

# Mrs P M Eales

# Pymhurst

## Inspection report

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Date of inspection visit: 13 April 2015  
Date of publication: 30/06/2015

### 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 

### Overall summary

Pymhurst is a learning disability care home, and is registered to accommodate up to six people some of whom are living with dementia. The home is a period property with six bedrooms arranged over two floors. There were a total of 11 members of staff employed plus the registered manager. On the day of the visit three people were living at the home.

The inspection was announced and took place on the 13 April 2015.

The home had a registered manager in place. 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 requirements in the health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe living at the home because of the good care staff provided. Their relatives told us that the staff were caring and respectful and met their needs. Our observations confirmed this, and we found that there were systems in place to protect people from the risk of harm.

# Summary of findings

The provider had a good recruitment system in place. We found evidence that all relevant recruitment checks had been undertaken prior to staff starting work. There was enough staff with appropriate skills and experience to keep people safe.

Systems were in place to ensure that medicines were stored, administered and managed safely. We found that staff had the required training, and there were enough experienced staff to manage medicines appropriately and to meet people's needs safely.

Staff told us they were supported by the registered manager and had received the training and information they needed to do their jobs well, and meet people's care needs. Staff spoke positively about the support they received from the registered manager. Staff told us there was a good level of communication within the home which helped them to be aware of any changes. People and their relatives told us they could speak with the staff to raise any concerns, and they knew how to raise any concerns if they needed to. A relative told us any concerns were dealt with by the registered manager in a timely manner.

The registered manager and the staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There were clear records in place to show who could represent people and act in their best interest if complex decisions were needed about their care.

People and their relatives spoke positively about the service and the care people received, and we saw that staff supported people with all their nutritional needs. People who required personalised diets such as soft diets had their needs monitored and had access to health care professionals who supported staff to meet people's dietary needs.

Relatives told us the care people received was good and spoke positively about the care people received. We

found that people's care records, reviews and risk assessments were up to date. Relatives told us they were included in reviews and were notified of any changes in people's care needs. Staff understood the needs of people and we observed that care was provided in a kind and caring manner.

Staff told us they received on-going training and understood their responsibilities, as well as the values of the service. They told us they had received training to ensure the care provided to people was safe and met their needs. Staff told us they received regular supervision and support to assist them to deliver care that was relevant to meet people's needs. We observed that people received support around their personal care and nutritional needs.

We observed that people were encouraged to be independent and were encouraged and supported to take part in their hobbies and interests, such as watching their favourite DVDs and going shopping and visiting friends and family as well as other places in the community such as local restaurants.

We found that the service was well led and the staff was supported by the registered manager to do their jobs well. The staff and registered manager monitored and reviewed the quality of the service by asking people and their relative's verbal questions relating to the quality of the service on a regular basis.

The registered manager had systems in place to gain people's views about the service. These included residents meetings to identify, plan and make improvements to the service, such as where people decided to go on holiday and what internal refurbishment plans would be undertaken. The registered manager promoted an open culture at the home, and relatives told us they felt able to approach the manager at any time to discuss concerns.

# 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 knowledgeable about safeguarding and knew how to identify and raise safeguarding concerns to keep people safe.

There were enough staff to meet people's needs and ensure they were safe. There were robust recruitment procedures in place.

Medicines were managed and administered safely.

Risks to people's safety were well managed and staff knew what to do in the event of an emergency.

Good



### Is the service effective?

The service was effective

Staff received training that enabled them to do their jobs well and meet people's care needs.

People were provided with food and drink that met their needs.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and obtained consent from people appropriately.

People received the support and care they needed to maintain their wellbeing. People had access to appropriate health care professionals when required.

Good



### Is the service caring?

The service was caring.

Staff interacted with people in a sensitive and caring manner and respected people's privacy.

People told us the care they receive was good. We observed that the manager and staff supported a caring culture.

Staff were knowledgeable about people's care needs.

Good



### Is the service responsive?

This service was responsive.

People received personalised care that met their needs. People's care needs were regularly reviewed.

People and their relatives were encouraged to give their views about the quality of the service.

The provider had an appropriate complaints procedure in place, and people and their relatives felt able to raise concerns.

People were supported by staff to access activities of their choice in the community.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The culture of the home was open and inclusive. People and their relatives were encouraged to contribute their ideas about the service.

Staff confirmed they received regular supervision, and told us they were supported by the manager.

The quality of the service was monitored through audit checks. People and their relatives spoke highly of the quality of care their family members received.

# Pymhurst

## 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 checked 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.

The inspection took place 13 April 2015 and was announced. Twenty four hours' notice of the inspection was given because the service is small and we wanted to ensure that people we needed to speak to were available.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. The expert by experience had personal experience of caring for an older person and someone with a learning disability.

We spoke to local commissioners of the service and the speech and language therapy team (SALT) to obtain their views on how the service was run. The provider completed a provider information return (PIR) This is a form that asks the provider to give key information about the service for example what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We observed the care and support provided by staff to help us understand the experience of people who lived at the home. We spoke with three people, one relative and two staff. We looked at people's care records including their pre-admission assessments care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at staff recruitment files, minutes of meetings and documents in relation to the monitoring of the service.

The service was last inspected on 6 December 2013 and there were no concerns raised.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “I feel safe here; the ladies (Staff) look after me”. Another said “I feel safe and happy”. A relative told us “My family member is safe” and they would speak to the registered manager if they had any concerns about safety. We observed that people were safe and that staff were proactive in making sure people were safe. Relatives told us they were aware of whom to speak to if they were worried about people’s safety.

Staff had a good understanding of what they would do if they suspected abuse or if they had concerns about the care people received. There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns. Staff had a clear understanding of who to contact should they need to raise concerns. Staff had received safeguarding training which they told us helped them to understand who to report concerns to. There were clear procedures available for staff to refer to if needed.

People and their relatives were involved in the completion of their risk assessments. This helped to keep people safe by ensuring that all information provided by relatives was used to minimise any risk to people. Such as what support people needed to mobilise in the home safely. They were regularly reviewed so that staff was made aware of any changed in people’s needs to help keep them safe from harm. Assessments included risk from falls, mobility problems, and risk of pressure sores. Staff told us that they were aware of people’s risk assessments and the action they would take to minimise risk. For example we looked at risk assessments and action plans for people who needed support to access the community such as if people needed staff support to do so and found that they had been updated on a regular basis.

There was enough staff to meet people’s needs. A relative told us “The ratio of people to staff is good”. Staff attended to people’s needs in a timely manner, and they not kept waiting when they needed help. Staff told us there were

enough of them on duty with the relevant skills and experience to keep people safe. The registered manager told us the ratio of staff was to meet people’s needs in the home and out in the community. We reviewed the staff rota and saw that there was always the correct amount of staff on duty to keep people safe and meet their needs.

Staff had been recruited through an effective recruitment process to ensure they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service. These checks identified if prospective staff had any criminal convictions or were banned from working with children people. Other checks included proof of identity, references and employment histories. Staff told us they had submitted an application form, and confirmed that recruitment checks had been undertaken.

People’s medicines were appropriately managed and administered in a safe manner by staff. There were appropriate procedures in place for recording the administration and disposal of medicines. The medicines were kept securely in a locked room and were administered from a lockable trolley. People’s medicines were recorded on up to date Medicine Administration Records Sheet (MARs) with no gaps or errors. There were systems in place to ensure people did not run out of their medicines. A pharmacist visited regularly to ensure that medicines were supplied to people. Staff who were responsible for the administering medicines had received medicines training to ensure they were competent to do so.

Staff knew what to do when there was an accident or incident. They said these would be recorded, and investigated where necessary. There had been no incidents in the past 12 months. There were up to date plans for responding to an emergency and any untoward events. Staff were aware of the homes evacuation plans and told us they knew what their responsibilities were in the event of an emergency. People had personal evacuation plans in place PEEP.

# Is the service effective?

## Our findings

People and their relatives told us the care and support they received was good. One person told us they were happy living at the home. Another said “The staff look after my needs”. Another told us “I would talk to the staff and manager if I was not happy”. A relative told us “The care is brilliant”.

Staff told us they had received a period of induction prior to starting work. Prior to them working alone they had undertaken essential training such as safeguarding and manual handling. The registered manager told us all staff shadowed the experienced staff to enable them to gain the experience they needed in the role they would be undertaking. The registered manager confirmed that staff had received induction and training in areas such as food hygiene, medicines, fire safety and dementia awareness.

Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training. They were aware that any important decisions made on the behalf of people who lacked capacity should only be made once a best interest meeting had been held. The MCA exists to protect people who may lack capacity, and to ensure that their best interests are considered when decisions that affect them are made. When appropriate family members views were also sought. For day to day decisions staff asked people for their consent before they carried out any tasks and always explained to people what was happening and why. For example we observed staff asking people with they wanted support with accessing the toilets, and given the time they needed by staff to make their decisions.

The law requires the Care Quality Commission to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS ensures that people receive the care and treatment they need in the least restrictive manner, and

ensure there are no restrictions to people’s liberty, and if there are, they have been authorised by the local authority as being required to protect them from harm. The registered manager knew how to make an application if needed. We observed that people were able to access any area of the home when they wanted without any restrictions and they could leave freely if they wanted to.

People were provided with enough to eat and drink. We observed that staff offered people a choice of hot and cold drinks. Staff supported people with their meals and were very attentive to their needs. The meal time was calm and relaxed and staff encouraged people to be sociable and engaged them in general conversation. Staff encouraged people to maintain their independence. For example some people chose to have their meals while seated in front of the TV and others choose to have their meals seated at the table. One person said “I am happy; I help to choose the menu”. Another said “the dinners are good I get burgers and chips”.

People were served generous portions and offered a choice of meals, and staff supported people to put the menu plan together. People were also given a choice of what they wanted to eat. People told us if they did not want what was offered they could ask for an alternative. We evidence that people’s weights were maintained and staff monitored people’s dietary needs regularly.

Staff told us if they had any concerns they would take appropriate action to ensure that people’s health was maintained. One relative said “Staff always let me know if there are any changes”. Where required referrals were made to appropriate health care professionals such as the GP and speech and language team (SALT). The registered manager confirmed that people had regular access to health care professionals, and had been supported by the staff to attend regular appointments.

# Is the service caring?

## Our findings

People and their relatives spoke positively about the care they received, and told us the care was good. One person said “They look after me and help me” Another told us “They help me all the time”. Comments from a relative included “The staff are patient and caring, and attentive to people’s needs”. We observed that staff and the registered manager spoke sensitively to people and in a caring manner.

People were supported by staff to make choices about their care. For example we observed staff asking people what they wanted to eat, and they were given time to make choices. Staff engaged in conversations with people prior to providing care and support. We observed that staff spoke with people throughout their meals. We observed that people enjoyed speaking with staff and both seemed to enjoy their conversations.

Staff knew people well, and knew their individual preferences. For example staff knew what individual people liked and disliked. One person liked to listen to CDs and another liked to watch particular programmes on the TV. Staff encouraged this and knew the personal history behind each thing they liked and disliked. Relatives told us “The staff know what my family member likes and dislikes”. People who were mobile and could walk to different areas of the home were checked regularly by staff and asked if they wanted anything. Staff were very genial and caring.

Staff told us that they always knocked on people’s doors prior to entering their rooms and they always closed the bedroom doors behind them. We observed that staff asked people for their permission to enter into their rooms prior to doing so. We saw that people were dressed in clean clothes, and that personal care was always carried out in private. We observed that staff spoke with people in a caring manner prior to completing personal care in private.

People and their relatives were provided with opportunities to give their views and opinions about the care they received. People told us they had meetings to discuss their week and prepare for the week ahead, and they were given the opportunity to say what they wanted to do during the week. Relatives told us they were invited to meetings and had the opportunity to give their views and opinions. Relatives told us they were involved in their family members reviews and staff always informed them if there were any changes to people’s health or wellbeing.

People and their relatives were provided with opportunities to give their views and opinions about the care and support they received. Relatives told us their family members were invited to residents meetings, and were asked to give their views and opinions about the home, and the quality of the service provided. Relatives told us they were involved in their family members care planning and staff informed them if there was any changes in their family member’s health and or well-being.



# Is the service responsive?

## Our findings

People told us they were well looked after. Relatives said that they were involved in their family members care reviews and had been shown their care plans. They told us staff informed them of any changes in their relative's health care needs. One relative said "Staff always tells us of any changes". One person told us "They help me choose what I want to do".

People had been involved in an assessment of their needs before moving into the home. Once they had moved into the home a care plan had been written in consultation with them and their relatives. People's care plans included detailed plans of care including people's preferences about how they liked their care to be provided to meet their care needs.

People's care plans were personalised and included information about people's likes and dislikes. They gave details about people's life histories so that staff knew their backgrounds and could use the information as topics of conversation. We heard staff talking to people about their lives in a way that showed that they had read these care plans, and knew people well. For example where people enjoyed watching DVDs and listening to CDs, staff supported people to purchase the ones of their choice. People were active and staff encouraged people to become involved in as many activities as they wanted to. People told us they could choose what days they went out to lunch with friends and staff would support them to do so.

People and their relatives knew who they could speak to if they had a complaint about any aspect of the care people

received. They had been provided with a copy of the service's complaint process when they first moved into the home. One relative told us they were confident that the registered manager would deal with any problems effectively. One person said "I would speak to the manager if I was not happy about something".

There was a copy of the complaints procedure displayed in the home. The registered manager told us they would deal with any complaints from people and their relatives in a timely manner. The service had not received any complaints in the past 12 months. People and their relatives told us they had not made any complaints.

The registered manager told us that when relatives visited the home they were invited to informal meetings to discuss any current changes to their family members care, and give their views and opinions about the service people received.

People had the activities they liked to take part in recorded in their care records. People attended lunches at a day time resources centre. There were shopping trips, and visits to the local community. On the day of the inspection people were involved in various activities such as listening to their personal CDs and one person was supported by staff to go out into the community in the service transport. Staff told us that people went on yearly holidays and were in the process on planning a trip away for 2015.

The registered manager had ensured that people maintained good links in the community. People were supported by staff to go to restaurants, places of interests and to visit friends and family.

# Is the service well-led?

## Our findings

People and their relatives told us they felt the registered manager was good. They said they could talk to them at any time. They said the registered manager was approachable and said they could raise any concerns with them or the staff. One person said “I can speak with staff and the manager if I have any concerns “

Communication between people, families and staff were encouraged. The registered manager told us that relatives were encouraged to contact the home at any time to enquire about their family member. The manager told us the staff could speak with them at any time if they had any concerns. Staff confirmed that the manager was open and they could discuss any issues or concerns. Staff told us they felt able to speak with the manager and put their views and opinions forward and felt they would be listened to. Staff told us that regular staff meetings took place where the team could raise any issues with the manager. Records we looked at confirmed that staff had raised issues at these meetings that the registered manager had addressed. For example we saw that ideas about when and where to go on holiday with people were discussed with the registered manager who listened to the views of people and staff and gave them the opportunity to choose locations.

People were asked very simple questions about living at the home which they could respond to such as ‘What meals would you like’ and ‘Do you like the food’ and also “What is it like living here” To ensure that the home improved the quality of the service they provided, the provider asked relatives and staff to complete an annual questionnaire. The registered manager told us that they also verbally sought the views of relatives and visitors to the home in relation to the quality of the service being provided. A relative we spoke with confirmed this, and told us that when they visited the home the registered manager always asked them for their opinions and views about the services with a view to improving the service to meet people’s needs. For example the views and opinions of people and their relatives were sought about what events should take place at the home, and how they should be organised. They told us that the manager always kept them up to date about changes at the home.

Staff told us they felt supported by their colleagues and the registered manager. Staff regularly met with the manager for supervision and appraisals to discuss their personal development needs and areas where they could benefit from further training. We looked at records of these meetings, and staff could refer to them if they needed to do so.

Staff told us there were regular staff meetings held in the home. We looked at these records and they were up to date, and people’s needs were discussed. Staff told us that these meetings gave them an opportunity to discuss any changes in people’s needs, and supported them to have a good understanding of their responsibility to care for people well. The registered manager told us they ensured the home was sufficiently staffed to provide good quality care. They told us that there was enough bank staff to cover shifts at short notice.

Staff told us there was effective communication between staff, and updates were given about people’s care needs at every shift handover. We saw evidence of this in people’s care plans where any changes were recorded. Staff told us they had regular handovers which provided them with up to date relevant information to meet people’s needs.

Accidents and incidents were recorded and investigated. We found they were audited, and all incidents were discussed with staff. The registered manager told us it was their responsibility to ensure that all incidents were recorded and reported to the appropriate agencies such as the local authority safeguarding team and the Care Quality Commission in a timely manner. There had been no incidents reported to the CQC. The registered manager told us that there had been no incidents in the past 6 months.

Staff told us that audits took place on a regular basis. These included care records and medicines. We also found that the provider completed their own internal audits in the home to ensure that the care being provided was of a good standard. The registered manager told us they received good support from the provider to ensure the quality of the care was maintained. There were various regular health and safety checks to ensure the premises, equipment, and all areas were maintained to a safe standard for people, visitors and staff.