

# The New Cyder Barn Limited

# The Cyder Barn

## Inspection report

Glastonbury Road  
West Pennard  
Glastonbury  
Somerset  
BA6 8NH

Tel: 01458834945

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 23 and 29 March 2017 and was unannounced.

The Cyder Barn is registered to provide accommodation and personal care for up to 40 people. At the time of our inspection there were 23 people using the service.

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

There were good arrangements for the management and administering of prescribed medicines. However, the use of topical creams and ensuring they were used regularly to protect people's skin needed to be improved. People spoke of having their medicines regularly and people, where safe to do so, were able to manage their medicines which helped to maintain their independence.

At our last inspection we had identified the need to improve how people were involved in their care planning. At this inspection there had been some improvement. However, whilst some people told us they were aware of their care plans and had been involved in talking with staff about their care needs and care plans others were not. One person said, "I feel I do not really know about my care plan." Another person said, "No, I don't really know about my care plan." This was therefore an area for continued improvement.

People told us they felt safe living in the home. They spoke of how they had confidence in the staff being "well trained". One person said they felt safe because "Staff know what they are doing and are around to help me when I need it." Another person told us it was because they were "Well cared for."

Staff demonstrated their knowledge of abuse and responsibilities to report any concerns about possible abuse. Staff were confident the registered manager would act to protect people if told of any such concerns. The registered manager had acted to protect people and responded professionally to any concerns or incidents, which had placed people's health and welfare at risk.

The registered manager had, as required, made applications under the Mental Capacity Act 2005 and obtained authorisations under Deprivation of Liberty Safeguards (DoLS) arrangements. Where people lacked capacity their rights were upheld and their health and welfare protected.

Arrangements for making decisions on people's behalf where they lacked capacity (known as best interests decision) had improved since our last inspection. This was of importance where equipment was needed to protect people from potential harm such as risk of falls and monitoring people's movement to ensure they were safe.

People could be confident that the arrangements for the recruitment of staff followed guidance and the necessary checks about the suitability of perspective employees were undertaken. Staff received training so they had the necessary skills and knowledge to meet people's needs.

People spoke very positively about the meals provided in the home. One person said, "The food is lovely I always enjoy my meal and there is always a lovely choice." A relative commented "You can see there is food and drink available at all times if need be. My relative is very pleased with the food." There was a relaxed and social atmosphere when people had their lunchtime meal. Staff were available to support people where this was needed.

People told us they found staff caring and respectful of people's privacy and dignity. One person said, "The staff are kind and responsive." Another person told us "Our rooms are ours so they act like they are our guests." People were able to make choices about their daily routines and their choices were respected. One person spent most of their time in their room. They told us "I chose to be in my room and that is not a problem. Staff know that is what I like."

People told us there were no restrictions on having visitors. One person told us "Staff are very friendly and always welcome my family when they visit. It is lovely I can keep in touch." A visitor said, "I tend to visit whenever I like except at mealtimes and it is never a problem. I am always made to feel welcome and nice to see smiling faces."

People received care and support which was personalised to their needs and wishes. People told us their preferences were respected for example where they preferred only a female staff member to help them with personal care. Staff demonstrated a knowledge of people's individual needs and spoke of being able to meet those needs. One staff member saying "It is about providing care which is what the person wants: individual care."

People spoke positively about the activities available. One saying "I enjoy the things we do always a good choice my favourite are the quizzes." The home had recently introduced evening activities such as pub nights which had proved very popular.

There were opportunities through meetings for people to express their views and make suggestions about the quality of the care they received. People were confident of voicing concerns or making complaints and having their feelings and views listened to and action taken.

The management team promoted an open and accessible culture where people and staff were able to voice their views. Arrangements were in place to monitor and audit the quality of care and address areas identified for improvement.

There was a positive environment where staff were valued and the management team recognised the need for ongoing improvement.

## 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

People's medicines were managed, administered and stored safely however improvements were needed in ensuring people were administered proscribed topical medicine.

People were supported by staff who knew how to recognise and report abuse.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

Risks to people were identified and assessments were in place to reduce the risks.

### Is the service effective?

**Good** ●

The service was effective

People rights were upheld and health and welfare protected.

People were involved in decisions about their lives.

Staff acted in people's best interests where people were unable to make decisions for themselves.

People benefitted from having their nutritional needs met effectively.

People had access to community based health services to ensure their health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for by kind, thoughtful and friendly staff.

People were responded to by staff in a respectful and dignified manner.

People were able and supported to make choices and decisions about their daily routines.

### Is the service responsive?

Good ●

The service was responsive.

There were inconsistencies in people being involved in their care planning arrangements.

People benefited from meaningful and stimulating activities.

People had the opportunity to be involved in the arrangements for the providing of their care.

People and their relatives felt able to raise concerns with the registered manager and staff.

### Is the service well-led?

Good ●

The service was well led

People benefitted from an approachable and open culture in the home.

People benefitted from a culture which promoted flexibility, respect and person centred care.

The service had a comprehensive quality assurance system to measure the quality of care and identify improvements.

People could be assured of continuous improvement in the quality of care.

# The Cyder Barn

## **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 23 and 29 March 2017 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by one adult social care inspector and one Expert-by-Experience (ExE). An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the last inspection we found improvements were needed in how the service undertook decisions on behalf of people who lacked capacity known as best interests decisions.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with 13 people who lived at The Cyder Barn, three visitors and eight staff. We observed care and support in communal areas and looked in the kitchen, bathrooms, lavatories and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care records for six people, recruitment, training and induction records for five staff, people's medicines records, staffing rosters, staff meeting minutes and quality assurance audits.

# Is the service safe?

## Our findings

People told us they received their medicines when they were required. One person told us, "I always get my tablets in the mornings at the same time or near enough. That is when I should have them." Another person said, "I get my medicine regularly which is good I do not have to worry about getting them."

There were inconsistencies in the administration and recording of prescribed topical creams. These included barrier cream to protect people from skin deterioration and pain relief gel. For one person no record had been made as to pain relief gel being applied. For five people prescribed such creams there were gaps in the administration record. There was no indication if this had been refused by the persons or applied. This meant there was not effective practice in ensuring people were administered prescribed topical medicines as prescribed.

Medicine Administration Records (MARs) included information on why medicines were needed. MARs were accurate and up to date. There was information about people's allergies and photos of the person on the MARs to ensure correct identification of the person when administering. Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security.

People told us they received medicines at a time they were needed. One person told us "I have mine (medicines) at the same time in the dining room every day. They are important medicines for me and the staff help me with them." Another person said, "The staff do all my medicines and do a good job." A third person said, "Staff will explain to us what the medicines are for if we ask." We observed this happening at the time of our inspection. A relative told us "The whole medication regime is planned and will be carried out by staff. My (relative) is quite vulnerable and needs some pain killers but the staff are caring and responsive and keep him well and happy." Another relative said, "Staff can always be trusted with medicines no problems at all."

We observed people being given their medicines and this was done in a supportive way. People who required time specific medicines such as for Parkinson's received their medicine at the prescribed time. Staff demonstrated an understanding of medicines and had completed medicines training. Stock records were accurate including those medicines which required additional security. There was secure storage for medicines with daily checks of fridge and clinic temperatures to ensure they were stored safely.

People were offered the opportunity to self-administer their medicines. Two people had chosen to do so and a risk assessment had been undertaken. This ensured they were able to manage their medicines safely.

People told us they felt safe living in the home. One person told us, "There is a nice feeling here. It stops you worrying. It is warm and friendly." Another person said, "An important thing is that it is level and flat. At home I fell a couple of times and I decided I don't want to live there any-more. So I moved here and have been happy ever since. I'm safer than at home. No stairs and plenty of people around." Relatives also expressed a feeling of comfort in the home: "My (relative) has only been here a short time but it looks and

feels very good. There are always people about and things are in good order and safe. I have no worries on that score."

Staff also felt people were safe and were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission. One staff member said, "I am confident [name of registered manager] would deal with any concerns I had about possible abuse or harm to people." Another staff member told us, "I would definitely report anything which worried me."

The home had a safeguarding policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. This meant staff were aware of how to recognise potential abuse and how to protect people from such abuse.

The provider had taken the necessary actions around ensuring the safety of people living in the home. They had reported concerns appropriately to the local authority safeguarding team. The registered manager was aware of their responsibility to notify (known as notifications) to the Care Quality Commission any incidents which could be viewed as possible abuse. They had made such notifications and satisfied us measures had been taken to alleviate the risk to people's safety. This meant people were protected from possible abuse, as far possible, by actions and measures taken by the provider and registered manager.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained, including references from previous employers. Records confirmed these arrangements. This meant the required checks were undertaken to ensure employees were fit to work with vulnerable adults.

Risk assessments had been put in place in response to people's care needs related to falls, nutrition and moving and transferring people. These outlined specific needs of people in relation to the risks such as use of specific equipment when moving or assisting with transfers. In other risk assessments there was information for staff to ensure people's nutritional needs were monitored through the use of food charts and instructions about the frequency of weighing people. There was guidance about how people were to be supported or have their meals to ensure their nutritional needs were met.

There were personal emergency evacuation plans (PEEP) in place. These identified people's needs so that staff and emergency services could respond as necessary in the event of an emergency. The staff we spoke with were aware of these risks and the measures in place to reduce them. This meant risks to people's safety and welfare had been identified and action taken to minimise those risks.

People told us there were always enough staff to provide help and support. One person said, "I can do a lot for myself but there is always someone to help me." Another person told us "I think there are enough staff and I can talk to someone when I need to." Relatives told us "Staff are always within easy reach" and "My relative needs a lot of support so staff need to be accessible and they are."

During the inspection we observed staff being available and responding promptly to requests for assistance. There were staff in the communal areas of the home throughout the day.

As part of a weekly report the provider assessed the dependency level of people living in the home, based on the amount of assistance a person needed. They then set staff hours against this assessed need for example 'very high' needs equated to six staff hours in 24 hours or 'high' needs five staff hours in 24 hours. Weekly reports showed staffing met the assessed hours however, there was some use of agency staff due to staff



vacancies. The registered manager told us they were actively recruiting staff and planning to reduce the use of agency staff.

## Is the service effective?

### Our findings

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. This was an area we identified at the last inspection required improvement.

At the last inspection we had identified the need to improve the procedures for making best interests decisions. At this inspection arrangements where people lacked capacity and best interests decisions were needed to be made had been improved. For one person the provider had put in place a pressure mat and motion sensor. This was to alert staff when the person was out of bed and up and about because they had history of falls when not using their mobility equipment. Records showed a best interests process had been followed which had involved family members. Another person had on occasion been walking around the home at night and had gone into other people's rooms. A best interests decision had been made in relation to the fitting of a door alarm so staff could support this person. This had involved health professionals and a family member. Another separate decision had been made about removing an item from their room because it caused distress and agitation. This was an item of furniture you would expect to see in people's rooms. This meant that people's rights were protected through following practice enshrined in the MCA.

People told us they were asked for their consent for the use of equipment such as bed rails. Records evidenced people had consented for their use. People also told us if they did not want support or assistance their choice was respected. One person told us "When I am unwell I do not always want the fuss. They (staff) respect it if I say no."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection the registered manager told us they had made applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently. To date three authorisations had been made with no conditions. This demonstrated the registered manager had taken action to protect the welfare and uphold the legal rights of some people in the home.

People told us they felt staff were competent. One person said, "All the staff are very competent and new people are trained well." Another person told us how new staff are introduced to people and "The experienced staff give the inexperienced ones some pointers." Another person said, "I feel happy with staff they know what they are doing."

Staff told us they had opportunities to undertake a range of training and one staff member told us "We can say if we need something and normally it is arranged." Another said, "The training is very good." All staff received core skills training such as first aid, fire safety, moving and handling and infection control. Staff had

also been provided with specific training to meet people's care needs, such as dementia, pressure care nutrition and hydration. This meant people could be confident staff had received the training they needed to undertake their role and responsibilities effectively.

Staff received an induction programme linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident.

People spoke very positively about the meals provided in the home. One person said, "The food is lovely I always enjoy my meal and there is always a lovely choice." Another person told us "There are certain foods I should not eat and the chef knows all about this and makes sure I am looked after." A third person said, "There is lots of food and drinks all day. It is like a cruise but you don't go anywhere." A relative commented how "You can see there is food and drink available at all times if need be. My relative is very pleased with the food."

Over the two days of our inspection we observed mealtimes. There were always staff available to give assistance and support people with their meal if this was required. There was a calm and relaxed atmosphere and people were not rushed to eat their meal. On one occasion someone wanted to leave the dining area and a member of staff sat with them to make sure they ate their meal. In this instance they were having difficulties eating the meal and the staff member quietly and sensitively helped the person have their meal. It was noted how the chef spoke with people about the meals and was available to help ensure people had a choice and if they wanted more food to eat if they wished. This was also an opportunity for people to tell him if they had enjoyed the meal which we heard people saying this was the case.

## Is the service caring?

### Our findings

People told us they found staff caring and respectful of their privacy and dignity. One person said, "The staff are kind and responsive." Another person told us "Our rooms are ours so they act like they are our guests." and a third person said, "There is a great pride in the staff on how they treat you."

We observed staff supporting people in a respectful and dignified way. They responded to people's anxieties and distress in a calm, thoughtful and sensitive way. We observed staff treating people with dignity and respect. For example, ensuring they were on the same eye level as people when they were talking to them and knocking on bedroom doors before entering. Staff had an understanding of confidentiality and we observed they did not discuss people's personal matters in front of others. All records relating to people were stored securely. This meant people were supported by staff who understood the importance of respecting people's privacy and dignity.

Staff responded to people who were upset or needed reassurance. They did so in a kindly and gentle fashion. On one occasion a person was walking around not sure where they wanted to be or go. A staff member approached them and made suggestions where they may like to go. The person accepted the staff member support and was shown where they could sit in the lounge area of the home.

People told us they felt able to have control over their daily routines and what they wanted to do each day. One person told us "I can do as I wish if I want to stay in my room that is fine." Staff told us they always gave people choices about getting up and going to bed. Staff demonstrated a good knowledge of people's routines and spoke of the importance of always offering choice to people. They told us how they tried to always respond to people in a caring way. This meant that the service was flexible and able to meet people's needs in a way which was respectful of people's choices.

People spoke of having visitors when they wished. One person said, "There is never a problem with me having visitors they come when they like there are no restrictions." Another person said, "My family are here all the time. They (staff) are always ready with tea and cake." A third person told us they had their grandchildren visiting and said, "The children can run around it is lovely. My family are always made to feel welcome." A visitor confirmed how staff were welcoming and friendly. This meant the service recognised the importance of people maintaining relationships with those important to them.

## Is the service responsive?

### Our findings

People and their relatives contributed to a pre-admission assessment and planning of people's care where they were able to. Care plans and assessments provided this information. At our last inspection we had identified the need to improve the involvement of people in their care planning. There were mixed views from people about their understanding of care plans and their part in identifying their needs in a care plan. One person said, "I am very informed about my care plan and it is adjusted quite regularly to suit my changing circumstances." Another said, "I have seen my plan and had a meeting to discuss my care and how it was going." Others however were not aware of their care plan. One person said, "I feel I do not really know about my care plan." and another said, "No, I don't really know about my care plan." One person said, "I had a review when I first came." Records confirmed the regular reviewing of care needs however the involvement of people in those reviews was inconsistent but had improved since our last inspection. This meant there remained some inconsistencies in how people were involved in discussions about their care needs and care planning.

People received care and support which was personalised to their needs and wishes. People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. Each person had a care and support plan that was personal to the individual and they gave information to staff about people's needs. This included, what they could do for themselves, what support was required from staff, their likes and dislikes, what was important to the person, how they wanted to be supported, their life history and how they communicated. Staff were able to give us examples about people likes and dislikes, daily routines, life histories and how this was taken into account when providing care. There were a number of people who preferred only female carers and staff told us this was respected. One person also told us how they always had a female member of staff and this suited them. Staff told us of specific routines for some people living in the home. One staff member told us how one person wanted their personal care provided in a particular way and "This is how they like it and we want to give care which people want and need."

People told us they knew how to make a complaint. One person told us they had raised a concern and how they felt their views were listened to and action taken. Another person said they had raised an issue and did not feel it had been addressed. However there were others who felt able to voice their view and "something would be done." There had been no complaints since our last inspection.

People told us they enjoyed the activities available which included music sessions, art and crafts and cookery. Recent events had included a pub night and racing night. On the day of our inspection there was a quiz which people appeared to enjoy. One person told us "I enjoy what we do there seems to be something on most days if you want." Another person said, "I do not always go to activities but know they are on I enjoy some of them like the arts and music things I like." There was a monthly newsletter providing information about forthcoming activities and events as well as other items of interest such special dates and photos of events in the home one of which had been celebration of the Chinese New Year.

There were regular "Residents" meetings. Minutes showed where action had been taken in response to

comments made by people. These had included lunchtime arrangements and timing of lunch which had been agreed would be changed and the provision of new cutlery and crockery. People had also commented on visitors walking through the dining area during lunchtimes, changes in the home and gardens. People had provided positive feedback about the activities available to people. One person told us "I enjoy the meetings it is a chance for us to say what we would like." This meant people had an opportunity to voice their views about the quality of care they received and make suggestions about changes.

## Is the service well-led?

### Our findings

People spoke of an approachable and available registered manager. One person said, "She is easy to talk to and is always around." Another person said, "She comes to see us most days and I can see her when I want to." Staff also described the registered manager as someone they could talk with about any concerns or issues they may have. One staff member said, "The office door is always open and they know what is going on in the home which is good," Another staff member said, "She is someone you can talk to and listens which is so good."

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home. They were supported by a deputy manager and a team of senior care workers and care staff. The registered manager was supported by an operations manager who regularly visited the home. Staff told us they thought there was a good management team who "Work together". The provider also visited the home and told us they were kept informed by the operations manager about how the home was performing and any areas which needed addressing.

There were a range of quality assurance audits undertaken monthly. There was also a weekly report which looked at staffing, falls and incidents, maintenance and environment, staffing recruitment and review of people living in the home. Other audits looked at medicines, accidents and a monthly quality audit. The latter looked at care plans and assessments however there was no indication of the audit looking at involvement of people in care planning and care reviews and a measurement of people being engaged with this process.

The operations manager undertook a monthly review of the home. One review had identified a number of areas for improvement including greater involvement of senior staff in care and observation supervisions for staff were in place. One area addressed was the need to consolidate the management team following the recently appointment of a deputy.

The registered manager told us they wanted to develop a service which promoted people's independence and rights. They spoke of ensuring people well-being was upheld and wanted to improve the involvement of visitors and use of volunteers. Staff echoed some of these aspirations and told us how they understood how the registered manager wanted a service which met people's needs and focused on the individual.

The registered manager attended regular meetings with other registered managers in the area. These were opportunities to share experience and knowledge and develop their management skills. The registered manager was undertaking training in business administration to further develop their management skills and competence.