Wayside Care Limited

Wayside Care Home

Inspection report

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Tel: 01527837774

Date of inspection visit:
06 January 2021

Date of publication:
08 February 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Wayside Care Home is a care home that provides nursing and personal care for up to 31 people within 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, 14 people were living at the home.

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

People received their medicines as prescribed however, there was room for improvement in relation to some of the documentation for staff to follow when administering people's medicines.

Staff training had been moved to a new provider and staff were in the process of refreshing their training to ensure they were fully up-to date. Gaps in training were known to management for them to action and resolve.

Management and provider oversight required further strengthening to identify and improve the effectiveness of the quality monitoring systems.

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.

People's needs were assessed, and care was planned and provided to meet people's needs. People had a nutritious diet, and they enjoyed the food offered. Staff ensured people had enough to drink to meet their individual needs.

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 (published 6 August 2019).

Why we inspected
We undertook this focused inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about care and treatment people were receiving. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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.
Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.
Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-Led findings below.

Wayside Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check on a specific concern we had about people's care and treatment.

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

Inspection team
This inspection was carried out by two inspectors and one specialist professional (nurse) advisor (SPA)

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 had 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.

We spoke with four people who lived at the home and four relatives of people for their opinions and experiences before the site visit.

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 two people who lived at the home and a visiting medical professional

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

We looked at a range of records. These included sampling four people's care records, four staff recruitment files, complaints records and medicines records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a health professional who regularly visit the service.

We provided further feedback, in addition to that given on the day of the inspection, to the provider and clinical lead on 12 January 2021 This meeting took place using electronic facilities.

Requires Improvement

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.

Using medicines safely

● People told us they were receiving their medicines when they should. However, on peoples' medicine records photographs were not always of good quality to aid identification. The provider told us they would be replaced with colour photographs for better clarity and to reduce the risks of medicine errors being made.

● Where people were prescribed medication on a "as required basis" [PRN] there were not always protocols in place. For example, one person had received their PRN medicine on seven consecutive days. However the reason for administration of this medicine was not recorded on the back of the medicine record and medical advice had not been sought due the regular usage in line with best practice.

● Stock medication, supplements and controlled drugs were stored in a locked cupboard. The temperature in this area was not being monitored. This was brought to the attention of the nurse who agreed this was an oversight would be rectify this immediately.

● The clinical lead told us the provider was in the process of developing a designated clinic room for the improved storage of medication trollies and dressings.

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 provider understood their responsibility to report allegations of abuse to the local authority and to the Care Quality Commission. During the inspection period we were made aware of an accusation of staff misconduct, the provider alerted all the relevant organisations. We are aware there is an ongoing police investigation.

Assessing risk, safety monitoring and management

● People told us they felt the home was a safe place to live. However, we noted in the conservatory a leaking roof and water was being collected in a bin near some electrical sockets. We shared our concerns with the provider, they assured us action was being taken to repair the roof but due to the Covid pandemic this had been delayed. A risk assessment was being compiled.

● We identified through the fire safety checks that a fire drill had not taken place at night time – when we brought this to the attention of the provider, they assured us this was an oversight and one would be arranged within the week.

● Since our last inspection the registered manager and clinical lead had made 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. The clinical lead told us they had introduced a daily meeting with all clinical staff to discuss any concerns so actions required could be taken promptly.

Staffing and recruitment

● We received mixed responses from people who lived at the home and relatives we spoke with in relation to whether they thought there were sufficient staffing levels to meet their needs. One relative said, "Staff are very accommodating but there are not many of them especially at the weekends."

● We saw there were enough staff to respond to requests for assistance and call-bells without unreasonable delay.

● The provider and clinical lead told us they monitored and adjusted staffing levels in response to people's current care needs.

● The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home. Agency staff were used to cover shortfalls in staffing numbers especially to cover the nurse rota. The provider told us they tried to block book the same agency staff to aid familiarity and consistency for people living at the home and to assist with infection control during the Covid-19 pandemic.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● Staff were aware of how to report accidents and incidents involving people who lived at the home.

● Incidents were noted in the care records and referred to the clinical lead and provider. These records were completed and demonstrated appropriate action by staff.

● Learning from incidents was reviewed such as at staff team meetings.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
- The provider was aware some staff refresher training was needed and told us of their plans to address this shortfall. We will review staff training as part of a future inspection.
- Staff were confident they had their training requirements met using electronic 'on-line' facilities.
- Staff received an induction when they started their caring roles, and this included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- People's needs were assessed, and regular reviews were carried out to evaluate the effectiveness of their care.
- For example, a person's reviews reflected their needs. The person was at high risk of skin damage and to support the person to maintain healthy skin, we saw re-positioning charts had been completed to reflect the care provided by staff. The clinical lead also showed us regular photographs of the persons wound had been taken in order to monitor the progress of improvement. Although no measurements were recorded in the photographs. We discussed this with the clinical lead the lack of recorded measurements in relation to the persons wound, who told us they would discuss it with the nursing team and make improvements.

Supporting people to eat and drink enough to maintain a balanced diet
- The management, cook and care staff worked together to assess, record and review people's nutritional needs, and any associated risks, with appropriate specialist nutritional advice.
- People were offered a choice of drink with lunch and hot and cold drinks were offered to people throughout the day.

Adapting service, design, decoration to meet people's needs
- Several different communal areas were available for people to use around the home.
- Mobility equipment was available such as hoists to aid people's independence.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- Care records evidenced contact with healthcare professionals such as medical associates as well as

advice telephone lines to obtain guidance.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The provider had arrangements in place and was knowledgeable about their responsibility to submit DoLS applications where needed to keep people safe. Four DoLS authorisations were in place at the time of our inspection.
● Staff had completed MCA training and they had basic knowledge of the MCA. Staff supported people in the least restrictive way possible to ensure people had maximum choice and control of their lives. We saw staff asked for each person's consent before providing any assistance for example when administering people's medicines.

Requires Improvement

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 the same.

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: Continuous learning and improving care

● The clinical lead, nurses and care staff were clear about their roles. Domestic and maintenance staff understood their roles and responsibilities.
● The provider had implemented a range of checks and audits to monitor the quality of the care provided. These included care plan audits, and medicine audits. However the care plan and medicine audits were not robust enough to highlight the deficits we found during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● We received mixed responses when we spoke with relatives about the home. One relative said " [Registered manager's name] is lovely and helpful. All the staff are nice there [at the home]." In contrast another relative commented, "It's been hard work dealing with "provider's name" everything is an effort. There's no social media for relatives to see how the relative is doing or what they are doing for reassurance since we cannot visit. [during the Covid 19 pandemic]"
● Staff we spoke with told us they enjoyed working at the home and felt supported by the provider and manager.

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 provider understood their legal responsibility to be open and honest when something goes wrong. During the inspection the provider reported an incident to the relevant authorities.
● The provider displayed the ratings given by the Care Quality Commission [CQC] following the previous inspection in the hallway for people and relatives to view.

Working in partnership with others
● The provider and registered manager worked in partnership with organisations. This included the local authorities that commissioned the service and other health and social care professionals to bring about the

improvements required. For example, the clinical lead showed us the new care plans they were developing following advice from the local authority and clinical commissioning group.