

Barchester Healthcare Homes Limited

Lynde House

Inspection report

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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

Lynde House is a residential care home that can provide nursing and personal care for up to 76 people. At the time of our inspection 73 people were living at the care home. The building comprises 2 separate units/floors, each with their own adapted facilities. The service provides support to older people with nursing needs, approximately half of whom are living with dementia.

People's experience of using this service

People living in the care home, their relatives and community health and social care professionals were all positive about the standard of care provided at Lynde House. A community health care professional told us, "I would recommend the place to anyone who needed nursing care", while another added, "I've always found the standard of care provided by all the staff who work here to be very high".

People were kept safe and were confident any concerns they raised would be listened to. Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks they might face. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work at the care home had been thoroughly assessed.

Staff had the right levels of training, support and experience to deliver effective care and meet the needs of people living at the care home. People had access to a wide variety of food and drink that met their dietary needs and wishes. People were helped to stay healthy and well. 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. People lived in a suitably adapted and comfortable care home that had been decorated and furnished to a good standard.

People were treated equally and with compassion, and had their human rights and diversity respected. Staff treated people with respect and dignity and upheld their right to privacy. People were encouraged and supported to maintain their independence. People were encouraged to make decisions about the care and support they received and had their choices respected.

People had up to date, detailed, person-centred care plans in place, which enabled staff to understand and meet their needs and expressed wishes and preferences. Staff ensured they communicated and shared information with people in a way they could easily understand. People were supported to participate in meaningful recreational and leisure activities that reflected their social interests. People's concerns and complaints were well-managed, and the provider recognised the importance of learning lessons when things went wrong. People were supported to maintain relationships with people who were important to them. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and expressed wishes.

People living at the care home, their relatives and staff working there were all complimentary about the way the service was managed, and how approachable the staff in-charge all were. The provider promoted an open and inclusive culture which sought the views of people living at the care home, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at last inspection and update

The last rating for this service was good (published 20 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Lynde 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 carried out by an inspector and Care Quality Commission (CQC) communication and engagement manager.

Service and service type

Lynde House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This on-site inspection was carried out over two days and the first day was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke in-person with 14 people who lived at the care home, 3 visiting relatives, a GP, a community physiotherapist, the registered manager, a regional director, the deputy manager, 4 nurses, 2 care practitioners, 3 health care workers, a hospitality manager, an activities coordinator, and the chef. We also received email feedback about the care home from a community-based nurse.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Records looked at as part of this inspection included 6 people's care plans and multiple staff files in relation to their recruitment, training and supervision, and electronic medicines records. A variety of other records relating to the overall management and governance of the service, including policies and procedures, were also read.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training and supervision, and the outcome of an internal audit and an external medicines check.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe and well cared for at the home. A person said, "I do feel very safe living here", while a community health care professional added, "Residents safety is paramount at the home".
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. For example, a member of staff told us, "Its mandatory for us to continually update our safeguarding training and I know what abuse and neglect looks like, and that I have to report to the manager or nurse in-charge straight away."
- The registered manager and senior nursing staff understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety was monitored.
- People had up to date care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including for example, mobility and risk of falls, nutrition, skin integrity, and COVID-19 and infection control.
- Risk assessments and management plans were regularly reviewed and updated as people's needs and risks they faced changed.
- The home had an experienced staff team who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. For example, staff were aware of the signs to look out for and the action they needed to take to minimise the risk of people with mobility needs and falling. We observed staff follow people's risk prevention and management plans and enabled individuals to take reasonable and acceptable risks. A member of staff told us, "We operate a 'falls fight programme' here to help prevent people from falling over, which has been very successful in decreasing the number of falls and serious injuries people who live here experience."
- Regular checks were completed to help ensure the safety of the homes physical environment and their fire safety equipment. There was clear guidance available to staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.

- General risk assessments were regularly reviewed and updated including reference to equipment used to support people, such as mobile hoists. This equipment was regularly serviced and maintained.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs. During our inspection, staffing levels matched the rota and enabled people's needs to be met safely. Staff were visibly present, providing people with the appropriate care and support they needed. For example, we observed staff were always quick to respond to people's requests for assistance or to answer their queries. We also saw 1 to 1 staffing was in place throughout our inspection for a person who was designated this support.
- People told us that the home had enough staff to meet their care and support needs. A community health care professional told us, "The home always appears to be suitably staffed whenever I visit, which is at least weekly."
- The registered manager told us the care home remained well-staffed and currently they did not have any nursing or care staff vacancies.
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- The provider no longer insists all staff and visitors to the home must wear appropriate personal protective equipment (PPE) to reflect the governments relatively new risk based approach to wearing PPE.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the care home, looked and smelt hygienically clean.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands and using hand gel.

Visiting Care Homes

- The home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely as they were prescribed.
- Medicines were safely administered, appropriately stored, disposed of, and regularly audited by the care home's managers and nursing staff, and externally by community pharmacists. The provider now used an electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any e-medicines records we looked at.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to

administer their own medicines.

- People told us staff made sure they took their prescribed medicines as and when they should.
- Staff authorised to handle medicines in the home were clear about their responsibilities in relation to the safe management of medicines. These staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers and senior nursing staff.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns and complaints were reviewed, analysed and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff during team meetings and handovers.

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 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.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the right levels of training and support they needed to effectively meet their needs.
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staff knowledge and skills remained relevant. A member of staff said, "Yes, I feel very well-trained. My induction was 2 weeks long and we're constantly being required to update our knowledge and skills by attending refresher training courses."
- The provider's electronic training matrix identified the training staff had completed, which covered all the topics that were relevant to meeting the needs of people living in the care home.
- The training also included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from their line managers and co-workers to perform their duties well.
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular in-person individual and group supervision meetings with their line manager and co-workers, and annual appraisals of their overall work performance. A member of staff said, "I receive all the support I need from all my co-workers, including all the managers and nurses."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's dependency needs were assessed before people were offered a place at the home and these assessments were used to help develop people's individualised care plans. People, their relatives and health and social care representatives were all invited to participate in the pre-admission assessment process.
- Care plans detailed the personal and/or nursing care people needed. For example, they included people's preferred food and drink likes, as well as dislikes, what they wanted and could do for themselves, and what their social interests were.
- Staff demonstrated good awareness of people's individual support needs and preferences.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were very pleased with the quality and choice of meals and drinks they were offered at the care home. A person said, "The food is lovely. Always lots of choice", while another person remarked, "The chef is very good and the staff often ask me what I would like to eat and drink".
- The atmosphere in all the communal dining areas during mealtimes remained relaxed and congenial throughout our inspection.
- Care plans included assessments of their dietary needs and preferences, including if people needed any staff assistance to help them eat and drink.
- Staff demonstrated a good understanding of people's dietary needs and preferences. We observed catering staff had prepared a range of soft and fortified (high calorie) meals to meet the needs of people with specific nutritional requirements.

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

- People were supported to stay healthy and well.
- Care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with a range of community health and social care professionals.

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

- People lived in a suitably adapted care home that had been decorated and furnished to a very high standard.
- People told us the service was a relaxed and comfortable place to live and liked the interior design and layout of the care home.
- People had access to private en-suite toilet and wet-room/shower facilities in their rooms.
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the home.

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 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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth and kindness. We observed staff throughout our inspection frequently sit and chat with people relaxing in the communal areas. Staff always spoke about people living in the care home in a very respectful and positive manner.
- People were all very positive about the care they received at the care home and said they were well cared for there. Typically comments included, "The staff are very friendly and kind", "The staff are so supportive of my [family member]. Excellent first impressions of the home" and "Staff are so friendly and welcoming to visiting health care professionals like myself. It's a very caring home".
- The service has recently opened an on-site multifaith/prayer room. This meant people living, visiting or working in the care home now had a dedicated space within the building to practice their faith.
- Staff knew about people's cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices. People's care plans contained information about individual's spiritual and cultural needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff.
- People told us staff respected their privacy and dignity. We observed staff knocking on people's bedroom doors and waiting to be invited in by the occupant throughout our inspection. In addition, we saw several instances of staff sitting next to people they were assisting to eat at mealtimes. This enabled staff to make good eye contact with the person they were supporting and to engage people in some meaningful conversations about what they were doing and the meal they were assisting them to eat.
- People were actively encouraged and supported to maintain their independence.
- Care plans reflected this enabling approach and set out clearly people's differing dependency levels and what they were willing and could do for themselves, and what tasks they needed additional staff support with. For example, it was clear which individuals living in the care home were willing and capable or managing their own prescribed medicines safely. Another care plan made it clear to staff that 1 person had expressed a wish to continue making their own bed every morning, which staff were fully aware of and respected.

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

- People told us they were able to express their views and were involved in making decisions about the care

they received.

- People, and those important to them, took part in making decisions and planning of their care. For example, people's views were sought in relation to the planning the food menus, social activities programme and how they liked to spend their day. Staff respected people's choices and supported them to make informed decisions about their day-to-day care and support.
- People were consulted and agreed to the contents of their care plan, which were signed.

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 good. At this inspection this key question has remained the same. This meant people's needs continued to be met through good organisation and delivery.

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 could take part in a variety of social activities at the care home and in the wider community as they wished.
- Activity coordinators and the rest of the staff team all helped plan and deliver appropriate activities and events that people had expressed a wish to participate in. Weekly activity calendars indicated people could choose to take part in a variety of meaningful activities every day if they wished. During the inspection we observed an activities coordinator facilitate a current affairs discussion group, which people told us they enjoyed.
- The service had recently introduced a 'Namaste' activity programme, designed to improve the social life of people living with dementia. The programme is coordinated by a nurse who has completed a 'Namaste' training course to train other staff in Namaste social activity techniques. The programme is implemented daily by staff in a communal space dedicated solely for this purpose. We observed staff use this room during the inspection to provide people with a relaxing, sensory experience, through the use of candles, soft music, touch therapy, hand massages and aromatherapy.
- People told us they were able to pursue leisure activities they enjoyed and were particularly impressed with the new 'Namaste' activity programme. A person said, "There's always plenty of activities you can choose to join in with every day here if you like. I really like the book club and playing the giant Scrabble game we have in the main lounge." A relative added, "I am very impressed with the number of activities on offer at the home and the new Namaste therapy room. I feel quite emotional in a positive way about seeing people who live with dementia, enjoying the Namaste therapy experience."
- The service also operated an inter-generational programme where pre-school children from a local nursery would regularly visit the care home and take part in a variety of social activities with people living there including, playing games, singing and gardening. People living in the care home, their relatives and staff all agreed the regular interaction with these young children enhanced the well-being of everyone involved. A person told us, "I really like it when the nursery school children visit. It the highlight of my week."
- To prevent people who were bed-bound becoming socially isolated the activities coordinators offered these individuals regular one-to-one support, which included hand massages or listening to their favourite music. A community health care professional told us, "The staff are very good at bringing people out of their bedrooms by offering meaningful activities, so people do not become socially isolated."
- People were also supported to maintain positive relationships with people that were important to them. The care home was now open to visitor's following restrictions that were put in place because of the COVID-19. Staff also continued to support people to use information technology and various electronic devices, such as laptops, tablets and mobile phones, to help people remain in video, text or verbal telephone contact with family and friends who were unable to visit the service in-person.

End of life care and support

- People nearer the end of their life were supported to have a comfortable and dignified death.
- People's wishes for their end of life, including their spiritual and cultural wishes, were discussed and recorded in their advanced end of life care plan. This ensured staff were aware of people's wishes and that people would have dignity, comfort and respect at the end of their life.
- The care home maintained close links with a local GP surgery, the Princess Alice Hospice and other community-based palliative care professionals to ensure people who had died at the home had experienced dignified and comfortable end of life care. A GP told us, "I feel the staff who work here and I have been on a journey together to improve the end of life care people who live at Lynde House receive. I have seen staff's confidence in dealing with end of life care continue to grow and can safely say they have become experts at spotting when people might need palliative care or pain relief."
- All staff received end of life care training.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff according to their individual assessed needs and preferences.
- People's care plans were up to date, personalised and contained detailed information about their unique strengths, likes and dislikes, and how they preferred staff to meet their care needs and wishes. A community health care professional told us, "Care delivery is good here and staff ensure the residents are supported and their daily needs met. Care plans are up to date and organised."
- People told us staff provided them with all the care and support they needed.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed. Reviews took place at regular monthly intervals. They included summaries of the support people had received since their last review and updates that needed to happen to ensure their care plan continued to reflect their current support needs and preferences. A Community health care professional told us, "When there are any changes to residents' needs, which could be about their mobility, skin integrity or advice about equipment, the home informs us straight away so we can reassess our clients."

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.

- People's information, communication needs, and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- People told us staff communicated clearly with them, which enabled them to understand what they meant and were saying.
- People's communication needs were identified, recorded and highlighted in their care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People living at the care home and their relatives all spoke positively about the way Lynde House continued to be managed by the registered manager who had been in post there for over a decade. A relative told us, "My first impressions with regard to how this home is managed are very positive. I've been very impressed with the manager [registered manager] and all the staff who work here, including the nurses, care staff, cooks and cleaners."
- Staff also told us the care home was well-managed. They said they received all the support they needed from their line managers. For example, a member of staff remarked, "The managers have been in post a long time here... They're firm, but always fair," Another added, "The managers and the nurses are all excellent. Easy to talk with and always about in the home to ask advice from."
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- It was clear from the feedback we received from people that the management team recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people.
- The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level by carrying out regular audits and checks, and obtaining stakeholder feedback.
- The outcome of these audits and feedback from stakeholders were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people. The registered manager gave us a good example of how the frequency staff attended formal supervision meetings with their line managers had recently fallen short of the numbers that were expected, contrary to the provider's own staff supervision policy. This issue had been promptly identified through the provider's own internal audits and an action plan put in place and acted upon quickly by the registered manager to address this staff support matter.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People received personalised care from staff. A relative said, "The staff know my [family member] well and exactly what she needs to stay healthy and safe."
- The registered manager and her nursing team had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker for resident of the day, regular online individual and group meetings between relatives and staff, and bi-annual customer satisfaction surveys. The results of the most recent satisfaction survey indicated people were happy with the standard of care and support provided at the care home.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Furthermore, staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the services management.

Working in partnership with others

- The provider worked in close partnership with various community professionals and external agencies including, a GP, a physiotherapist, palliative care nurses and staff from the local hospice and the Local Authority. A community health care professional told us, "The staff are very good at keeping us updated about people's care needs, especially when they change, and always follow our advice and guidance." Another added, "I do visit Lynde House regularly and work closely with the team. There is always good communication between the managers and our Care Home Support Team (CHST). The advice we give is always followed by staff who are co-operative and efficient."
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.