

Nexus Programme Limited

Lyndhurst House

Inspection report

Charing Hill
Charing
Ashford
Kent
TN27 0NG

Date of inspection visit:
22 August 2019

Date of publication:
24 October 2019

Tel: 01233713611

Website: www.nexusprogrammelttd.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lyndhurst House is registered to provide accommodation and personal care for up to four people who have a learning disability in one adapted building. At the time of the inspection, two people lived at the home all the time and one person shared time between the service and their family home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People's safety could be compromised by staff not fully following approved strategies for managing escalations in behaviour. Staff were not always communicating their concerns about issues affecting people to the registered persons, and the registered manager did not have oversight of some records. The quality monitoring and assurance system was not used robustly to provide an accurate overview of what was happening in the service.

Staffing levels were satisfactory to provide good levels of care. There was a safe system of recruitment in place. Medicines were stored and managed safely.

There were effective systems to assess the needs of people prior to admission. 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. Staff

understood How the Mental Capacity Act 2005 (MCA) impacted on their support of people and how people could be helped to make decisions.

Staff received an appropriate range of induction and training to undertake their role. Peoples health needs were supported, and staff alerted and involved relevant health professionals when necessary. People were provided with a varied menu that met their dietary needs and preferences.

Staff showed kindness and compassion and promoted and protected people's privacy and dignity. Staff were supporting people to live full lives, have a community presence and develop independence skills at a pace to suit them.

Care plans were detailed and provided staff with information about people's individual support needs and guided staff in how they should deliver support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection the last rating for this service was Good. (Published 17/02/2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. The provider acted to mitigate these risks during, and following the inspection. We will check if these actions have been effective when we next inspect. Please see the Safe and Well led sections of this full report.

You can see what action we have asked the provider to take at the end 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 not always safe

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well led

Details are in our well led findings below

Requires Improvement ●

Lyndhurst House

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 completed by one inspector.

Service and service type

Lyndhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 announced. As the service was small and people could be out we gave a short period of notice to ensure the availability of the manager, staff, and people living at the service during the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

During the inspection we met all three people currently living in the service. People were unable to tell us

about their experiences, so we used the short observational framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

We spoke with three members of support staff in addition to the registered manager. Prior to inspection we contacted six health and social care professionals. We received positive correspondence from one relative. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the operational management of the service, including quality audits.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at additional recruitment information, activity planners, daily records which were sent to us. We spoke with two further relatives and we were contacted by two professionals who had visited the service.

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. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People could be placed at risk. This was because learning from a recent safeguarding alert had not fully embedded into staff practice, and communication was still an issue. For example. A body map for one person dated 15 August 2019 indicated some small bruising in an unusual area. The person was prone to self injurious behaviour, but this bruising had not been alerted to the registered manager even though a senior support worker also thought it should be looked into. This had not been progressed by them or other staff. The registered manager stated they were unaware and did not routinely see body maps unless they were linked to incident or accident reports. At inspection the person was no longer showing signs of the recorded bruising.
- People had behaviour strategies in place that provided specific and individualised responses to escalations in behaviour. This could result in physical intervention if they posed a risk to themselves or others. Physical intervention was infrequent but the proportionality of its use had been the subject of a recent safeguarding which was ongoing. For example, one person had been physically restrained for the first time in their life since coming to the service. We reviewed another person's behaviour guidance, this indicated three stages of intervention provided by staff to manage behaviour that could be challenging. Stage 3 being use of physical intervention. All staff had been trained in physical intervention techniques by a recognised trainer. In discussion staff talked through how they would implement this stage three intervention for the person concerned in order to keep them safe. Their description of how the person was physically restrained did not completely match the recorded strategy for this. We brought this to the attention of the registered manager. We were later informed this element of the restraint used was to be discontinued.

There was a failure to ensure that systems in place to safeguard people from improper treatment were being carried out effectively and improvements embedded in staff practice. This is a breach of Regulation 13 of the health and social care Act 2008 (Regulated Activities) 2014.

Learning lessons when things go wrong

- People could be at risk because the registered persons had not ensured that learning from safeguarding outcomes had been fully embedded across the service. Staff practice was repeating some of the identified issues in a previous safeguarding such as poor communication and restraint not being in line with agreed strategies. Since inspection the Registered manager now sees all body maps completed by staff for evaluation before they are filed. This is to ensure these do not raise any issues of concern. A review of recorded strategy and how it was carried out by staff has also been reviewed and guidance more accurately

reflects the intervention carried out by staff. Omissions in some risk information was addressed when highlighted at inspection. Learning lessons remains an area for overall improvement.

- Recorded accidents and incidents were monitored by the registered manager and provider. Actions because of these were discussed with staff to inform future practice and minimise recurrence.

Assessing risk, safety monitoring and management

- Some people were at higher risk because they had seizures. We noted there was no bathing risk assessment for one person who experienced seizures although there was one for use of the paddling pool. This omission was rectified immediately at inspection. A risk assessment was in place for a seizure monitor but no specific risk assessment for the epilepsy experienced by the person and what the before, during and after effects of seizure were. This was also rectified at inspection, as was a risk assessment regarding a staff members health condition. Awareness of risks from conditions like epilepsy and recording them to inform all staff was an area for improvement.

- People were kept safe from most risks to their health and wellbeing. Control measures were put in place to mitigate risks people may experience and guided staff support. These assessments were kept updated to reflect any important changes.

- People were protected within their environment because health and safety checks were undertaken. Checks, tests and servicing of equipment were completed at regular intervals. Any shortfalls in repairs and maintenance were recorded, staff said these were usually addressed quickly. More significant maintenance required discussion with the provider and an action plan. This was signed off by the provider once the shortfall had been addressed.

- Staff received fire training and fire drills were held. Fire equipment was checked and serviced to ensure this was in working order. Individualised evacuation plans had been developed so staff knew what support people needed to evacuate the premises safely.

Staffing and recruitment

- There was a perception from a relative and care manager that staff turnover was high, but information provided by the provider and other sources prior to inspection showed this to be within an acceptable range.

- There were enough staff on duty to provide the level of 1:1 and 2:1 support people needed in house and when out in the community to keep them safe. Staff confirmed that these levels were maintained. During periods of staff sickness and holiday a few shifts were covered by agency staff who were familiar with the service. This helped provide continuity for people.

- Post inspection, several queries we had regarding some omissions in the recruitment files were appropriately addressed by the provider. We were therefore satisfied that a safe system of recruitment was in place. That an appropriate range of checks as required by legislation were made of staff suitability before they commenced working in the service.

Using medicines safely

- Peoples medicines were managed safely.

- Administering staff were trained and this was kept updated. Staff competency was reassessed at regular intervals.

- Appropriate arrangements were in place for the ordering, storage and disposal of medicines

- Medicine records were completed appropriately. Staff used relevant codes and recorded administration of as and when required medicines and topical creams.

- Some people were prescribed medicines to be used 'as and when needed' for example Paracetamol for pain relief. Staff were able to describe when they knew people were showing behaviour that suggested they were in pain. However, protocols to describe when these medicines should be used lacked detail to reflect

staff knowledge. These were updated at inspection, to ensure that all staff administered these medicines in a consistent manner.

Preventing and controlling infection

- People lived in a clean environment.
- staff had received training in infection control and food hygiene they understood about the spread of infection and their understanding and practiced reduced the risk of people being affected by infections.
- Staff were provided with adequate supplies of gloves and aprons to support personal care giving. Staff understood about managing soiled laundry and red bags were available to enable soiled laundry to be handled and cleaned separately from other laundry.

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

- People referred to the service were assessed by the registered manager senior staff within the organisation. Visits to meet the person and transitional arrangements for visits and overnight stays to the service were made prior to admission. This was to ensure the persons needs could be met. Where necessary additional reports were sought from other professionals to support the decision to admit.
- Pre-admission assessment information was broad and covered all aspects of people's lives including their cultural, physical and social needs. Where there was information about any relevant protected characteristics under the Equalities Act 2010 this was also recorded, and any specific support needs around this.
- People's needs were assessed on an ongoing basis as and when changes occurred. These assessments were used to help plan people's care and support and keep this updated.

Staff support: induction, training, skills and experience

- Staff received an appropriate range of training suited to their role, this included topics such as safeguarding, infection control, medication, first aid, epilepsy, positive behaviour support, learning disability and autism training. Training was a mixture of face to face and online, with some training provided by external professionals. Staff told us that they were reminded when updates were due.
- A trainer recorded in the comments book, "Delivered bespoke Makaton training for a client, five staff attended all staff participated well very enjoyable session." A social care professional also wrote "Attended review for young person who has lived here for several years many positive improvements and successes achieved, fantastic staff team who provide good support."
- New staff told us that they completed a competency-based induction programme. Some staff without previous care qualifications completed the care certificate (The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life).
- More than 50% of the staff team had a care qualification and other members of the staff team were being considered for care qualification courses once funding became available.
- Staff told us that they felt supported and met regularly with the registered manager to discuss their progress and or any other support they may need. An annual appraisal system was in place for staff in post for more than one year to discuss their training and development.

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

- People's nutrition and hydration needs had been assessed and no one was at risk. No one required any special dietary support.

- Staff knew people's food likes and dislikes and consulted with them about food choices using pictorial prompts, so people could make informed choices. They encouraged people to eat healthily and weights were taken at regular intervals to ensure people remained healthy.
- People made staff aware of when they wanted a drink and were supported in the kitchen by staff, so they did not place themselves at risk. People were supported to make snacks and were involved in shopping and meal preparation.
- Some people liked to cook and opportunities to do so were built into their weekly planner. People also enjoyed the experience of going to cafes for coffee or small snacks and staff supported them to do so, as part of their weekly activity planner.

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

- People were referred to health professionals such as the GP, when necessary. Staff were familiar with people's general state of wellbeing and were able to pick up quickly when people were unwell. Staff acted on the advice of health professionals such as speech and language therapists, and clear records of appointments and outcomes were kept.
- A relative told us "When [Name] suddenly had epileptic seizures it was the quick thinking of staff that prevented a tragedy and the ongoing care he has received regarding this has been comforting and reassuring to me".

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

- The premises were maintained to a good standard and decorated in a homely way. People were familiar with their surroundings and made their way easily between their own and communal spaces. A maintenance team ensured that any ongoing repairs and maintenance were prioritised, and consideration was given to impact on residents of any larger projects.
- People's bedrooms had been personalised to reflect their own interests and hobbies.
- People could access a safe space accessible to them and their visitors, this contained a large trampoline which we observed being used during the inspection. The front door was kept locked as this led out onto a busy road and people could be at risk if they were left unsupervised.

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 and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions continued to be assessed and recorded in their care plans. Guidance in people's files informed staff how to support people to make decisions in ways they understood, using their preferred method of communication. This was perhaps by offering them limited choices to avoid confusion and giving them time to think about their choices and tell staff.
- The registered manager understood their responsibility to make applications to the local authority for any

restrictions in place as part of someone's care and support. DoLS applications had been made on people's behalf and were in place.

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

- During the inspection we observed staff treated people well. Staff spoke appropriately and respectfully to people and showed kindness and compassion in their interactions.
- People were unable to tell us about how staff supported them but how they felt towards staff showed through their relaxed body language. This showed them to be confident and comfortable in approaching staff to support their needs and wishes. People actively sought staff out when they wanted something, be it a film on the TV or a drink, or to be involved in an activity.
- People were supported to make informed choices about their care and support through the involvement of local authority care management staff. The registered manager understood how to refer people to independent advocates where this was needed. (An advocate assists people who have difficulty making their own informed decisions and choices about important aspects of their care and support that could affect their lives). People received regular visits and contacts from their relatives who wished to be kept informed and involved in any decisions about their family members care and support.
- A relative told us that due to a recent injury they had been concerned as to how they would maintain contact with their family member at Lyndhurst. Upon telling staff they said they were offered full support and solutions to give them reassurance about maintaining contact. They spoke positively about how happy they were with their relatives care and support within the service which they had come to know well. Another relative also spoke positively about the care and support their family member received, "It's all good {Name} is always happy to go back." Another relative told us that whilst there were some aspects of their family members support they had been less than happy with, they always thought the service had been good at meeting their relative's day to day basic care needs.

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

- Staff told us that people were involved in aspects of reviewing their care plan through the 1-1 meetings they had with their key worker. Staff met with people monthly and using their favoured method of communication, they asked people about their care and support. For example, did they like the food they ate, did they like the activities they were doing, what else did they want to do. These meetings were pitched at a level suited to the person's ability to contribute their views.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people discreetly with their personal care. Staff showed commitment to helping people to become independent and enhance their dignity. For example, one relative told us that their family member who had worn pads for a very long time before coming to Lyndhurst was out of pads within six weeks of

living in the service. This had improved their dignity and independence to manage their own continence.

- People's privacy was respected and upheld by staff who we heard announcing themselves by knocking and calling out before they entered a person's bedroom.

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

- A social care professional told us "I feel Lyndhurst is a very good service which offers person centred support. Staff are caring and are responsive to the clients".
- The Care plan viewed was detailed and included risk information based on the persons individual needs. Care plans provided a background social history and profile of the persons likes dislikes and personal care and general support needs, capacity and behaviour. All this information informed and guided staff support.
- Staff showed that they were knowledgeable about people's needs and their preferences around the support they wanted from staff.
- Relatives told us that they were involved in the development of care plans and kept informed of any planned changes. They attended reviews and were able to contribute to these to advocate on their relative's behalf.

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.

- Peoples communication needs were assessed as part of their assessment for the service. Communication passports were developed for each person. These are a means of understanding how people communicate their support needs where they are unable to express these verbally or their impairment reduces their ability to communicate.
- Two people used a picture exchange communication system (PECS), although one person preferred to point and use other means to make their needs known. Another person had been more proficient at using PECS, and a relative had initially expressed concern as to whether this was being used enough by staff with the person. Whilst we did not see this being used by staff, as the person was out, and then asleep, we were made aware by staff of its importance to the person. Staff ensured the PECS book went with the person whenever they went out. When at home staff said the person used this by bringing pictures to them when they wanted to communicate their wishes.
- A professional told us that staff had engaged positively with a Makaton training session they had provided. They would however like more work and support provided to staff to ensure they understand the importance of using visual resources with the people they work with.

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.

- People were supported to maintain links with people who were important in their lives. Staff supported them to remember important family dates and anniversaries.
- Relatives told us that they could visit and call the service, but visits usually needed to be arranged in advance in case people were out at activities. Staff supported people with home visits and telephone calls.
- During the inspection we spent time in the communal areas of the home. We saw people going out to activities such as a walk with a refreshment stop and a shopping trip. Another person spent time on a trampoline throwing balls to a staff member, the person enjoyed this engagement with the staff member. One person liked to spend time in the kitchen and drew staff into the kitchen when they wanted something. Staff said several people were involved in cold cooking such as sandwich making or preparation of food like cake mixes.
- People had weekly planners of their daily activities. One relative said they had queried some of the activities and skills development opportunities for their family member with the provider and this had subsequently been reviewed and was improving. Another relative told us "Every effort is made to make him happy and further his development, opening up what could be a limited world for example trips to theatre, cinema and exploring the great outdoors which once felt inconceivable."

Improving care quality in response to complaints or concerns

- People were unable to actively make complaints on their own behalf, but staff knew how to recognise signs of distress and upset and said they would seek to investigate and resolve any issues identified to support the person.
- A complaints policy was in place and a procedure was provided in an easier read format.
- Relatives said they felt able to raise issues if they had any with the registered manager or provider.

End of life care and support

- People were unable to comment or understand their end of life needs or what this might mean for them.
- At the time of inspection no one was receiving or requiring end of life care.
- As a relatively young service user group, this was a sensitive area to discuss with relatives now. The registered manager said this would be something they would address when the time was appropriate, and relatives were willing to discuss how they would wish their relative to be cared for should they require end of life care.

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 now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager was aware of and helped with the development of behaviour strategies. However, staff were not following the recorded and approved strategy for one person. This showed that present management arrangements lacked accurate oversight of what was happening in the service daily. This also showed that lessons learned from a recent safeguarding alert had not been fully embedded. Since the inspection we are informed that documentation and staff practice have been reviewed, and we will check this when we revisit the service.
- People could be placed at risk because the registered manager was not always made aware of all issues relating to people's wellbeing. Body maps that recorded bruises and minor abrasions were not routinely passed by the registered manager unless linked to a specific incident or accident. The registered manager could not therefore be assured that they had a detailed overview of happenings in the service. The registered manager has since acted to ensure they now saw all body maps completed by staff for evaluation.
- Staff said they had supervisions and felt supported however, our findings would indicate that staff were still not routinely communicating concerns given that this was learning from a previous and ongoing safeguarding event.
- There was a quality assurance system in place to monitor most aspects of service quality. Staff and the registered manager completed daily, weekly and monthly audits. However, quality monitoring had not been used effectively within the service to identify the issues we have raised and provide an accurate overview of service quality.

We found no evidence that people had been harmed. However, the systems in place, to demonstrate safety was managed effectively, were not being carried out robustly to provide an accurate oversight of the service. This had the potential to place people at risk of harm. This is a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

- Staff understood their roles and responsibilities within the leadership structure and the lines of accountability within the organisation, they were held to account for their performance where required.

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

- Staff told us at inspection that communication between team members and with the registered manager was good, through staff handovers, a communication book, informal chats and staff meetings. Our findings however would suggest that communication remains an area for improvement.
- We asked staff about the culture within the service, all said they liked working there and worked well as a team. We spoke with a member of staff that had previously experienced bullying in the service from another team member. They told us that this had been dealt with satisfactorily by the registered manager and they no longer had any concerns.

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 understood the requirements for information sharing, and information was shared with other agencies when necessary.
- The registered manager understood theirs and staff responsibility to report notifiable events to the Care Quality Commission and had done so when they had occurred.
- The previous inspection rating was clearly displayed in the service and on the provider website.

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

- People met with a staff member each month to look at things they wanted to do or concerns they might have. Staff understood people's methods of communication and supported them to engage in this process.
- With staff or relative support people were asked to complete questionnaires each quarter to rate how good the service was for them. Questionnaires were also sent out to family members and professionals to request feedback.
- The provider analysed survey feedback to highlight any themes or patterns of comment that may highlight areas for attention.
- The registered manager and staff put on events each year such as buffets and BBQ's to which relatives were invited and this provided an informal means of getting feedback and sharing views.
- A relative told us "I speak to [Registered Manager} and someone on the team several times a week and I also participate in outings/lunches/special occasions at least once a week. This first-hand contact therefore enables me to see what a well organised and genuinely happy home Lyndhurst House is."

Working in partnership with others

- The registered manager was able to demonstrate how they worked in partnership with local authority social care and safeguarding staff and other health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There was a failure to ensure that systems in place to safeguard people from improper treatment were being carried out and improvements embedded in staff practice. This is a breach of Regulation 13 (2) of the health and social care Act 2008 (Regulated Activities) 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, the systems in place, to demonstrate safety was managed effectively, were not being carried out robustly to provide an accurate oversight of the service. This had the potential to place people at risk of harm. This is a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.</p>