The New Cyder Barn Limited

The Cyder Barn

Inspection report

West Pennard, Glastonbury, BA6 8HN
Tel: 01458 836830
Website: www.example.com

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Ratings

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

Overall summary

This unannounced inspection took place on 08 and 09 December 2015.

The last inspection of the Cyder Barn Care Home was carried out in May 2014. We found areas for improvement related to formal individual supervision of staff and quality assurance. We looked at these areas as part of this inspection.

The care home is registered to provide accommodation and personal care to up to 40 people. It specialises in the care of older people.

There is a no registered manager in post. However a manager is in place and is currently in their probationary period. 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.

Policies and procedures were in place regarding the taking of decisions on behalf of people who lacked capacity. However these were not being followed to ensure such decisions were in people's best interests and people's rights upheld.

People told us they felt involved in their care but were not given the opportunity to take part in any formal review of their care arrangements.

Summary of findings

People told us “Staff always seem to know what they doing”. Staff undertook the necessary training and had the skills to meet people’s health and social care needs. Staff were positive about the opportunity for training and were able to undertake professional qualification whilst working in the home.

The provision of formal individual supervision had improved since our last inspection. Staff commented on the opportunities to have support and formal supervision to help them undertake their role and responsibilities.

People spoke very positively about the quality of meals. One person told us “I always enjoy the meals here and there is always a choice.” Assessments had been completed about nutritional needs and care plans identified how to meet those needs and preferences.

People told us they felt safe living in the home. One person told us “I always feel safe here because I can trust the staff.” A relatives told us when they left the home they did not worry about their relative because “I know they are being cared for.” Staff had a good understanding of abuse and how to protect people from abuse. They were confident that when reporting any concerns they would be responded to and action taken.

People were supported in having their health needs met safely through having safe and secure arrangements in place for the administrations and management of medicines. Staff had received training in administering medicines and demonstrated knowledge of medicines and their uses.

People told us there was adequate staff available and how responsive they were when requesting assistance. One person told us “I know they are always there if I need them. I try and do a lot for myself but they always check if I need any help. Sometimes there are little things I cannot manage and they do them for me.” We observed the availability of staff in communal areas and at lunchtime to support people having their meal.

People spoke warmly of care staff: “They are all very kind and friendly.”, “Staff are always thoughtful and asking me how I am.” Staff supported and assisted people in a sensitive and caring manner. People said they were treated with dignity and respect and their privacy was respected.

There were opportunities for people to take part in meaningful activities if they wished. There was a welcoming environment and people were encouraged to maintain their links with their community, family and friends. One person told us “It is very good because I get to see my family and keep in touch.”

People were able to express their views and make suggestions about improvements in the quality of the care they received. People felt they could voice their concerns and would be listened to and action taken to address any worries, concerns or complaints.

Improvements had been made in the quality monitoring of the service. There were a range of audits in place and actions taken where improvements had been identified. The manager had identified where improvements could be made and staff spoke of an open environment with an approachable manager.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Staff were available to support and assist people in a timely manner.

People felt safe living in the home and staff were aware of their responsibilities to report any concerns about possible abuse.

The arrangements for the management and administration of medicines were safe.

There were safe arrangements for the management of risk to people's health and welfare.

Good

Is the service effective?
The service was not always effective. Rights were not always being upheld where people lacked capacity and decisions had been made in their best interests.

There were arrangements for regular formal supervision of staff. Staff received training so they could meet people's needs effectively.

People's nutritional needs had been met effectively with good arrangements for the provisions of meals.

Requires improvement

Is the service caring?
The service was caring however people did not always have the opportunity to be involved in decisions about their care and support.

People were supported by caring and professional staff.

People were supported by staff who were kind and patient and had respect for people's dignity and privacy and how people wanted to lead their lives.

People were supported in a caring and sensitive way when receiving personal care.

Requires improvement

Is the service responsive?
The service was responsive.

People received a personalised service and the activities were meaningful to people in the home.

People felt confident about voicing their views and concerns.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

Whilst improvements had been made in the arrangements for monitoring and auditing the quality of the service shortfalls were found in the effectiveness of these arrangements.

There was no registered manager however a manager was in place and the provider was taking steps towards having a registered manager for the service.

The registered manager had identified how the service needed to improve to ensure people received the care and quality of care they needed.

Staff spoke positively of an approachable manager and open culture in the home.

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 over two days 03 and 09 December 2015 and was unannounced.

The inspection team consisted of one adult social care inspector. During our inspection we spoke with nine people who lived in the home, two visitors, one healthcare professional and seven members of staff. We observed care and support in communal areas, spoke with some people in private and looked at the care records for nine people. We also looked at records that related to how the home was managed, such as audits designed to monitor safety and the quality of care.

Before this inspection we received a provider information return (PIR). This is a form that asks the provider to give some key information about the service. We looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Good

Is the service safe?

Our findings

The service was safe. People told us they felt safe in the home. One person said "I trust the staff they know what they are doing." A relative said "I always feel (person's name) is well looked after and safe. When I leave I am not worried about how they will be treated and cared for."

Staff demonstrated a good understanding of what could constitute abuse. They gave some examples: not responding to call bells, ignoring people, treating people roughly when providing personal care. Staff told us they had completed safeguarding training and this was confirmed by records. Staff were aware of their right to report concerns outside the organisation under whistleblowing arrangements. One staff member told "I would always tell the manager if I had any worries about a person being abused. If they did not deal with it I would go to social service." This meant staff knew how to recognise and respond to any concerns they may have about possible abuse.

The manager had responded to some concerns raised by the local hospital as to the re-admission of people to the service. This had been raised as safeguarding by the hospital. The manager had responded to the concerns in an open and honest way. The local authority had not recognised the hospital concerns as safeguarding concerns.

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. Records confirmed checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work.

We looked at the arrangements for the administration and management of medicines. The medicines were being stored in a secure room. There were adequate storage facilities for medicines including those that required refrigeration or additional security. There were monthly stock checks of medicines. We checked records of stock against actual stock and found they were correct. This meant there were secure and safe arrangements for the management of medicines.

We observed people being given their medicines. One person asked what the medicine was for and was told. Another person told us "The good thing about living here is that they make sure I get my medicines when I need them." People were asked if they required pain relief where this was prescribed "as required". There was guidance in place where people had been prescribed "as required" or PRN medicines. This gave information about the circumstances in which medicines were to be given including those used to relieve anxiety or agitation.

People told us they felt there were enough staff to give them the help they needed when it was needed. One person said "I only have to ring the call bell and they are here." Another said "The staff are very good always there if you need them." We observed staff responded promptly to requests for assistance and staff to supervise and be available in the communal areas of the home. Staff rotas showed consistent staffing of the home with five staff in the mornings and four in the evenings.

The manager told us staffing arrangements were based on the needs of people and were adjusted when people's needs changed. Weekly reporting of dependency levels and required care hours showed the provider had made addition care hours available to meet people's needs. Staff were positive about the staffing arrangements. However some commented that with people on respite needs did change and staffing did not always reflect this changing of needs. Staff also commented they would have liked to be able to spend more time with people and take part in activities. They told us this was not always possible.

People's needs had been assessed prior to services being provided. Assessments were undertaken to identify risks to people who used the service, these assessments were reviewed regularly. The assessments covered areas where people could be at risk, such as risk of falls. Where risks to people's health had been identified such as weight loss measures had been put in place to monitor and referrals made to health professionals. Risk assessments of people's environment were carried out to ensure the safety of

Good

Is the service safe?

people who used the service and staff. There were arrangements in place to inform emergency services of individual care needs in the event people needed to be evacuated from the home.

Requires improvement

Is the service effective?

Our findings

The service was not always effective. We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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.

Where mental capacity assessments had been completed these were used for a wide range of decisions rather than specific decisions and were generalised such as all areas of care and welfare from receiving person care to what clothes to wear, when to get up and go to bed. There was a MCA policy and procedure in place but this had not been followed in "relation to particular decision" (from provider's policy CR11). This meant the provider had failed to follow their own policy and procedure and ensure people rights and choices were not restricted.

The provider had policies and procedure in place for making best interests decisions and assessing mental capacity. However these had not been followed when making specific decisions such as the use of alarms and pressure mats. The use of such equipment could be viewed as restrictive and required the consent of the person where able to do so or decision for their use made under best interest arrangements. This meant people's rights had not been upheld.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

There were arrangements for assessing people's mental capacity and protecting people through the use of Deprivation of Liberty Safeguards. 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).

An application had been made for one person living in the home. We discussed the best interest arrangements and potential DoLS applications with the manager. They recognised how such arrangements and processes needed to be reviewed to ensure people's rights were upheld and protected.

People told us they were confident about the skills of care staff. One person told us "The staff certainly know what they are doing, it makes me feel better." Another said "The staff always seem to know what to do and how to do it." We observed staff using moving and handling equipment. They did so in a competent manner and appeared confident using the equipment.

Staff told us they had undertaken skills training which had included moving and handling, infection control, safeguarding, health and safety. We asked some staff to tell us what they had learnt in relation to infection control. They were able to tell us what good practice meant when alleviating risk of infection and cross infection. They understood when to use protective equipment and how to support a person who had an infection whilst alleviating the risk of the infection spreading in the home. Staff told us there were always opportunities to undertake training. One told us "I have enjoyed the training on offer it has made me better at my job." Another said "There is always further training available to us." This meant people were supported by staff who had received the training so they could meet care needs effectively.

Staff undertook induction and as part of the induction shadowed experienced care staff. Staff told us they were given the opportunity for increasing the shadowing if they did not feel confident to work on their own. The induction was linked to the care certificate a nationally recognised award providing a set of standards, skills and knowledge for care staff.

Staff told us the arrangements for formal individual supervision had improved. One staff member told us "We have regular supervision and I can always go the manager or deputy if I want to discuss anything." Another said "We have good supervision every six weeks." Records confirmed staff had received regular one to one supervision. This had been an area for improvement following our last inspection. This meant the provider had an opportunity to monitor staff performance, identify training or support needs and provided an opportunity for staff to raise concerns.

Requires improvement

Is the service effective?

There were assessments in place about people's nutritional needs. These identified specific dietary needs and preferences. People told us they were always given a choice of main meals. One person told us "They seem to know what I like and don't like." Another person said "I enjoy my meals here they are always good and I always get a choice. The cook is very good." During lunchtime we observed care staff supporting people with their meals. People were offered choices and supported to have their meal where this necessary. One member of staff assisted a person with their meal and did so in a supportive and sensitive way. This meant people's nutritional needs were met effectively to maintain and improve their health and welfare.

There were dietary and nutrition care plans. Where people's needs had changed or there were concerns about their nutrition the care plan identified specific actions such as monthly or more frequent weighing of the person and referral to specialist dietician. Where there had been such concerns some people had daily dietary records kept. We saw these had been completed and checked by the deputy or care worker. People had been referred to the dietitian for advice and prescribed food supplements to improve their nutritional intake.

People had access to community health services. One person told us "I only have to say I want to see my doctor and they arrange it." another person said "I get to see the nurse every week for my legs." A third person said how they received regular visit from the podiatrist. One person was being visited by a community nurse to monitor their skin and review any concerns about risk of pressure wounds.

Requires improvement

Is the service caring?

Our findings

The service was caring however involving people in their care arrangements needs to be improved. People told us they felt they were involved in their care and were asked about the care they needed. One person told us "They always ask me if I am getting the care I want." and "When I came here I was asked what help I needed, I know there is a care plan." Another person told us "I know I can say what I want and if I need more help it will not be a problem." A relative said they had asked about the care needs of their relative and "We did sit down when (name) came and talked about what they needed, their likes and dislikes. However when we asked if the manager or deputy met with them formally to discuss and review their care people told us this did not happen. Records showed care plans had been regularly reviewed but there was no record or evidence of how people had been involved in these reviews. This meant that whilst people were asked about their care needs there was not the opportunity to be involved formally in decisions about their care arrangements. Providing differing ways, formal and informal, for people to be enabled to voice their views would ensure people felt listened to. This would ensure the care provided accurately reflected people's needs and wishes.

We observed staff supporting an individual who was distressed and agitated. They did so in a calming and reassuring manner without demeaning the behaviour. The person asked the same question repeatedly and staff were patient in their response, reassuring the person.

One person told us they felt their privacy and independence was respected. They said "Staff respect my choice and don't try to impose things on me. I try to be as independent as possible and staff know I want to be independent." Another person told how staff respected their choice to spend most of their time in their room. We observed staff knocking on people's doors and waiting for a response before entering.

Staff told us how they made sure people's dignity was respected. One told us it was making sure the person was comfortable when they provided personal care. They said "making sure curtains are closed and checking with the person what help they actually wanted." Another said it was "respecting people's wishes and choices when they require personal care, involving the person."

People told us they found care staff "kind and caring." One person said "Staff are always thoughtful and asking me how I am." Another said "I have always found staff friendly and caring." A relative told us "I am always made to feel welcome when I visit, you cannot fault the staff."

We asked staff what they understood by caring. They told us: "It is treating people as individuals", "Being sensitive when supporting people with personal care", "Being respectful and treating people with dignity and remembering people's dignity". We observed staff interacting with people in a caring, dignified and supportive manner. On one occasion we observed staff supporting a person transfer from their wheelchair to an armchair. They did so thinking of the person's dignity and explained what they were doing. On another occasion a care staff asked a person if they wanted to use the toilet and they did so in a quiet and sensitive manner. When staff spoke with us about people they did so in a respectful manner and very conscious of people's disabilities and how this affected their lives.

Good

Is the service responsive?

Our findings

The service was responsive. People told us how their relatives were always "made to feel welcome" when they visited the home. One person told us "My relative often visits and says how nice it is to come and see me with staff that are so friendly". A relative told us they visited often and "It is never a problem, they always keep us informed as well which is so nice". Relatives told us they were able to visit at any time and one said if there were any concerns about their relative's welfare how they "Always felt informed and involved".

People told us if they had any worries or concerns they would discuss them with the manager. They were confident they would be listened to and "She would do something". People told us they knew they could make a complaint if they wanted. One person said "I suppose I could complain but have never needed to. I express what I have to say and they listen to me". Another person told us they would "Go to the manager she is very approachable."

Since our last inspection there had been no complaints. However we saw records of where the manager had responded to a relative about a concern and had taken action as a result of the concern.

Staff told us they would encourage and tell people they could make a complaint if they wanted to or speak with the manager. One member of staff told us "If a person tells me something they are not happy about I always tell then I will tell the deputy of manager. I also say how they could make a complaint if they wanted to and I would help them." Another said "I always tell people they can complain if they want to and what they have to do."

One person told us there were regular "Residents Meeting." They told us "I always try to go it's a chance for us to say what we think." They told us how they had made suggestions about activities and food and these had been acted on. Minutes of meetings recorded discussion about activities, quality of care and any changes in the home. This meant people had the opportunity to give their views about the quality of the care they received and make suggestions about improvements.

Care plans gave information specific to the person such as daily routines, likes and dislikes and preferences. Asking people or their representative about these areas was part of the pre-admission process. One person told us they always liked a particular breakfast and this was always given. Another person told us how they preferred female carers and "staff know this."

We observed how one male care worker was told a person did not want them to bath them. This was respected and another care worker bathed the person. The care worker told us they knew there were some people who preferred a female to assist with personal care. They understood this was the person right to choose.

Staff were able to tell us how they responded to people in a personalised way. One staff member told us how if a person became agitated or distressed they would talk about specific topics of conversation and this relieved the person's distress. Another told us how one person liked to have a particular routine when having a bath. A third member of staff told us about a person who enjoyed talking about their life and formal occupation. In talking with staff they showed a real understanding of how everyone had differing needs and were able to tell us specifics about people. A relative had written in a questionnaire: "I feel like the staff have all taken the trouble to get to know and understand their ways." This demonstrated that staff interacted with people as individuals.

One person was supported to attend a local church and another told us staff took them to the local shops. Another person told us they were always able to go out when they wanted and how their relatives would take them out. They told us "It is very good because I get to see my family and keep in touch."

People told us there were a range of activities including cookery, art, quizzes and armchair exercise. There were also occasion visits by outside entertainers. People told us there was "Always something going on." and "If you want to just sit in your room you can or can go downstairs when there is something on which are most days. One person told us they chose not to join in activities with others but they enjoyed the activities co-ordinator coming to them and "Having a chat which is nice." The activities worker told us they appreciated how some people preferred individual activities rather than group. Part of their daily routine was to go round the home spending time individually with people.

Requires improvement

Is the service well-led?

Our findings

The service was not always well led. We looked at the arrangements for the auditing and monitoring of the quality of the service. There had been some improvement since our last inspection. However issues we have raised from this inspection e.g. best interest decision making process and people's involvement in care planning had not been identified. There were auditing of the arrangements for the administration and management of medicines. This included stock, temperature checks of fridge and room being completed and signing of administration. There had been action taken on occasions when gaps in administration of medicines had been found.

A whole home audit had been completed which achieved a 95% score. This audit looked at the environment, providing of meals, staff knowledge about the service, care plans and accident recording. An action plan had been put in place and improvements had been made in the décor of the home, providing information about the service to people, staff training and daily records.

There had been a questionnaire issued in August 2015 to people living in the home, visitors and professionals . These asked about the quality of care and environment. We saw where the manager had responded to comments made by visitors about the garden and meals.

An infection control compliance tool kit had been implemented. This identified areas for improvement and action including the identifying of an infection control co-ordinator and lead. A staff member had been identified for this role.

There was a falls and incidents monitoring record. This recorded a number of incidents where people had been found with minor injuries such as bruising. Actions had been taken in response to accidents and incidents to alleviate risks of people falling and reviewing care plans where this was needed in relation to incidents.

In discussion with the manager they identified continuing improvements and building on good practice in the providing a quality service. This ranged from ensuring staff had the necessary training which included the fundamentals of care to the mentoring of staff as part of their role in ensuring competent staff. They told us they wanted the service to be "A place people live and consider as their home."

Staff told they found the manager approachable and "Firm but fair." They thought the registered manager wanted a service where people were respected and "It is their home we are here to support and assist people." One staff member said "I think it is better with the new manager I would certainly go to her if I was worried about something." Another said "It is good she (the manager) is on the floor seeing what is going on and supporting us." Staff told us there were regular staff meetings. There was a regional manager in place to support the manager. They monitored the provision of care and areas for improvement.

The registered manager had submitted the required notifications about expected deaths and other notifiable incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People's rights were not being upheld in accordance with the Mental Capacity Act 2005. Regulation 13 (4) (d) when making decisions where a person lacked capacity.