

# The New Cyder Barn Limited

# The Cyder Barn

## Inspection report

Glastonbury Road  
West Pennard  
Glastonbury  
Somerset  
BA6 8NH

Tel: 01458834945

Date of inspection visit:  
16 December 2019  
18 December 2019

Date of publication:  
15 January 2020

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Cyder Barn is a residential care home providing personal care to 28 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

People received care and support that was safe. People told us they were happy living at the Cyder Barn and that they felt safe. The provider had a robust recruitment programme, which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in recognising potential abuse and how to raise concerns. Medicines were managed safely. Staff were trained in administering medicines and their competency checked regularly.

People received effective care from staff who were well trained and demonstrated a good knowledge of people's needs, likes and dislikes. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs. The meal time experience was relaxed and a social event in the home.

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 received care from staff who were kind and caring. Staff always respected people's privacy and dignity.

Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and were involved in the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes and specific needs. All staff had received training in supporting people to maintain a good dental hygiene routine.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the registered manager was open, approachable and they could see them around the home most days. Staff said they felt they were valued and well supported. They told us they felt their ideas were listened to when they had a suggestion about working practices in the home.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed where short falls were identified action was taken. The

provider responded to concerns and complaints in a timely manner and learnt from the issues raised.

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

#### Rating at last inspection

The last rating for this service was good (published 09 June 2017). However, the safe domain was rated requires improvement. At this inspection we found improvements had been made.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Cyder Barn

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Cyder Barn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. This means that they 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people, one relative and a visiting advocate about their experience of the care provided.

We spoke with eight members of staff including the registered manager, the area manager and the chef. We observed how staff interacted with people in the home.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We looked at the outcome of a safeguarding alert received during the inspection.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we found improvements were needed in the management and administration of topical creams and barrier creams to ensure they were effective. At this inspection we found this area had improved.

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent.
- Clear risk assessments and agreements were in place to show how and when assistance was required.
- Some people had medicines prescribed as required. There were clear protocols in place for staff on how much and how often the medicine should be administered. However, there was not a clear protocol to identify ways of managing challenging behaviours before resorting to using medication. We discussed this with the registered manager. This had already been identified and new protocols were being written at the time of the inspection.
- The new protocol included information on how to de-escalate a possible situation without using medication and that medication was the last resort.
- Records specific to the use of topical creams and barrier creams was in place. This included guidance on the safe use of creams that could be a potential fire risk.
- Auditing systems identified when there were shortfalls, and this was addressed with staff immediately and in team meetings.
- People who required a thickening agent in their drink to prevent choking had been assessed by Speech and Language Therapists [SALT] and staff followed the guidance closely to prevent choking and aspiration.

### Staffing and recruitment

- The registered manager used a dependency tool to assess the numbers of staff working on each shift. Staffing rotas clearly showed that the dependency tool had been taken into consideration.
- All staff spoken with said they felt there were enough staff on duty to meet the needs of people.
- People told us they thought there were enough staff, one relative said, "There is always someone around and they [staff] seem to take time to sit and talk."
- During the inspection staff did not appear rushed and bells were answered in a timely manner.
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. All relevant checks were carried out to ensure unsuitable staff were not employed.

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

- People told us they felt safe living in the home. One person, when asked if they felt safe laugh and gave the

thumbs up sign and pointed at a member of staff and said, "They're good." A relative told us, "I am very happy I sleep easy knowing that [the person] is safe and well cared for."

- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported to the relevant authority, and action taken in a timely manner.
- Following the inspection, we looked at the outcome of a safeguarding alert made to the local authority. The registered manager had investigated the alert in full and put measures in place to ensure the issues raised did not happen again.
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.
- All staff spoken with told us they were confident they could speak to any senior member of staff if they had concerns.

#### Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean one person said, "They [staff] keep it very tidy always dusting and hoovering."

#### Learning lessons when things go wrong

- During the inspection the registered manager demonstrated an open approach to learning. For example, following the investigation into a safeguarding alert the registered manager had identified areas for training for staff. They had addressed this in one to one discussion. They had also changed their approach to reviewing care plans when a new person moved into the home.
- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. Some records were disorganised, and sections stored in different places. For example, there were several different handover sheets stored in different folders. The manager showed us how they had identified this shortfall and they now had one handover sheet which was in the staff office.
- One care plan for a person with challenging behaviours lacked specific information about the best way to divert them or de-escalate a situation. However, this had already been recognised and action taken during the inspection. The revised care plan included information on what worked well with the person. The registered manager told us how they had discussed what they found worked well with staff and added it to the care plan.
- One visiting professional told us they were very happy with the way the person's care plan had been re-written and the care provided.
- The service was also in the process of transferring care plans to an electronic system which would mean all records were held in one place.
- Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One person said, "I know they write it all down and we do talk about what I want." Another person said, "I don't get involved in all that. I am happy as it is." One relative told us they were very happy with the way they were involved and consulted.
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care whilst respecting individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs. One staff member said, "The training is good they [registered manager] are always reminding us when it needs doing."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One relative told us, "I have nothing but praise for the carers. They are all very understanding and know what they are doing."

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

- People were all positive about the range of food they were offered. One person said, "The meals are all very nice, all home made." Another person said, "The food here is brilliant, and we talked about what we liked in a meeting." A relative told us, "I am really impressed with the snacks they [the service] provide. The trolley is always full of homemade cakes, crisps and fruit. They [staff] are always offering drinks."
- We observed the lunchtime experience. We saw people enjoyed a social mealtime with support being provided in a respectful and unobtrusive way.
- People chose their meal earlier in the day. If they did not like the meals on the menu there was plenty of alternatives available. If people were unable to understand the name or description of a meal pictures were available to support their choice.
- We spoke with the chef who demonstrated a very good understanding of people's likes, dislikes, cultural and health needs. The chef knew people personally and spoke with them daily about the meals they liked and anything they "fancied" that day.
- We observed the chef take the refreshment/snacks trolley round. They had a good rapport with people and helped people to eat when needed.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. For example records showed people were supported to attend hospital appointments to monitor specific health conditions.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties. Staff also consulted tissue viability nurses when they required advice on preventing pressure damage for people considered at risk.

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments.
- All areas of the home were accessible with clear signage to enable people to mobilise around the home independently.

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. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.

- Consent forms were signed, or best interest decisions recorded for the use of bed rails and sensor mats.
- People only received care with their consent. One person said, "They [staff] are really good always ask me what I want to do."

# Is the service caring?

## Our findings

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

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

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

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of what people liked to talk about. One relative told us, "They [staff] are amazing, really caring. I am so glad we found The Cyder Barn. [The person] is so happy and settled here."
- People were relaxed and cheerful in the presence of staff. There was an air of constant activity with staff taking the time to sit and talk with people.
- People with religious and cultural differences were respected by staff. A local minister supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.
- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do and trips they wanted organised.
- A record of compliments was kept and any received were shared with staff. Compliments received included, "We very much appreciate all the care, friendship and love you gave [the person]." And, "Thanks for all your dedication, deep commitment and care shown to [the person]."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

# Is the service responsive?

## Our findings

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

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

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

- People received care which was being personalised to meet their needs and wishes. The level of guidance included in care plans was clear for staff to follow. For example, there was clear advice on how to recognise low and high blood sugar levels.
- However, the care plan for one person failed to include triggers to observe if they were going to display challenging behaviours. This had already been identified by the registered manager and the care plan was re-written during the inspection.
- Everybody's care plan included guidance on oral care. This included whether they needed assistance to clean their teeth and frequency to visit the dentist. All staff had attended NHS training in good oral care.
- The provider paid for a dentist to visit the home quarterly for people who might want a dental check-up.
- One member of staff was also a food and nutrition, and oral hygiene champion. They ensured staff followed guidance and supported people to maintain good dental hygiene.

Meeting people's communication needs

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

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- People's care plans included how people preferred information to be shared with them. For example, one person's care plan mentioned how they liked to use audio books and newspapers.

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

- There was a full activity programme available. People were fully engaged throughout the inspection. One relative said, "This is usual, not just staged for you. It is brilliant there is always something going on and [the activities person] involves everybody."
- We observed people being supported to complete a jigsaw puzzle or read a newspaper, whilst others took part in a quiz. One person told us they were looking forward to the carol singing which was booked for the afternoon.
- There were two activities coordinators employed so they could also include an activity in the evening or at weekends.
- The activities coordinator told us how children from a local school visited the home. People living in the

home had also gone to the local school to see their nativity play.

- During the afternoon of the second day the activities coordinator read from a local newspaper and talked about raising chickens which people all joined in, with comments and memories from their past.

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- People and their relatives had access to the policy and knew who they could talk to. One person said, "Well if something is not right I speak to the manager. I have always felt listened to and they do change things." Another person said, "Nothing to complain about but I would talk with one of the girls [care workers] they would sort it out for me." A relative told us, "I have never had to complain; the manager is very open and approachable, and I am sure things would be sorted if I needed to say something."
- Records showed the provider responded to complaints within the time frame of their policy and procedure and sought feedback once completed.

End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

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

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

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "I love working here, it is all about the residents and I look after them like I would my family."
- Where shortfalls in care plans had been discussed during the inspection, these were identified as shortfalls in recording rather than poor provision of person-centred care. All staff demonstrated that they were aware of people's specific needs and were providing the care and support they required in the way they preferred.

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

- People and staff told us the service was well managed. One person said, "We see the manager a lot she is easy to talk to." One relative told us, "I am so happy we found The Cyder Barn. I can rest easy when I am at home. It is well managed and always someone around who knows what is happening and prepared to talk to you."
- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged.
- Shortfalls highlighted during the inspection had already been identified and action taken to rectify. For example, PRN protocols had been revised and the challenging behaviour care plan for one person re-written.
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advice or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff felt supported and received regular supervisions and appraisals. All staff spoken with said they had regular one to one discussions and appraisals. This provided opportunities to discuss their practice and any learning requirements. One staff member said, "Staff morale at the moment is good. We work well as a team and new staff have just slotted in."

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

- People and their families could comment on the service provided. The registered manager and provider

carried out satisfaction surveys and met with people at resident and relative meetings.

- Comments received were largely positive. For example, "Staff are always cheerful and pleased to see you." And, "The care and dedication of everyone at The Cyder Barn is second to none."

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training.

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

- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. For example, following a complaint and safeguarding alert the registered manager met with the parties concerned. They admitted the shortfalls identified and discussed the lessons learned to prevent a recurrence.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.