

The New Cyder Barn Limited

# The Cyder Barn

## Inspection report

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18 February 2020

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# 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 were supported to take their medicines in a safe and caring way. Staff were trained in administering medicines and day staff had had their competency checked regularly. However, some areas in the management of records for medicines needed to be improved. For example, the information for staff about when to give as required medicines was not always completed.

People could look after their own medicines if they wanted to and this was risk assessed by staff to ensure it was safe for them to do so.

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 17 January 2020).

### Why we inspected.

We undertook this targeted inspection to check on a specific concern we had received about the safe management of medicines. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

### 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?**

The service was safe.

**Inspected but not rated**

# 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. This was a targeted inspection to check on a specific concern we had received about the safe management of medicines.

#### Inspection team

This inspection was carried out by a medicines' inspector from the CQC Medicines Optimisation Team.

#### 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

This inspection was unannounced.

#### What we did before the inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection.

#### During the inspection.

The arrangements for storing and managing medicines were reviewed.

#### After the inspection.

We continued to seek clarification from the registered manager to validate evidence found. We looked at the homes medicine policy, people's capacity assessments and the latest medicines audit.

# 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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check the provider had processes in place for the safe management of medicines. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

- The morning medicines round was observed, and medicines were given in a safe and caring way. Senior staff were trained to administer medicines and training and competency assessments had been completed. However, night staff who were trained to administer medicines did not have competency assessments completed. Agency staff were not permitted to administer medicines.
- When medicines were given, they were recorded on Medicines Administration Records (MARs). We reviewed 13 MARs and there were no gaps in the recording of medicines, and they showed medicines were being administered as prescribed. Stock counts of medicines were completed daily and found to be accurate. Some MARs had been handwritten and we saw that they did not always have all the information required to explain how to give the medicine, and not all had been double signed to make sure they were correct. Each person's MAR chart had a front sheet which included a photo of the resident, their date of birth, GP details, allergies and other notes to consider when administering medicines. They also included a list of medicines which a person was taking. However, we found some of these lists had not been updated when changes had been made to people's medicines.
- Specific arrangements were made for medicines which had to be administered at a certain time, so these were given correctly. Information was available to guide staff on when medicines that are prescribed to be taken 'when required' should be given. However, some of these protocols were missing, and others lacked detail on when the medicine should be administered and were not person-centred. This meant staff may not give doses of medicines as intended by the prescriber.
- People could look after their own medicines at the home and risk assessments were completed to ensure it was safe for them to do so.
- Carers used separate charts to record the administration of topical preparations, including medicated creams. There were gaps in the recording, so it was unclear if these were being applied. Creams were stored in people's rooms; risk assessments had not been completed for the storage of medicated creams and some creams did not have opening dates recorded which meant they may not be discarded in a timely manner.
- Medicines were stored in a locked treatment room and the medicines trolleys were stored securely with access restricted to staff who had been trained to administer medicines. Room and fridge temperatures were recorded daily and showed that medicines were being stored at appropriate temperatures. One medicine had expired, but this had not been administered to the resident since expiring. Once made aware of this, the home removed it from stock and re-ordered it. Opening dates were recorded on liquid medicines to ensure they were discarded in an appropriate timeframe. Records were kept of medicines which required disposal and they were segregated from medicines which were being used currently. There were suitable

arrangements for storing and recording of medicines that required extra security.

- There was a system in place to order people's medicines. There is handover between staff three times a day. A medication handover report is completed at every staff handover where any medicines which have been ordered are recorded so they can be chased up by the next member of staff who comes in. This process was established as a result of learning from a previous medicines incident. We did not see anybody who had missed doses of their medicines because they were not in stock. Staff explained how they could access medicines out of hours if needed.
- People had access to treatment with "homely remedies" if needed. Homely remedies are non-prescription medicines that allow staff to respond to people's minor symptoms appropriately.
- Some people were receiving medicines covertly (medicines given without their knowledge). Mental Capacity Assessments had been completed for these residents, but they were not specific to their ability to understand their medicines use. This has been rectified since the inspection. Records showed their best interests had been considered and advice had been sought on the most suitable way to administer these medicines.
- Medicines errors were recorded and investigated. However, the action taken to prevent re-occurrence was not always documented. Monthly medicines audits were completed, and we saw that actions from these had been identified and completed.