monitored and adjusted staffing levels in response to people's current care needs. The provider and manager were aware when the numbers of people living at the home increased; staffing levels and deployment of staff would need to be reassessed. This was to make sure people's needs continued to be met safely. We will follow this up at our next inspection.
- The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home. Efforts to recruit permanent nurses, which were currently covered by agency nurses, were ongoing.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People told us they received their medicines when they should, and staff took steps to ensure they did not run out.
- Where people received medicines 'as required' [PRN], there were guideline's about when these medicines should be taken, and the reasons they may be required recorded. The manager was making ongoing improvements to the guidelines, so these were further personalised to people's individual needs.
- A personalised approach was taken by a nurse when assisting people to take their medicines. For example, the nurse knew people's preferred communication methods and utilised these, while also taking care to make people feel at ease.

Learning lessons when things go wrong

- Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the home. However, a more robust system was required to record and monitor any trends and any specific actions needed to reduce the risk of things happening again. We discussed this issue with the manager who assured us they would implement and improve the current system of monitoring accidents and incidents without delay.
- There had been a leak in the cellar and action had been taken to amongst other things, obtain new freezers. The manager and provider were reviewing whether any learning could be taken from this incident such as whether certain items of food could be stored elsewhere.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before moving into the home, to ensure effective care could be planned and provided.
- People's cultural and social needs were identified so staff could be aware and meet these. This included where people preferred a female staff member to support them with their personal care needs.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- Since our last inspection the planning and arranging of staff training had improved. Staff had undertaken various courses to enable them to carry out their roles and responsibilities.
- The manager had sought further training from community healthcare professionals, so nurse's knowledge and competencies are kept updated to meet people's health needs such as catheterisation.
- People who lived at the home and relatives were confident in the skills and knowledge of staff. One person said, "[Staff] know what they are doing." A relative told us, "They [staff] know what care [family member] needs and they do it very well as far as I'm concerned."
- When new staff were employed they followed an induction programme, which included the opportunity to shadow experienced staff, so people consistently received care from staff who knew their care needs and preferences.
- Staff gave examples of how training opportunities improved their practice. One staff member said, "...it really made me stop and think about how I care for people. I learnt to be patient and give people time, it's so important to give people the time they need and not to rush them."

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

- People told us they enjoyed the food provided. One person who lived at the home said, "The food is not bad. I get a choice" and a relative commented, "They [family member] are given a choice and they [meals] do look appetising."
- People were supported to maintain a healthy diet. At lunchtime staff were on hand to support people if needed. However, they enabled people to eat undisturbed and unaided unless the person indicated they needed assistance.
- All Staff worked together including the cook to effectively meet people's food choices, specific dietary needs and any food allergies. For example, finger food was prepared for a person to meet their specific

needs and so they were not discriminated.

- Throughout the day of our inspection staff encouraged and provided people with continuous drinks. One person told us, "They [staff] are always offering and bringing us drinks."
- People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted such as the GP.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management liaised with a range of community health and social care professionals to ensure people received joined-up care. This included people's GPs, nurse specialists and social workers.

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

- People who lived at the home and relatives told us the provider was making improvements to the home environment and this was appreciated by people. On this subject people gave us their views. One person said, "They have painted the walls. It feels a lot brighter and fresher." A relative told us, "It's so much better. The owner is trying to make the home environment better for everyone."
- People were able to personalise their personal rooms with photographs and other treasured items to make them homely.
- The manager proudly showed us how the room which had been adapted into a hairdressing salon had been improved to enhance people's experience when having their hair done. One person told us, "There's a sparkly mirror, it makes me smile. A little bit of glamour."
- We found there were arrangements in place, and space available, for people to eat in comfort, participate in leisure activities, receive visitors or spend time alone.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were assessed, and care plans developed to help them manage any long-term medical conditions, such as diabetes.
- Staff helped people to access community healthcare services or, where appropriate, emergency medical services in the event they became unwell.
- People's GPs visited on a regular basis to monitor and respond to people's current health needs. A GP visited on the day of our inspection to assess a person's health needs. One person said they thought it was 'wonderful' because they regularly saw their GP.

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 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.

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, and whether any conditions on authorisation's to deprive a person of their liberty had the appropriate legal authority and were being met.

- Information contained in people's care records about their capacity to make specific decisions was not always clear. The manager and clinical lead told us they had already identified this, and action was being taken to make the improvements required. We will follow this up at our next inspection.
- People told us staff asked for their consent. One person said, "They [staff] won't go against you, they [staff] only do what you want."
- The provider had arrangements in place and the manager was knowledgeable about their responsibility to submit DoLS applications where needed to keep people safe. No DoLS authorisations were in place at the time of our inspection.
- Staff had completed MCA training and they had basic knowledge of the MCA. The manager gave assurances they would ensure staff have continually learning opportunities to refresh their knowledge in the MCA. We saw staff supported people in the least restrictive way possible to ensure people had maximum choice and control of their lives.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Since our last inspection the manager has focused on making sure people individual needs were respected and supported by staff. People consistently told us their needs were met and routines respected such as, when they wanted to have a bath and shower. One person said, "They [staff] help me when I want them to, so I'm happy with that."
- People we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "The carers [staff] are good to me." Another person told us, "They [staff] are kind and nothing is too much trouble."
- Relatives told us their family members had developed good relationships with staff. One relative said, "Staff really know [family member] and they [family member and staff] have lots of laughs together." Another relative said, "The staff are nice and they are caring."
- We could see from people's body language they had developed positive affectionate relationships with staff. Staff knew people well and understood what was important to them.
- Staff we spoke with told us they enjoyed working with the people they supported. One member of staff said, "I enjoy working here. A lot of improvements have been made."
- Staff showed through their conversations with people they respected people's individuality and diversity. We saw staff practices which brought alive people's individual life experiences and interests. For example, one person had worked on a farm and we saw they enjoyed sharing their experiences with a staff member.

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

- People said they felt listened to and made choices about their day-to-day care. One person commented, "They [staff] talk to me about my care and I give my point of view across. I don't need to see records [as] I tell them [staff] my choices and they [staff] listen to me."
- Staff showed they knew people's preferred communication. Where people were not able to verbally communicate their needs and choices staff used their knowledge about the person to understand their way of communicating. One relative commented, "The staff understand [family member] they are good at knowing what they need and how they are feeling."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "They [staff] are respectful and make sure I have privacy." Another person told us, "I can go to my room whenever I like if I need some time

on my own. They [staff] respect my wishes."

- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy for example by always knocking people's door before they entered even when people choose to have their doors open. This was confirmed by people we spoke to. One person said, "Everyone [staff] always knocks before they come into my room even though I tell them they don't need to."
- People told us staff promoted their independence. For example, one person told us how staff encouraged them to help with their personal care as the person was still able to wash their own face.
- People's private information remained secure. Care documentation was held confidentially, and systems and processes protected people's private information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to 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 who lived at the home and relatives we spoke with indicated improvements had been made and people's individual needs and requirements were now met. One person told us, "They [staff] are good at helping me when I need them to, so I'm happy." A relative said, "I've seen quite a few improvements. I'm pleased with the help [family member] receives, they [staff] help [family member] a lot with their needs and they seem happy enough."
- The manager told us improvements were ongoing to people's care plans so these were individual to each person, covered a broad range of needs and were kept under regular review to ensure they remained accurate and up-to-date. We saw care plans were improving and we will follow up at the next inspection to see how the manager has developed these further.
- Staff showed through discussion, and conversations they had with people who lived at the home, they knew people's current needs. Regular agency staff were employed when required to promote people's continuity of care.
- We saw staff were responsive to people's needs during our inspection and relatives we spoke with confirmed they felt staff knew people well. A relative told us, "When they first came in they asked us their likes and dislikes and food choices."
- People who lived at the home and relatives we spoke with felt involved in the care provided. One person told us, "They [staff] always make time to speak with me [and] check everything is okay." A relative told us, "They [staff] consult us all the time and keep us informed. It gives me peace of mind."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support each person to communicate.

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 had support to participate in fun and interesting things. The provider employed an activities coordinator who took the lead in planning and conducting activities. These activities included one-to-one

time with people, fun exercise sessions and group games, reminiscence work, sing-alongs and hand massages.

- During our inspection, we saw people, amongst other things, singing and receiving one-to-one time with the activity coordinator and participating in quizzes. One person told us, "They [activities coordinator] are very good, have lots of good ideas for keeping us interested in games we like, and they ask us what we want to do." Another person said, "Sometimes I don't want to do anything, and I tell them so. They respect that, I like to sit and not do anything."
- The manager was responsive to continuing to improve people's stimulation as we saw there were times when this could have been enhanced. For example, supporting staff to provide people with activities to do for fun and interest within their daily caring roles. We will follow this up at our next inspection.
- Relatives and visitors were always welcome at the home. One relative told us how they always felt staff warmly welcomed them and felt involved in their family members care.

Improving care quality in response to complaints or concerns

- People who lived at the home and relatives said they had no complaints but understood how to raise concerns if needed. One person told us, "I have never complained; I can speak to the manager if there is a problem." Another person said, "I have no need to complain." A relative told us, "I would speak to the management if I needed to."
- Systems were in place to promote, manage and respond to any complaints or any concerns raised.
- Staff could tell us how they would know if a person was unhappy and what they would do to try and identify their concerns.

End of life care and support

- At the time of our inspection the manager told us nobody was being provided with end of life care. However, care records documented people's wishes at this important time in their lives so people's preferences were known to staff.
- Staff worked in partnership with other healthcare professionals such as, specialist nurses to ensure people had a comfortable and pain free death.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure their quality assurance systems and processes were sufficiently effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had not had a registered manager in post since July 2018. However, they have taken action to recruit to the position of home manager and the current manager had been in post since October 2018. The manager will be making an application to register with the Care Quality Commission. The provider was aware of their responsibilities to have a registered manager in post as this was a requirement of their registration.
- The manager had sought to implement and strengthen their quality checking systems. This included the manager developing and undertaking a range of checks to enable them to monitor the quality and safety of the service. These included checks on the standards of care documentation and the home environment. However, we found there was scope for the provider to further develop and strengthen their quality checking processes as we identified amongst other things, infection prevention and control practices needed to be improved further.
- The manager showed an open and responsive management style. They told us they were committed to drive through further improvements and on the day after our inspection visit a new item of equipment had been purchased to replace one which had signs of rust.
- A clinical lead had been recruited to support the manager in driving through further improvements particularly in providing a clinical oversight. This role included making ensure staff were competent and effective in supporting people's health needs.
- Staff were supported through individual and team meetings. One staff member said, "The manager does say thank you. It feels good to be appreciated."
- Relatives and staff told us communication had improved. Staff coming on duty received a handover, so they knew what was happening in in people's lives, including any changes which may affect how their needs were met.

- We took further action against the provider because they had not met the conditions we imposed on their registration following the last inspection. The action we took was to issue a Fixed Penalty Notice by way of a fine and the provider paid this. The provider has provided their assurances they will be ensuring their quality assurance systems and processes are effective in driving through improvements and supporting them to meet regulations.
- The provider understood their regulatory responsibilities to notify us about significant events that happened in the home and to display their latest CQC rating.

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

- The provider has a recent history of not sustaining improvements. Whilst on this inspection we found some improvements had been made, these needed to be embedded in the culture of the home and quality checks needed to be further strengthened. The provider continues to need to show sustained change to reflect good outcomes for people.
- People who lived at the home knew who the manager was and felt their care was well managed. One person told us, "I think they [manager] are running a much tighter ship now. Things are getting done." Relatives spoke positively about the improvements they had noticed which included redecoration. A relative said they were always contacted when there were any concerns about their family member which they valued. Another relative described how staff had encouraged their family member to take part in activities which had reduced their social isolation. They also told us, "[The] manager is very nice."
- Staff spoke enthusiastically about their work at the home and understood the need to respect and support people's right to make their own decisions, where they were able to. One staff member told us, "It's a lovely place to work. We [staff] work together to help people and make this a happy place for them [people]."
- The manager was passionate about continuing with improvements for the benefit of people who lived at the home. On this subject the manager told us, "I want to make a difference" and "Keep on going making sure I have my processes in place. I want Wayside to be brimming with life."

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 be open and honest with people in event things went wrong in the delivery of their care.

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

- People who lived at the home and relatives told us they could share their views about their care and support, the home environment and express any ideas they had. They told us they could do this during meetings and daily conversations. One person told us, "There are meetings where I can have my say. I'm quite happy with everything they [staff] support me with, I would say if not." A relative said, "We go and see [manager] if we have any issues."
- Despite people being happy with how they were able to share their views we saw people had completed surveys to share their experiences of amongst other things, about the care provided. However, the provider had not fully looked at people's responses, so they were able to resolve any issues and or make further improvements. The manager gave us their assurances they would act immediately to respond to people where required.
- Staff told us they too were encouraged by the manager to express their views and ideas for developing and improving the services provided. They said they felt the manager listened to them and respected their views.

- There were systems in place, so people would have the support they needed. These included referrals to external professionals to support people's diverse needs.
- The manager talked about making continual improvements to the home environment to further enhance people's comfort and lives.

Working in partnership with others: Continuous learning and improving care

- The manager worked with their staff team to ensure people who lived at the home and relatives were involved in discussions about their care.
- The manager, staff team and provider were working with commissioners from the local authority and the clinical commissioning group to improve outcomes for people who lived at the home.
- The manager maintained an improvement action plan which was under constant review. They welcomed our inspection and feedback and showed their commitment to achieving a future overall rating of 'Good'.