

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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 11 November 2015 and was unannounced.

The provider of Wayside Care Home is registered to provide accommodation for up to 31 people with personal and nursing care needs who may have physical disabilities or people with dementia. Bedrooms, bathrooms and toilets are situated over three floors with stairs and passenger lift access to each of them. People have use of communal areas including lounges and dining rooms. At the time of this inspection 28 people lived at the home.

There was a registered manager in post and they were present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

While we saw positive communications where staff showed consideration for the feelings of people in a kind way we also heard a staff member used uncaring approaches when they assisted a person with their needs. The registered manager took appropriate action to reduce the risks of this happening again.

People were involved in identifying their needs and preferences which staff respected. We saw on one occasion where a staff member did not involve a person to establish their meal preferences which was challenged by another staff member to ensure this person's preferences were respected.

Staff did not ensure information about people's medicines were consistently stored securely to respect their rights to confidentiality. This was because people's medicine administration records were left on top of medicine trolleys in communal areas.

People felt safe living at the home and risks to their safety had been identified. This included staff monitoring and reviewing risks to people and consulting with external professionals so that risks were consistently reduced. We saw the monitoring procedures used by staff for recording people's drinks and food was not always completed with all food and fluid amounts. Although this had not impacted upon people's needs and or heightened risks of dehydration or malnutrition at the time of our inspection. However, the registered manager showed they listened and took immediate action.

Staff were knew how to recognise and report incidents of potential abuse or harm to people as a result of an injury. There were procedures in place so that staff had information to support them in recording accidents and these were overseen by the registered manager so that they could manage the action taken to reduce the risks of these happening again.

We saw procedures were followed to recruit suitable staff to provide care and support to people who lived at

the home and prevent unsuitable staff from being employed. There were arrangements in place to make sure there were enough staff of the right skill mix on duty both day and night. These management arrangements were regularly reviewed by the registered manager and provider who took action when staff had shared their views about more staff being required at certain times, such as, lunchtime.

We found staff did follow the procedures for the safe administration of people's medicines. Staff had signed records to confirm people had received their medicines as prescribed and we saw medicines were dispensed for one person at a time to reduce the risk of mistakes being made.

People were supported by staff who were aware of how to support people's rights and seek their consent. The registered manager had fulfilled their responsibilities in making sure where people might have restrictions in place they received care and were safe as these were lawfully applied in people's best interests.

Staff had support and training to ensure they had the skills to meet people's needs. The registered manager supported staff to further improve their knowledge as people's individual needs changed and new people came to live at the home. This included the registered manager sharing further learning around dementia care to enable staff to effectively support people with dementia.

People told us they enjoyed the meals and we saw staff had the knowledge about people's nutritional and hydration needs. This made sure people received the support they needed to eat and drink enough to remain nourished and hydrated. People's health was supported by access to appropriate external healthcare professionals.

We heard examples where staff went the extra mile in their caring role, such as, a staff member making blankets for people who liked these and used them on the day of our inspection. People were positive about the way staff supported them to meet their daily routines and how staff knew how best to support them in meeting their needs. This included staff making sure people's wellbeing was enhanced by having support to follow their interests and opportunities to take part in social events. The registered manager had recruited a lead staff member to arrange and coordinate fun and interesting things for people to do so that continual improvements were made.

People knew how to make a complaint and were confident these would be listened to and acted upon. The registered manager and provider had responded to a relative's complaint which had been raised with them. In doing so they had learnt lessons about how to make sure their response was always done in a caring manner as their response at the time did not reflect this had happened.

People described the registered manager as friendly and approachable. Staff felt supported by the registered manager who used a range of methods to support staff in continually reflecting on and improving their practices. This included making sure where actions were identified, such as, removing the key from the medicine trolley, improvements were made. The registered manager and provider were open and responsive to making further improvements so that people consistently received good standards of care and treatment.

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. People were protected from harm by sufficient staff being on duty who knew how to reduce the risk of people being abused or experiencing injury. Recruitment arrangements were robust to prevent the possibility of the employment of unsuitable staff. People received their medicines as prescribed so that risks to their health and wellbeing were reduced.

Is the service effective?

Good ●

The service was effective. People's needs were effectively met by staff who were supported to maintain and develop skills this included further knowledge around dementia care. Staff knew how to support people's rights and respected their choices so that people's best interests were at the heart of the care they received. People liked the food and received support to maintain their nutrition and hydration needs.

Is the service caring?

Requires Improvement ●

The service was not consistently caring. People told us that staff were kind and caring and treated them respectfully. However, for one person we heard the staff member did not respect and support them in a caring way. People's right to have information about them stored securely was not consistently respected due to their medicine administration records being left on top of medicine trolleys in communal areas. People were involved in their own care as staff offered them choices but we saw this did not always happen to ensure a person's preferences were respectfully sought.

People's right to spend time alone and be as independent as possible in their lives was encouraged.

Is the service responsive?

Good ●

The service was responsive. People were involved in planning their care and there was an personalised approach to meeting their needs. People had been supported to follow their interests and take part in social events. People were confident that they could raise any concerns and the management team had learnt

lessons to enable them to respond to complaints raised in a caring manner.

Is the service well-led?

The service was well led. People's experiences of the services they received were sought and used to drive through improvements. The registered manager used inspections as learning opportunities and took action where staff practices fell short of what was expected of them in their roles. Staff felt supported in their roles by a registered manager who led by example to promote best practice so that people continually received quality care.

Good ●

Wayside Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 November 2015 and was unannounced. The inspection team was made up of two inspectors and a specialist advisor who is an advanced nurse practitioner.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and incidents of reported abuse. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and the clinical commissioning group. They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with eight people who lived at the home and three relatives. We spent time with people in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We spoke with the provider, registered manager, deputy manager and six staff members which included the cook and maintenance staff member. We looked at the care records for three people and medicine administration records. We also looked at accident records, two staff recruitment records and staff rotas, menus, complaints, quality monitoring and audit information.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "I feel safe here." Another person told us, "If I was at home I would not feel safe but I do here." Staff we spoke with were able to explain to us their understanding of abuse and what the reporting procedures were, including the involvement of external agencies if they felt it was necessary. One member of staff told us, "If I was concerned, I would report it straight to the registered nurse, or the manager or the provider." Another member of staff said, "I would report it to the manager, or if it was very serious, to the police or the safeguarding team." We saw information about abuse and how to report this which included relevant contact numbers were displayed and accessible for people.

We saw risks to people's safety had been identified and guidance was available to staff about how to reduce risks. Staff told us and we saw that they had access to information and guidance on risks such as people not eating or drinking enough or people at risk of falling. However, we saw the monitoring documentation for people who were at high risk from not eating and drinking sufficiently did not consistently reflect the actual amounts of fluid and food people had. At the time of our inspection this had not impacted upon people's wellbeing but it could have delayed appropriate actions being taken to reduce the risks of people becoming dehydrated and or malnourished. The registered manager and provider sent us information to show actions had been taken to strengthen the documentation staff used. This was to make sure it captured people's fluid and food intake when this was being monitored.

All the staff we spoke with understood their responsibilities to keep people safe and protected them from injury or harm. Staff were aware of the fire safety procedures and one member of staff told us, "Fire evacuation plans are by the fire system, we have to assemble outside reception." We saw that action had been taken to reduce risks to people's health and safety. For example, where people were at risk of falling they were provided with walking aids and staff used specialist equipment including hoists to support people, which matched the care plans we looked at. Staff told us they had received specialist training to use this equipment prior to working independently and on-going support was available if they needed it. Specialist equipment was regularly serviced and available so that people's needs were met safely. The premises were suitable to meet the needs of people and were well maintained. We saw maintenance record books to confirm this.

Accident and Injury books were completed which evidenced staff understood how to report accidents, incidents and near misses. One staff member we spoke with told us they were aware of the importance of following these procedures to help reduce risks to people. The registered manager monitored all accidents and incidents which occurred. This enabled them to identify any trends which may indicate a change in people's needs or their health condition. They told us, "Accident and injury records are sent to head office and are tracked for any follow up." They also added, "More serious incidents are also sent to the clinical commissioning group and the Care Quality Commission" which showed they were working in accordance with the law in order to promote people's safety.

Staff recruitment files and all the staff we spoke with confirmed that the provider's recruitment processes

promoted the protection of people who lived in the home. This included a formal interview, two references with at least one from a previous employer, and a disclosure and barring check (DBS). This showed that checks had been completed to make sure staff were suitable to work with people who lived at the home. Staff also told us they received two days training; one member of staff told us, "I did five voluntary shifts (to watch how other people work), as I like to know what I am doing is right."

One person who was waiting for staff to assist them told us, "It's not unusual; it depends on how busy they are." Another person said, "They (staff) are busy but as you can see they never neglect my care. I am always made comfortable and they come to tell me if how long they will be if they can't come straightaway." A relative told us, "Staff are busy but they are always here when she needs them" and "There always appears to be enough of them around so I have no concerns." One member of staff told us, "Carers are finding it difficult to meet people's frequent needs." Another staff member said, "Staffing levels have been good, [registered manager's name] does her best to fill the rota but sometimes we are short staffed because of sickness but nothing can be done about that." In the information we received from the provider (the PIR) they told us staffing levels and the skills and abilities of staff were managed on a daily basis to make sure people's individual needs were met. At this inspection the registered manager confirmed that by using the dependency tool to assess staffing levels they had calculated they were currently over staffed. However, they also told us about other methods used to ensure staffing levels did consistently meet people's individual needs, such as, listening to staff's views. In doing so the registered manager was trialling a change in shift pattern and had also spent time in the dining room. This was to review people's lunchtime meal experiences as staff had commented people needed high levels of support at this time. During our inspection staff were busy but we did not see examples where staffing levels had impacted upon people's safety. For example, we saw one person needed staff to assist them using specialised equipment to meet their needs. We saw staff reassured this person whilst they appropriately used the equipment so that risks were reduced to this person's safety.

People we spoke with told us they were given their medicines on time and they were happy for staff to support them with their medicines. One person told us, "I have my medicines regularly as the nurses make sure I do" and "I asked for two paracetamols this morning to ease my discomfort." We saw the nurse supported people with their medicines providing reassurance where needed and offered drinks. They were also responsive in a medical emergency where a person had become unwell. This is because the nurse ensured this person's medicine was administered as prescribed which effectively reduced the risks to this person's wellbeing and safety.

Is the service effective?

Our findings

People we spoke with told us they were confident staff understood how to meet their needs. One person told us, "They seem to know what they're doing. I think they do get training." A relative said, "She is given care that is in line with her care needs."

Staff we spoke with told us they had received an induction and training when they started to work at the home. One staff member told us the induction they received had helped them to be confident in their caring role. Another staff member was able to tell us about the specialist equipment people required. They told us that during their induction they became familiar with people's needs. All staff said they felt supported in their roles by the registered manager and their colleagues. Staff told us they had one to one meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. The registered manager confirmed what staff had told us and provided examples of how they used one to one meetings with staff to ensure their practices were consistently effective in meeting people's needs.

Staff had received training which was relevant to their roles and this was kept updated. We saw staff put their training into practice to meet different aspects of people's individual needs. For example, we saw staff's appropriate use of hoists and the techniques they used in operating these to ensure people's needs were effectively met. We saw staff used their skills and awareness in terms of meeting the needs of people with dementia and or memory loss. We saw one instance where some staff did not use their knowledge and training when a person needed to be distracted with something they liked to do or staff sitting and chatting with them. In the PIR the registered manager told us, 'Introduction of VIPS Framework for Dementia Care. This will be implemented early in 2016 once the home manager has completed Leadership in Dementia care which will be in November. Staff to attend 2 day awareness in dementia care as more residents now show signs of dementia.' At the time of our inspection the registered manager confirmed they would be able to share their learning from this course with staff. This was because dementia care was an area of staff practices they were continuing to develop further. This included making sure the home environment had tactile objects displayed and at hand to enable people to use their senses, such as, touch to enhance people's sense of wellbeing.

We saw and heard staff seeking people's consent before they assisted them with their care needs. For example, where people would like to sit for lunch and if they would like some help. We saw people responded to staff's approach which enabled people to make their own choices. One person we spoke with told us they made their own daily decisions about their care. They also added, "Staff check with me first before doing anything." Another person said, "I make my own decisions about where I want to be; in my room or in the lounge, also what time I get up or go to bed." A relative we spoke with told us their family member was able to make their own decisions about their care and staff respected this.

The registered manager and staff we spoke with were aware of the process to follow where people did not have the mental capacity to make decisions that might affect their safety or wellbeing. One staff member told us, "We ask families if a person is not able to make their own decision about something and or the GP."

Decisions are always made in a person's best interest." We saw where people had made arrangements to protect their choices at certain times in their lives, such as, Do Not Attempt Resuscitation [DNAR]. This documentation was held in people's care records so that staff knew what action to take or who to contact about people's choices and the decisions they had made.

The registered manager had followed the law in relation to the Mental Capacity Act (MCA) and the Deprivation of Liberty (DoL). They had made applications to the supervisory body where they might consider restrictions on people's liberty were necessary to keep them safe. We saw staff practiced in a manner which promoted people's liberty; for example we saw where people needed walking aids they were within reach. The registered manager had acknowledged in the PIR and at the time of our inspection staff required training in this area and told us they would be doing this as they had attended a course in DoL.

In the PIR the registered manager told us people's food preferences were considered as they had formed a nutritional group where members included relatives and staff who assisted in devising the menus. People we spoke with were complimentary about the choices of meals and had been actively involved in choosing their own meals. One person said, "The meals are nice and we can have an alternative." Another person told us, "Food is very fresh and I really enjoy it." We saw meal choices were regularly discussed in meetings and on a daily basis so that people had what they would enjoy. A relative told us, "The food is good and she always seems to enjoy it and eats well." Staff spoken with were aware of people's dietary needs and we saw people's nutritional needs had been assessed and risks referred to the doctor for guidance. Care plans were in place to guide staff in supporting people to eat and drink enough; and included prescribed supplements from the doctor and the frequency of weight checks to ensure any deterioration was identified. We saw staff encouraged people to eat and drink at regular intervals. The food looked appetising and portions were generous. The cook told us they only used the best produce and meat and we saw the quality of the food was excellent which was confirmed by people we spoke with who praised the standard of the food. The cook told us they were in the process of ordering a new information board for the kitchen as they were unhappy with the current information board. The registered manager also confirmed a new information board was being order so that kitchen staff had up to date information related to people's dietary needs and any risks. We saw that specific diets were catered for with supplies brought into the home so that people had food suited to their medical needs or allergies.

People were supported to stay healthy and well. One person said, ""If there's a problem they (staff) don't hesitate to ring the doctor." Another person told us the doctor visited the home weekly and staff would arrange for them to see the doctor if they wanted to. We saw people had access to a range of healthcare professionals to support their health needs. Staff told us they had received guidance in the steps to take in seeking medical treatment where people might be at specific risk; for example from the specialist nurse when people had pressure sores to help in promoting the healing of these.

Is the service caring?

Our findings

Staff we spoke with showed warmth and respect for people they supported. There were some positive examples where staff showed they knew people well and considered their needs in a caring way. However, we heard a staff member speaking to one person in an uncaring and disrespectful manner. They used an abrupt tone of voice in a high volume. This was reported to the registered manager who assured us appropriate action would be taken.

On another occasion one person's views around their meal choices was not promoted. For example, at lunchtime a staff member chose what pudding this person wanted without checking this with them. When the nurse asked this staff member why they had not asked this person what choice of pudding they wanted they replied, "Well that was what she could have as it was soft." The registered manager told us this was unacceptable and would take appropriate action.

We saw and heard staff and the registered manager spoke kindly and reassured people who lived at the home when they became anxious during the day of our inspection. For example, one person was anxious and the registered manager showed they cared about what was troubling this person. This person's facial expressions showed they felt better for speaking about their worries. However, we saw a person shouted at another person who lived at the home but staff did not provide any assurances to either people to ensure their wellbeing had not been impacted upon.

People's care records were securely stored so that people's confidentiality was protected but we saw people's medicine administration records detailing private and confidential information on top of the medicine trolleys unattended. This practice does not protect or respect people's confidentiality or from the risk of these records being amended or tampered with. We reported this to the registered manager who told us they would take action to make sure staff were reminded about their practices around the secure storage of people's confidential information.

People who we spoke with told us staff were kind to them. One person told us, "They (staff) are very friendly; I like it here very much." Another person said, "They (staff) are all good to me." A relative told us they were made welcome and staff were friendly towards them.

The registered manager told us they, "Have some really good staff who go above and beyond." For example, a staff member crocheted everyone who lived at the home a blanket in their own time with their own resources. We saw people used their blankets on the day of our inspection. We also heard another staff member baked cakes for everyone. One person told us how they had enjoyed the cakes staff baked as they liked home cooked cakes much better than those purchased in the shops.

Staff offered people the opportunity to tell them what their views were around their preferred daily routines. This included offering people choices, such as, when they wanted to get up in the mornings and what they would like to wear. We saw and heard some people had made specific requests as part of their care plans, such as, having a bath or shower in the mornings. Staff respected people's specific requests and had

listened as we saw an instance where this happened on the day of our inspection.

There were arrangements in place for people to be involved in making decisions. Meetings were held with people where they were informed and consulted about some aspects of the running of the home. The provider was looking at alternative ways of gaining people's views.

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I do something's by myself." We saw two staff members supported someone to stand. They made sure the person understood what was about to happen. They gave this person gentle support, and encouraged them to do as much as possible without assistance. This was also the case at meal times as people's independence was promoted by staff making sure people had the right cutlery and crockery to aid and meet their individual needs.

People told us staff respected their privacy and they were never made to feel uncomfortable or embarrassed when assisted with personal care. We saw staff ensured people's privacy was protected. A relative told us their family member chooses to stay in their room which was respected by staff but, "(Person's name) Likes door open as she is able to see people go by." In the PIR the registered manager told us, 'Every resident's room has a dignity and respect sign which is used to ensure personal care is not interrupted.' We saw this was the case and were used at the time of our inspection. One person told us, "Staff always knock my door and don't come in until I answer." We heard staff used people's preferred names when speaking with them.

Is the service responsive?

Our findings

People we spoke with told us they were happy with the support they received from staff to meet and respond to their needs. One person told us, "I like my own daily routine; I like to get up early and the staff will help me where I need it." Another person said, "I like having my hair done, always have, and I like to look nice."

All the staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours which may indicate that something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person told us they liked to be up in the mornings early and sometimes liked to have their breakfast in bed before they started their day. This person confirmed staff always supported them in their preferred way and we saw this person's preferences were supported during our inspection. Another person said they liked to sit in a certain area of the home and we saw they were supported to sit there on the day of our inspection.

We saw people were supported appropriately at different times and by different staff. We saw staff provided support and care that responded to people's needs as assessed and planned for. For example, when people were identified at risk of developing sore skin, such as pressures sores, staff made contact with the specialist nurse, known as the tissue viability nurse to gain advice. We heard examples from the registered manager where people's pressure sores had healed due to the good wound management care they had received from staff.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said they had handovers which gave them information about people's current needs together with any changes to people's needs. They told us this was important as a lot can happen between each shift changing. We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift. We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. One relative told us, "If anything changes or is needed they let us know."

Staff were knowledgeable about people's needs and told us they consulted external professionals so people's needs could be reviewed. People and their relatives confirmed this was the case as one relative told us when their family member's needs changed staff were quick to respond and gain professional advice. We saw this included making sure people with long term health conditions had the right care, such as, ongoing feet and eye care for people with diabetes.

We saw people could join in group games, quizzes, watching films or do something they enjoyed on their own, such as, reading. One person told us, "I have enough to do and I am happy to sit and enjoy my own company. I can join in games and quizzes it is really up to me." Another person said, "I like reading but sometimes I like to have a chat with people, it depends how I feel. She (staff member) is very good as she

includes me in all the games. As you can see it is bingo today." We spoke with staff about how they supported people with their individual interests. Events were arranged and people attended as they wished, such as, entertainers, plays which people came in to perform and people were supported to attend church services. One person told us representatives from the church visited regularly. One staff member told us if people had religious needs this would be planned for to ensure they had access to their chosen religious leader which was also confirmed within the PIR.

People and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and the registered manager, if they needed to. They told us they would feel comfortable in doing this. We saw the provider had a complaints procedure which showed how people would make a complaint and what would be done to resolve it.

We spoke with the registered manager and provider about the response they had made to a relative who had raised complaints but the response from the provider did not reflect a caring approach. The registered manager and provider showed they were open with us when discussing the responses that had been made to this relative's complaints and had learnt lessons from this experience. For example, the registered manager said she would now respond to any complaints raised and share these with the provider before sending to the person who had raised complaints. By doing this it would provide checking systems so that when people's complaints were responded to in writing this was achieved in a caring way in the future.

Is the service well-led?

Our findings

People spoken with and their relatives were happy with the quality of care they received. They told us the registered manager and staff were approachable and available if they needed to speak with them. One person told us, "[registered manager's name] helps the staff and mucks in. It gives them the chance to see staff at work and whether they are doing things as they should." A relative said, "I have no problems about the home. It is a good home. [Registered manager's name] is always pleasant and very approachable." We saw the registered manager had an inclusive management style as they spoke with people who lived at the home about their day and needs. We also saw they were very much part of the team and one person confirmed this with us, "They (registered manager) does not miss a lot she knows how to get the best out of her staff."

People we spoke with told us meetings were held at the home where they were able to give their views and experiences about the services they received whilst living at the home. One person told us they also had the opportunity to speak with the registered manager at any time as they were always visible in the home. The feedback from relatives was positive with one relative confirming, 'I don't feel awkward coming away and leaving mom here.' Another relative told us they could meet with the registered manager to talk about their family member's care at any time they needed to.

We spoke with the registered manager who showed good knowledge of all aspects of the service including people who lived at the home, the staff team and their responsibilities as registered manager. They told us and we saw they had a good working relationship with the provider who spent time at the home on a regular basis. The provider was visiting the home on the day of our inspection and told us about their commitment to continually make improvements for the benefit of people who lived at the home. We saw the provider took time to chat with people who lived at the home and staff and was well known to people.

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. We saw the registered manager and provider discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. Staff spoke positively about the leadership of the home. One staff member told us, "I love my job" Another staff member said, "We [the staff] all work well together." They told us they felt supported in their roles and could make suggestions and raise concerns which were taken seriously and acted upon. Staff were also aware of the provider's whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the registered manager or the provider.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were supported within their roles and led by example. They told us, "I like to think I introduced a person centred approach." On occasions they worked some shifts which they told us gave them the opportunity to observe staff practices and see first-hand whether improvements were required. For example, they had seen some care plans and risks assessments which could be improved further. Also on the day of our inspection the registered manager noticed something which could be a safety hazard to people and spoke about the action they would now take as a reminder to staff about reducing risks to

people.

We looked at how the registered manager and provider used the regular checks they made to bring about improvements for people who lived at the home. We saw evidence that regular checks were completed of care plans, infection prevention procedures and other aspects of the services people received. The registered manager showed us these checks and inspections were used as learning opportunities to inform staff of areas for improvement. For example, we saw the security of medicines in communal areas was not consistently maintained to reflect safe practices and in line with the provider's medicine storage procedures. This is because we saw on two occasions the nurse left the keys in the medicine trolley which was left unattended in a communal area of the home. Although this had not impacted upon people's safety at the time of our inspection the registered manager informed us they had taken immediate action to reduce the risks of staff not following the procedures for the secure storage for medicines.

The registered manager understood their role and responsibilities in providing a good quality service to enhance the experiences of people who lived at the home. They were able to tell us about the key challenges they had faced, such as, recruitment of nurses and documentation. In addition to this they told us how they planned to make continuous improvements for the benefit of people who lived at the home. For example, in the PIR they informed us, 'Wayside has recently undergone total refurbishment which includes an extension to the lounge, a hairdressing salon, a new office for the manager and redecoration of individual rooms and lounge areas to provide a bright and cheerful environment.' We saw people spent time in the different areas of the lounges. One person who lived at the home told us they thought the redecoration had really made a big difference as it brightened up the home environment. They said, "It shows they [registered manager] care about how our home looks and there is space to sit wherever you want to. I enjoy what they have done, after all it is my home now and I care about what it looks like."