

Mrs P M Eales

# Pymhurst

## Inspection report

11 Semaphore Road  
Guildford  
Surrey  
GU1 3PS

Tel: 01483573318  
Website: [www.justhomes.info](http://www.justhomes.info)

Date of inspection visit:  
23 June 2017

Date of publication:  
26 July 2017

### 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

Pymhurst is a residential care home which is registered to provide accommodation and personal care for up to six people with learning disabilities, some of whom may be living with dementia. At the time of our inspection there were five people living at the service.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

Risks to people's safety were well managed. Where accidents or incidents occurred action was taken to minimise the risk of them happening again. People received their medicines in line with their prescriptions and medicines were stored securely. Sufficient skilled staff were deployed to ensure people's needs could be met safely. Recruitment checks ensured that staff employed were suitable to work at the service.

People were supported by staff who received induction, training and supervision to support them in their role. People told us they enjoyed the food and had a choice regarding their meals. Healthcare professionals were involved in people's care where required and guidance was followed by staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who knew them well and treated them with kindness. Staff respected people's dignity and privacy. People were supported to maintain their independence. Relatives told us they were made to feel welcome when visiting the service.

Staff knew people's needs and responded positively when changes occurred. Care plans were detailed and person centred and gave good guidance to staff on how to support people. Regular reviews were held and people and their relatives were encouraged to contribute. People had access to a range of activities in line with needs and preferences. A complaints policy was in place, there had been no complaints received since our last inspection.

Regular audits of the service were completed and action taken to resolve any issues highlighted. People and their relatives were given the opportunity to feedback on the quality of the service they received. Staff told us they felt supported by the registered manager and that the values expected of them were clear. Records were organised and stored securely.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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. This was a comprehensive inspection.

The inspection took place on 23 June 2017 and was unannounced.

Due to the small size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

As part of our inspection we spoke with two people who lived at the service and observed the care and support provided to people. We spoke with the registered manager, two staff members and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, two staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living at the service. One person said, "I'm safe, staff look after me." One relative told us, "I feel it's safe because it's a small service and everyone gets along with each other."

Risks to people's safety were assessed and action taken to minimise the risks to people. Risk assessments were detailed and provided staff with guidance on how to support the person safely. Staff were knowledgeable about the risks to people and the plans in place to keep them safe. One person was assessed as being at risk of falls. We observed the person received support from staff when they wished to walk for short distances and staff provided encouragement. Risk assessments were reviewed following any accidents or incidents to minimise the risk of them happening again.

People were protected against the risk of potential abuse. Staff had completed safeguarding training and undertook regular refresher training. Staff we spoke with were able to describe the different categories of potential abuse, signs to look for which would raise concern and reporting procedures. One staff member told us, "You have to always be vigilant for any signs. People here are vulnerable and it's our job to make sure they're safe." There was an up to date policy in place which referred to the local safeguarding procedures.

People received their medicines in line with their prescriptions. Medicine administration charts were fully completed and contained an up to date photograph and details of any allergies, which minimises the risk of errors occurring. Where people required PRN (as and when required) medicines, guidelines were in place to inform staff when the person may need the medicines and how regularly it could be administered. Medicines were stored securely and stock checks were completed daily.

There were sufficient, skilled staff deployed to meet people's needs safely. We observed people's care needs were met promptly and staff did not appear rushed. Staff took time to sit with people and chat about their day. We reviewed rotas over a six week period and saw that staffing levels were consistent.

Robust recruitment procedures were in place to ensure staff employed were suitable to work at the service. Staff files contained an application form, proof of identity, references from previous employers and evidence of a face to face interview. Disclosure and Barring Service (DBS) checks for staff were completed before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Regular health and safety and maintenance checks were completed to ensure the premises were safe. There was a contingency plan in place to ensure that people's care would continue in the event of an emergency occurring.

# Is the service effective?

## Our findings

Relatives told us they felt staff were skilled in their roles. One relative said, "I'd say all the staff were extremely competent." Another relative told us, "You couldn't ask for better, they definitely know how to look after people."

Staff had received training to ensure they were effective in their roles. One staff member told us, "We have all the training we need. I like the courses, it keeps you fresh." Records showed that staff received training in areas including, safeguarding, medicines, health and safety, first aid and dementia. Staff completed an induction prior to working on their own. One staff member told us, "I had training and the manager showed me the systems. I was under another staff member's wing for the first month. It gave me confidence in the job."

Staff received regular supervision to support them in their role. The registered manager maintained a supervision matrix to monitor supervisions were taking place in line with the provider's policy. Staff told us they valued supervision with their manager. One staff member said, "We talk about how I am, if I'm happy in the job, any concerns, any training. It keeps you on the ball. If you don't have supervision you can become laxidascal."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected as procedures were in place to ensure the principles of the MCA had been followed. Capacity assessments had been completed for specific decisions and best interest discussions had taken place. Where required, DoLS applications had been submitted to the local authority. We observed staff gaining people's consent and agreement prior to providing care. One relative told us, "The staff let (name) have her say and then find a solution to what she needs which is very reassuring."

People told us they enjoyed the food. One person told us, "Food's lovely and staff are lovely." Another person said, "I like it very much." We observed people were offered a choice of food and drinks. People were supported to plan a menu on a weekly basis. Staff knew people's likes, dislikes and dietary needs well. The speech and language therapy team were involved in people's care where required and guidance provided was followed by staff. People were weighed regularly and action taken when significant changes were identified.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Care records contained evidence that people had been supported to attend health appointments and outcomes were clearly recorded. One relative told us, "They are very on top of things. (Name) has had very good support from community health teams when they've made referrals. The staff are aware of what to do and how to deal with things."

## Is the service caring?

### Our findings

People and relatives told us that staff treated them with kindness. One person said, "The staff are kind. I like all the staff." One relative told us, "Staff are very caring and know everyone so well. There is a positive vibe there, they don't make a fuss or drama out of anything. Everything is turned into a positive."

People were supported by staff who knew them well and understood their communication styles. We observed staff chatting easily with people about their family members and events in their lives. Staff working in the service had supported people for many years and had established positive relationships. One relative told us, "There aren't staff coming and going all the time, they've got a stable team and we all know each other well. It's like a family."

People were treated with kindness and compassion in their day-to-day care. Staff interacted positively with people and were attentive to their needs. People shared jokes with staff and staff regularly checked people were comfortable. We observed one staff approach a person and say, "Are you all right my lovely." They stroked the person's arm and chatted with them about when they would next see them. Staff knelt down or sat beside people when speaking to them.

People were encouraged to maintain their independence and take part in domestic tasks. Adapted crockery and cutlery was available to people to support them to eat independently. We observed one person was supported to tidy the kitchen and take the rubbish to the dustbin. One staff member told us, "People like to feel useful. Being part of things gives them confidence."

People were treated with dignity and their privacy was respected. We observed staff supporting people with their personal care needs discreetly and ensuring doors of bathrooms and bedrooms were closed. One staff member told us, "I knock on people's doors before going in their room. It's their personal domain, you wouldn't walk straight in. We make sure doors and curtains or a screen is pulled round for personal care."

Relatives told us they were made to feel welcome when visiting the service. One relative said, "It's just lovely. It feels like I'm visiting him in his home rather than a care home." Another relative told us, "They're always pleased to see us and generally force a cup of coffee down me. I wouldn't change anything about it."

## Is the service responsive?

### Our findings

Relative's told us that staff were responsive to people's changing needs. One relative said, "Staff ring and let me know when there have been any changes of medical appointments. We're invited to reviews, everything is a team effort." Another relative said, "They know (name) well, it's a very personal service."

People received personalised care. Care plans were up to date and completed in detail. Guidance was available to staff on how people liked to receive their care, communication, dislikes and preferences. Staff we spoke to knew people's needs well and we observed people's preferences were followed. We observed one person was served their tea in an attractive china cup. Staff told us, "(Name) always likes to have a china cup." Regular reviews of people's care were completed and staff responded quickly to people's changing needs. Due to healthcare concerns one person's needs had changed considerably over the past year. We observed that care plans had been adapted, professionals were involved when required and relevant equipment was put in place to support the person. The person's relative told us, "They are on top of everything and just get on with it without a fuss."

People had access to a range of activities in line with their preferences. We observed people had personal items of interest close to them and staff supported them to engage in their hobbies. One person spent time looking through magazines and another person was enjoying colouring with staff. A music session was held weekly by a visiting entertainer and an arts and crafts group was facilitated every two weeks. People were involved in shopping trips, going out for coffee and trips to places of interests. One relative told us, "They go out for drives, for an ice-cream or a drink and to the theatre. They do quite a lot."

There was complaints policy in place which was available in an accessible format. Records showed that no complaints had been received since our last inspection. Relatives told us that they had never had the need to raise a complaint but would feel comfortable in doing so if they had concerns. One relative told us, "I would go to the manager. I'm confident that if we had an issue we would work together to resolve it." Another relative said, "Everything is so good I've never thought about it. I could talk to them about anything."



## Is the service well-led?

### Our findings

We observed the registered manager knew people well. Staff and relatives told us they believed the service was managed well. One relative said, "Yes, I think things are managed well. (Registered manager) is able to keep the team together and keep things running." One staff member said, "(Registered manager) is always there and supports everyone well. They lead by example."

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

Regular audits were completed to monitor the quality of the service provided. The registered manager completed regular checks of systems in place including health and safety systems, medicines management and care plans. A quarterly audit was also completed by the quality assurance team and actions were highlighted for the registered manager to complete. The last audit recommended that all care documentation was transferred onto the electronic system and we saw this had been completed.

Staff told us they felt supported by the registered manager and the organisation. One staff member told us, "(Registered Manager) is brilliant. She listens to staff and if you have a problem she'll sort it out. The whole team support each other." Another staff member said, "You can ring any of the manager's and they will always help." Regular team meetings were held and involved discussions regarding people living at the service, organisational issues and plans for the future. Staff told us that discussions were open and that they felt able to contribute.

People and relatives had the opportunity to feedback on the service they received. Monthly keyworker meetings were held with each person. Discussions involved what they had done over the last month, complaints concerns and plans for the coming month. We observed people's requests were acted upon. One person had requested to have a day trip to London and the person told us this had happened. Annual questionnaires were sent to people, their relatives and health professionals. Feedback from the last questionnaire showed that results were wholly positive. Comments included, 'The care my sister receives is second to none' and, 'Totally satisfied'.

Staff were clear on the values and culture of the service. One staff member told us, "We're here to make sure people's lives are as pleasurable and safe as we can. The manager makes sure of this; she's a good leader and brings staff together." Another staff member told us, "Our role is to give them the home and the life we would want for ourselves. Personalised care and helping them to keep in touch with family and friends."

Records with the service were up to date, organised and stored securely. People's personal information was stored on an electronic system which was password protected. Other records were kept in a locked cabinet.