

# Care In Mind Limited

# Lyndhurst

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Lyndhurst is a residential care home providing accommodation and personal care to up to 5 people who have mental health care needs. At the time of our inspection there were 3 people using the service.

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

The service was led by a management team who demonstrated outstanding values. They showed excellent insight into the complex needs of the people who they cared for and greatly valued and supported their staff team. The culture and values of the service were consistently shared across the staff team. Staff spoke passionately and positively about working at this home. The way the service was led meant outcomes for people empowered them to grow in confidence and learn new skills. Partnership working was a strong feature of this service and systems to demonstrate oversight were robust.

People were firmly in control of their daily routines with support from staff where this was needed. Staff understood they worked in someone's home and respected their privacy and dignity. Equality, human rights, diversity and inclusion was a strong feature of this service.

People were treated as partners in the management of their own risks. Risk assessments were detailed and provided strategies for how to reduce levels of risk. The service actively looked to learn lessons and continuously improve. Where incidents took place, an open and reflective approach was used to update risk records, with the person at the centre of those discussions.

People's safety was a priority. Staff worked with partners to help ensure people were safe when out in the community, or for example, where they were using online services. Staff had received various safeguarding training sessions and knew how to respond to safety concerns.

People received their medicines as prescribed from staff who were trained and assessed as competent. One person was responsible for their own medication routine. There were enough staff who had been safely recruited to meet people's needs.

People took part in meal planning and helped prepare meals which they were encouraged to eat together. People were supported to take part in education, with one person celebrating a significant achievement on the day of our inspection.

People's care plans were person-centred and fully reflected each person's care journey. People spoke positively about the support they received from staff and the management team.

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 received support from a variety of health professionals. The provider had its own

clinical support team, but where needed, external health professionals were also involved.

Complaints were managed appropriately. Systems of audit were effective and demonstrated oversight of the service. The culture in the service was found to be extremely positive, with staff feeling exceptionally valued and supported to deliver high quality care. Suitable steps had been taken to ensure infection control was well managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 28 September 2020 and this is the first inspection.

#### 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.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Lyndhurst

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

Lyndhurst is a 'care home.' People in care homes receive accommodation and nursing as a single package under one contractual agreement dependent on their registration with us. Lyndhurst is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it first registered. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. 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 with 3 people who received a service. We also spoke with 2 support workers, a senior support worker, the deputy manager, the registered manager and the deputy head of residential services. We reviewed a range of records. This included 3 people's care records, as well as 2 medication records. We looked at the recruitment of 2 staff members as well as records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Assessment and management of risk was person-centred with the person at the centre of the process. However, one incident placed a person at risk.
- The shower hot water temperature in one bedroom was found to be too warm for several weeks in August and September 2022. We discussed this with the registered manager who had made efforts to have this maintained. They had spoken with the person affected and following our inspection, put a risk assessment in place. This has since been resolved.
- With staff support, people assessed risks to themselves around their health, safety and wellbeing at the beginning of their recovery journey. People reviewed their risk assessments regularly to see if the risk had changed and if the plan for managing it was working.
- The risk assessment considered what might trigger the person to put themselves at risk, why it was important to them to manage this and what they thought they could do to minimise the risk. The assessment also considered why it was important for the person's support team to manage the risk and what they could do to support the person.
- An example of the therapeutic risk management was when people were supported to explore negative thoughts about themselves. People would have access to things they might use to harm themselves. Access was not restricted within the home, but people were supported to understand and manage the feelings they experienced that led to their need to self-harm. One person said how this approach helped them to understand their feelings, manage them and prepare them for independent living.
- Protocols had been designed to ensure people's safety, even in situations where people were most at risk. Staff showed an understanding of these protocols and followed them.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse both within the home and due to external factors.
- Staff were capable and confident in describing what abuse is and how they would report issues; they firmly believed action would be taken if they reported safeguarding concerns to the management team. The provider recognised staff needed specialist knowledge around the wide range of internal and external factors affecting people. Staff received different types of safeguarding training which was relevant to the complexity of people living at the home.
- People's online safety was treated seriously by staff who helped provide training for people living in the home. Staff and a local police community support officer (PSCO) had provided information around risks relating to the use of social media which helped protect people.
- The monthly service safeguarding report for August 2022 provided a detailed analysis with a review of safeguarding incidents relating to each person in the service and implications for staff and other people.

#### Staffing and recruitment

- There were sufficient numbers of safely recruited staff.
- Where there were planned or unplanned staff absences, these were covered by other workers employed by the provider, meaning the use of agency workers was not needed.
- We looked at the recruitment of 2 members of staff and found robust background checks were done before they started working with vulnerable people. The provider ensured recruitment gaps were followed up and checked to ensure references were valid. Detailed interview records were seen which showed an emphasis on employing staff who shared the same vision and values for the service.

#### Using medicines safely

- Staff managed people's medicines safely.
- We saw initiatives where people were supported to become responsible for their medication management, with suitable protocols in place to ensure this was safe.
- Medication administration records showed people received their medicines as prescribed. Where people had refused medicines, this was recorded.
- There were enough trained and competent staff to ensure people received their medicines as prescribed. Staff had their competency checked three times before being approved to administer medicines. Staff completed a detailed workbook as part of this assessment process.
- Stocks and recorded balances of controlled drugs matched, and the administration of these medicines was correctly recorded. The storage and disposal of medicines was safe.

#### Preventing and controlling infection

- Infection prevention and control procedures were effective.
- We spoke with the deputy manager at length about infection control procedures and were assured by the steps taken to reduce the risk of passing on infections.
- Staff consistently wore PPE throughout the inspection and people told us this was normal practice.

#### Visiting in care homes

- The provider ensured people living at this service had their visiting rights upheld. Where people were agreeable to visits from family and friends, those individuals were able to visit the service.

#### Learning lessons when things go wrong

- Lessons were learned to reduce the risk of unwanted events happening again.
- Before this inspection, we contacted the provider to discuss incidents which had occurred in the home. We found action was taken which demonstrated lessons were learned.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Before being offered a place at the service, people were supported through a transition process to make sure the service was the right place to meet their needs and support their recovery. The person made visits to the service to get to know the people living there. They were also given a transition pack which asked questions about how they might feel about different things, such as having locked doors and living with new people. People had overnight stays before a decision was made for them to live at the service.
- One person said how they felt fully supported and informed through their transition into the home.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing support to help them carry out their roles effectively.
- We saw evidence of monthly supervisions and other dedicated wellbeing sessions provided for staff. Staff described valuing this support.
- Training records showed high levels of completion. Specialist training had been provided which helped ensure staff had specific skills and knowledge to meet needs of the people living at this home. Staff felt they were well-trained.

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

- Staff ensured people had a variety of nutritious meals to choose from.
- The deputy manager described how, where possible, people and staff ate together to try to create a family type mealtime experience for people.
- People were in control of what they had to eat and drink. They were invited to add items to shopping lists for the home or could arrange their own shopping, either purchased in person or online.
- People told us about 'Fry up Friday' when they were able to get together for a cooked breakfast.

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

- People received timely access to healthcare and other services.
- The provider employed a team of specialist workers with relevant backgrounds who were dedicated to supporting people. A clinical nurse specialist, a psychologist, a psychiatrist and a GP were on hand to assess and review people's care plans.
- All staff were appropriately trained in the event they needed to respond to an emergency.
- People were supported to maintain good oral hygiene. Two people had recently seen the dentist for treatment.
- People had 'hospital passports' which provided key information for hospital staff if people were admitted

to their care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have control of the care and support they received.
- One person told us they were, "completely in charge" of their care.
- Staff we spoke with recognised and respected the importance of people leading on the care and support they wanted to receive.
- People living in this service had capacity. No one required a DoLS or involvement from the Court of Protection at the time of our inspection.

Adapting service, design, decoration to meet people's

- The service was adapted to the needs of people living in the home.
- When people were first looking to move to this service, part of their transition involved them being asked about how they wanted their bedroom to be decorated.
- One person proudly showed us their bedroom which we saw was personalised based on their interests and likes.
- Pets in the home helped people by having something therapeutic for them which they were able to take responsibility for.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff showed an excellent understanding of their responsibility to enable people to feel in control of their lives. People were encouraged to direct their own support, with assistance from staff where this was needed.
- Where it had been assessed as safe, people were able to take control of their own medication administration. One person's independence had increased to them collecting their own medicines from the pharmacy. This meant they would know what to do when they moved on to independent living. Staff still asked one person to check they had taken their medicines and then recorded this. This was continually under review and the person knew they could ask staff to take back this responsibility in the event there were occasions when they felt unable to manage this.
- People were empowered to learn new skills to prepare them to move from this service to a community setting. One person we spoke with explained how they had been encouraged and supported to learn a new skill which they would need for a future professional career path they were passionate about following. On the day of our inspection, this person enjoyed a significant achievement in this journey, which everyone was pleased to see.
- Staff recognised they worked in people's home and treated them with respect and dignity; they were clear about how they protected people's privacy and always respected people's private spaces.
- One person had access to their own vehicle which meant they were able to enjoy a greater sense of independence.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. Equality, human rights, diversity and inclusion was a key feature of the service and was evident in all aspects of care and support.
- A display in the home was dedicated to the LGBTQI community. Information about the history of LGBTQI was available, and signposting used if people wanted more information. People in the home had been to a pride event in Manchester to join these celebrations.
- Without exception, staff respected people's preferred pronouns and used these naturally in conversation.
- People's care records included an individual diversity profile. Individuality and diversity was welcomed, respected and supported with people's needs and goals reflecting their needs and aspirations in this area.
- A display seen in the home was titled 'Mutual Expectations' and listed actions people and staff had agreed between them all. One statement said, 'Respect one another and treat others how you wanted to be treated'. Actions to enable this were listed and meant there was an agreed set of standards for everyone to follow.

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

- The ethos of the service was for people to be the key participant in the planning and delivery of their care.
- People were fully consulted and agreed risk management measures put in place which helped them manage times when their needs became more complex. This helped reduce risks to people through these steps.
- The service model was designed to promote positive risk taking and responsibility for the people living in the home. People fully understood the approach to risk management. One person said it was this approach that had enabled them to be ready to live independently.
- There was a strong emphasis on giving people the chance to undertake qualifications both online and face-to-face. People living in the home were engaged with these opportunities. This had a positive impact on their self-worth and provided them with daily and independent living skills. Events had been running in October 2022 to help people create a curriculum vitae (CV) as well as giving guidance on interviews and how to prepare.
- People understood how information about them may need to be shared and their consents were clearly outlined in their care records. For example, one person's care records showed how they consented to information being shared and how much with relevant professionals and their families, but stated, 'This can be reviewed, and I can give/take away consent for personal information to be shared at any time.' Staff showed an excellent understanding and knowledge around people's needs.
- We observed caring interactions between staff and people living at the service. Staff clearly knew people well and showed excellent insight into their support needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were entirely person centred and people controlled the content.
- Care plans focussed on the person working towards an independent life by working on life skills, confidence and learning to manage their own feelings and emotions.
- Care plans were developed by people based on their experience and what they identified as their needs. People detailed what they could do to help themselves to meet their goals and what their support team could do to help them.
- A 'Recovery Star' model was used to help people see how they were progressing through their recovery and achieving their goals.
- We saw the huge success of one person's journey through their Recovery Star. This had been celebrated by staff and other people living at the home, with the permission of the person, to encourage them in their own journeys.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were being met.
- One person's care plan included information about how they had a series of flashcards to help them communicate when they did not feel able to speak.

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 enabled and supported to engage with the local community.
- People had dedicated time for their support in the community and were able to direct how they wanted to receive this support. We saw images showing people and staff engaging in a wide range of activities which they clearly enjoyed. On the day of our inspection, we saw pumpkins were ready to be carved and decorations were on display.
- Private transport was available for people. We could see evidence of people using public transport, which helped build their confidence and skills where this was identified as a support need.
- Visits from friends were encouraged and managed and agreed through 'Mutual Expectations' discussions.

Improving care quality in response to complaints or concerns

- An effective system was in place for responding to complaints or concerns.
- Staff were committed to responding appropriately to complaints and concerns.
- Where complaints had been raised with the provider, we could see appropriate action had been taken.

Further feedback was encouraged by staff who were able to show how they provided opportunities for ongoing contact if people remained dissatisfied.

End of life care and support

- At the time of our inspection, no one in the service had end of life care needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Systems of oversight were effective with one exception.
- An overarching system of audits looked at health and safety, medicine management, care records and people's involvement.
- A monthly data governance report looked in-depth at incidents, looking at the type of event, time of the day, events by person, patterns and themes, staff confidence levels and comparing previous months data. A detailed outcomes analysis for each person was written into a report, showing this data was used for meaningful outcomes. This included looking at the person's risk profile, whether strategies were effective and staff training needs.
- Regular audit action plan meetings notes were seen. These sessions ensured identified actions were assigned to someone and were clear about the action needed.
- Health and safety checks included looking at stock in the first aid kit which was particularly relevant and important as staff needed to be able to treat people in an emergency.

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

- The culture within the service was extremely positive.
- Staff spoke passionately and positively about working at this home. They valued the importance of their roles and were dedicated to providing excellent support which empowered people to improve their lives.
- The staff team were well-established, settled and felt both valued and listened to by the management team. Both the registered manager and deputy manager displayed values and behaviours which were consistent with the provision of high-quality care. They were responsive to challenging events and demonstrated calmness, despite the challenges they faced. The staff team also demonstrated these values.
- One person told us they were very happy with their achievements whilst living at this home. They said the approach taken by management and staff at the service had been exactly right for them. Another person said staff looked after them well and helped them to recognise the implications of their actions.
- Imaginatively presented one-page profiles were seen for each member of staff in the service. This helped everyone learn more about each other and their interests and helped promote a positive culture where people could share interests.

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; Continuous learning and improving care

- There were numerous examples of learning opportunities being acted on and improvements made.
- The service worked on a model of therapeutic risk management. People were supported to take ownership of the risk. When an incident occurred, the support team worked with the person to help them recognise what happened before the incident and how they could learn to manage the trigger. There was a robust debrief after an incident to see what could have been done differently from the perspective of the person and their support team.
- Staff told us about the disappointment and sadness they felt when they were no longer able to support a person to progress and had to discontinue their placement. This decision had been reached over an extended period, showing the decision was not taken lightly. We saw staff were part of these discussions. They said a full debrief of the situation took place to see if any lessons could be learned. Staff reflected on this openly and honestly with us.
- Continuous improvement was evident through 'You said, We did' findings which showed feedback from people and staff was acted on to make the service better.
- The management team were working together with 'sister' homes to talk about practice in those services and to share good practice ideas to make services better. People and staff were encouraged to bring their own ideas which demonstrated an open and inclusive culture.

#### Working in partnership with others

- The provider worked with partner agencies to help reduce risks to people.
- The service worked with a local PCSO who visited the home every 1-2 months to help people living at this service see the police in a supportive role. This partnership work was seen through other involvement with the police.
- The service was using the Philomena Protocol, which is a scheme that asks care workers to identify young people who are at risk of going missing, and to record vital information about them that can be used to help find them quickly and safely. A missing person's coordinator was working with the service to help recognise who might be affected and strategies to support them.
- We saw the provider working with local safeguarding boards and safeguarding team from different local authorities to help protect people.

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

- People and staff were fully engaged in the running of the service.
- On the morning of our inspection, staff were attending a support meeting with a psychologist. This was designed to improve their health and wellbeing. Staff told us they were able to speak about any stresses or worries in a 'safe space'. One staff member said they had enjoyed breathing exercises and used these relaxation techniques at home.
- Champion roles within the service had recently been updated. This showed different topics staff had an area of interest in. The champion role meant each nominated staff member had a specific topic to work on and share good practice.
- Staff and people had 'mutual help' meetings which set expectations people and staff had of each other and agreed standards for everyone to achieve. Reflective practice meetings were also taking place as a way for staff to look at the support they provided to people and where adjustments were needed.