

Omega Elifar Limited

Lindhurst

Inspection report

Lindhurst
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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lindhurst is a residential care home providing personal care and accommodation for up to 6 people. The service provides support to people with a learning disability and or autistic people. At the time of our inspection there were 6 people using the service. Accommodation was spread over two floors accessible via a lift. The building had been modified to meet the needs of the people living there.

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

Right Support

People were supported to maintain relationships that were important to them and care was provided so people could access activities as they wished. People's care plans identified how they would like to be supported and what they would like to achieve with the help of care and support.

Staff cared for and supported people in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff enabled people to access specialist health and social care support within the community.

Staff communicated with people in ways that met their needs.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff supported people to play an active role in maintaining their own health and wellbeing.

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.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, sounds, and simple language could interact comfortably with staff involved in their care and support because staff had the necessary skills and experience to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection

This service was registered with us on 14 April 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 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lindhurst

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and one Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lindhurst is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindhurst 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the service to support the inspection.

Inspection activity started on 11 November 2022 and ended on 21 November 2022. We visited on 14 and 18 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of our monitoring activity that took place on 18 July 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since their registration.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people, 4 relatives and an advocate of people who used the service about their experience of the care provided. We spoke with the registered manager, nominated individual and 5 members of staff. We also received feedback from a professional involved with the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included 2 people's care plans and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable safeguarding and whistleblowing policies and processes in place to keep people safe. Staff received annual safeguarding training.
- The registered manager reported safeguarding concerns promptly to the local authority whenever necessary.
- Staff we spoke to were aware of the risks of abuse and how to report any concerns to the registered manager or external agencies. One staff member told us if they had a concern they would, "Not brush it off and need to report it. Nothing is too small and not important."
- Relatives told us that their family members were safe at Lindhurst. An advocate said, "100% safe. I trust all the staff implicitly and I would know if she was unhappy."

Assessing risk, safety monitoring and management

- The provider had appropriate risk assessments for people. One person's care plan contained conflicting information about the consistency of how they had their meals. However, there was a speech and language therapist (SALT) assessment which described the correct consistency for the person, which staff understood and applied. The information was corrected during the inspection.
- Staff had a good understanding of managing risks related to people's health conditions. For example, where people had complex epilepsy, staff monitored their epilepsy and responded effectively if people experienced seizures. This helped to keep them safe.
- The provider had appropriate moving and handling risk assessments in people's care plans, and we observed good practice of this during the inspection.
- The provider had thermostatic mixer valves (TMVs) fitted to water outlets that people would use, such as baths. Thermostatic mixer valves reduce the risk of scalding for people. Staff were regularly checking water temperatures to ensure that people were not scalded.
- The provider recently had an external risk assessment for Legionella, a potentially fatal infection. Legionella can cause a serious type of pneumonia called Legionnaires' disease. The risk assessment was thorough, and the provider had to complete actions with the help of their maintenance department.
- The provider had regular checking of water outlets for the presence of Legionella carried out by an external company, checks were negative for the Legionella bacteria.
- Hot water temperatures should be checked to ensure the temperature was high enough to prevent Legionella. The provider was checking water temperatures on outlets without TMVs were within a safe range which meant the water was safe. In addition the registered manager put in place recording pre-TMV temperature checks during the inspection.
- There was a business continuity plan, this detailed the measures to keep the service running safely in the

event of exceptional circumstances, such as, staffing shortages.

- The provider had appropriate health and safety checks in place, and there was regular maintenance taking place with items which required attention identified during audits.
- A new fire risk assessment was in place and the registered manager was working through the actions. There were also individual evacuation plans for people. Staff we spoke to knew what to do in the event of a fire and alarms were tested weekly. One staff member told us they had a fire drill a couple of months ago saying, "A person stands with a card for the fire in a certain zone."

Staffing and recruitment

- People were supported by sufficient numbers of competent staff at the service to meet their needs and keep them safe. We observed good interactions between staff and people they supported.
- The provider made pre-employment checks on new staff to help ensure their suitability for the role. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment files did not always contain all the information required. However, there was a robust induction to the service as well as competency checks by the registered manager to ensure staff suitability for the role. We discussed this with the registered manager who arranged to obtain the information including requiring all staff to fill in full work history forms.

Using medicines safely

- People's medicines were administered safely and in line with their prescriptions. Medication administration record (MAR) charts were completed appropriately with two staff administering medication (one checking the MAR and one administering). We observed this with no concerns over people's medication.
- We also observed a person receiving their medicines through a percutaneous endoscopic gastrostomy (PEG) tube which was done appropriately with good communication from staff.
- As required (PRN) medication was used appropriately and staff had a good understanding of when people needed PRN as well as how to recognise signs and symptoms.
- Medication was stored in suitably locked cabinets with a further controlled medicines cabinet inside. Although there had been a risk assessment for storage of the keys it did not follow the provider's policy or fully address security and accountability issues. We raised this with the registered manager who told us they would review this practice.
- Staff had been trained in administering medicines although 2 staff were showing as being overdue. However, their medication competency checks were up to date to ensure they were safe to administer medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- The provider allowed visiting in line with government guidance and had supported people to keep in touch with family via video and phone calls when visiting was not possible.

Learning lessons when things go wrong

- Accidents and incidents were reported. There was a process in place for the registered manager to review the reports to reduce the risks to people. The registered manager had worked with other health-care professionals where necessary.

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

- People's needs and choices were assessed, and care, treatment and support were generally delivered in line with guidance to achieve effective outcomes.
- People's positive behaviour support plans in their care plans were personalised and gave guidance for staff where people might be trying to communicate through their behaviours. There were communication passports in place, which identified strategies to promote communication. Some of the wording used was not in line with current guidance and best practice, so we signposted the registered manager to this to review the plans which they told us they would do.
- Staff were very knowledgeable and applied their learning effectively to support the people living at the home which helped to promote a good quality of life.
- The provider had suitable training with knowledge checks included as well as competency checks and observations to monitor and ensure good practice. Our observations of staff during the inspection agreed with this.

Staff support: induction, training, skills and experience

- Staff had received appropriate training in line with current best practice. The provider made good use of face to face training, for example in moving and handling. One staff member was positive about this training saying, "It teaches us how to use the hoist, check it before you use it and check the sling for any ruptures or tears."
- The registered manager had a training matrix showing when staff were next due training. There were also staff competency checks for medication, hand washing and the correct use of PPE.
- The registered manager told us that they were moving to an online system to better support training in the future. This would include more courses available to staff.
- Staff we spoke to had a good knowledge with most having qualifications in health and social care. They also had training in more specialised areas such as epilepsy and PEG care. One staff member told us, "Epilepsy training is vital here."
- The provider made available the care certificate to new staff if they did not have appropriate qualifications. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were able to choose what they would like to eat and drink and were involved in the current menu options. One person we spoke to told us their favourite food was, "Pizza and apples".

- The service protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by having suitable risk assessments in place. This included the consistency of their food and drink as well as any foods they were allergic to. Staff we spoke to had a good understanding of different people's needs.

- People were given enough time to eat and drink. Mealtimes were relaxed and not rushed. We observed good interactions between staff and people during these times.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with other agencies to ensure people were referred to external services when needed.

- Staff had ensured the safe transition of one of the people supported, by working both with their family and staff from their previous service. This involved finding out the person's likes and dislikes through communication and speaking with others who knew them well.

- The registered manager ensured there was a clear strategy to maintain the continuity of care and support for the people living at Lindhurst. Staff were experienced and had worked with people for a long time, they knew them well.

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

- The provider had suitably adapted the premises to consider the needs of the people living there.

Doorways had been widened to better allow access for wheelchairs and there was a lift to enable access to the first floor.

- People's rooms had been personalised to their preferences and individual needs with the support of staff.

- The provider had fitted overhead hoists in most rooms to make it easier to meet people's mobility requirements. Corridors were also wide enough to enable people to independently access the home in their wheelchairs.

- There was suitable and accessible outside space that people used extensively in the summer including a barbecue which had gone down well with people, staff and relatives.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to healthcare services and receive ongoing healthcare. The registered manager arranged with the local GP surgery care home team for an annual review, the latest taking place following the inspection.

- The service involved people in decisions about their health and encouraged people to make choices where possible, in line with best interest decision-making. This included having a COVID-19 vaccination.

- The service had made appropriate referrals to relevant professionals and services, and had put in place their recommendations. These could be found in people's care plans, and staff we spoke to were aware of this advice.

- People had suitable hospital passports that could be used if they were to go into hospital. A hospital passport tells the hospital about a person's healthcare, their learning disability, how they like to communicate and how to make things easier for them. The registered manager had been involved in the transition of one of the people from hospital with positive outcomes for that person once back in the home.

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. We found that these conditions were being met.

- The registered manager had conducted MCA assessments and there was paperwork in place for those that required them. DoLS were in place as required although where there had been delays the registered manager had a system in place to follow these up.
- The registered manager recorded best interest decisions with details of the people consulted. Although these decisions were clear and appropriate, they did not always include relevant persons. For example, healthcare professionals for health-related best interest decisions. The registered manager understood this and said they would do this in future.
- People's consent had been obtained for decisions where they had capacity. Other decisions had been made using a best interests decision or consent given by a person's relative. However, it was not always clear if their relative had the authority to do so. The registered manager put in place a process during the inspection to check if relatives had power of attorney for their family member.
- People were supported where possible with their choices by staff who knew them well.

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.

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

- People were observed being treated with kindness, respect and compassion, and they were given support when needed.
- Relatives we spoke to were happy with the care provided by staff. One relative told us, "It's OK there, the staff are really good of course. It's nice and I am very happy with the care." Another relative said, "The staff are very good. I know she is happy I can tell."
- Staff we spoke to had supported the people at Lindhurst for many years and were very positive about their needs and being able to care for them. Staff knew people's likes and dislikes well telling us what they enjoyed most and what made them happy.

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

- The service supported people to express their views and to be actively involved in making decisions about their care, support and treatment where possible. This included staff knowing people's communication methods well to be able to recognise their responses and wishes.
- Staff respected people's choices and told us, "Tell them every single step and communicate always." and "Tell them what you want to do and ask them."
- Staff had good relationships with people's families which helped them to support people to keep in touch. One relative told us, "The key worker rings me and tells me what's happening. The key worker tells me what she needs such as new clothing. They are very good with her health and rang me every day when she was poorly."
- One person was supported to access an advocate to help advise them independently. The advocate was very positive about the service telling us, "The transition to Lindhurst was so good it went smoothly and was amazing. The staff interact and engage well. They do lots of activities and celebrate birthdays and Christmas. They make cakes and it's like a happy family."

Respecting and promoting people's privacy, dignity and independence

- We observed people's privacy, dignity and independence being respected and promoted. One person was encouraged to independently access the lounge in their wheelchair, whilst another received personal care in their room with the door closed and their dignity maintained.
- People were also encouraged to be independent with personal care. For one person who needed encouragement to do exercise, a staff member told us, "Giving her a shower we do exercise with her and encourage her to wash her hair and make sure she is enjoying it."
- The registered manager ensured staff had sufficient time to develop trusting relationships with people, their families and advocates. One staff member told us, "Try to do your best. Always a trust issue."

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

- People's care plans were personalised to meet their needs. The person's keyworker went through their care plan monthly to see if there were any changes needed. There was evidence of people being involved in these reviews.
- Relatives and advocates were also involved in the planning of care for people at the home. One advocate told us, "I am involved with all her reviews and any medication changes are discussed with me."
- People had details in their care plans around brushing their teeth which helped to promote their independence and maintain their oral health.
- People were clean and well presented during both days of the onsite inspection.

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.

- The provider had information available about the Accessible Information Standard which was displayed on the hallway notice board for staff and visitors.
- People's communication needs were met by experienced staff who knew them well. This included where people were mainly non-verbal in their communication and relied on body language and vocalisations. We observed evidence of staff communicating with people in this way during our inspection.
- Staff told us that one person had been able to communicate verbally when younger but had lost this skill, so they were supporting her to regain this. Staff told us, "Now trying to regain (it) with saying "tea" and pointing. Going good."

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

- The registered manager ensured that where relatives were unable to visit people that relationships were maintained. This included staff supporting one person to visit their relative. The relative told us, "I can't visit anymore, it's been since before COVID since I visited. She came to see me a few weeks ago with a carer. Her key worker is absolutely lovely with her. She is safe and she gets on well with the others."
- People were encouraged to go out if it was for something they enjoyed. For example, people had been to the theatre or taken part in movement to music at a local venue. For one person who was visually impaired

staff told us, "Going to theatre, went the other week to see Lion King, can't really see but loves the music and bright colours."

Improving care quality in response to complaints or concerns

- The registered manager told us the service had not received any complaints, so we were unable to follow any of these through. Relatives and advocates we spoke to told us they didn't have any concerns. One relative said, "I am happy with the care, haven't visited for a long time. They ring me and of course she is safe there, they look after her well the staff seem OK. I don't have any concerns".
- The provider's complaints procedure was appropriate and displayed at the home entrance to make it clear how to complain if needed.
- Staff were able to raise concerns when needed, and any changes from these were reflected in people's care plans.

End of life care and support

- The service was not currently providing end of life care to any of the people living there. However, they had plans in place for people if this were to be needed.
- The registered manager told us that end of life medication was available for one person, but they were currently doing well and not got to that stage. The registered manager was working with the community nursing team to provide end of life care when needed.
- The registered manager was looking at offering end of life training to staff when they moved to the new online system.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked well with people, their relatives and staff to create a friendly and open atmosphere in the service. The feedback from people and their relatives was very positive, all felt their relative was safe, well cared for and included within the service. One relative said, "The staff are very good I know she is happy I can tell."
- Staff we spoke to were positive about the registered manager and that they were easily approachable. One staff member said, "Yes [registered manager] is approachable and fair to all the staff."
- People were supported well by staff and we observed positive and friendly interactions throughout the inspection. Staff appeared happy to be there with one staff member telling us, "To be honest for me when I come to this house it feels like I am coming home, I love this job." This created a welcoming and homely atmosphere for the people supported as well as visitors to the home.

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 was aware of the need to be honest and transparent in the event of certain notifiable events and had contacted the relevant person appropriately when the need arose.

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

- Staff were clear about their roles, they were familiar with the people living in the service and supported them safely and appropriately.
- The registered manager was aware of reporting requirements to CQC and other organisations, including ones which had been introduced during the COVID-19 pandemic. The registered manager had arranged with the local GP surgery to provide regular care home team engagement.
- The provider's recruitment policy was updated during the inspection to meet the requirements of the regulations after discussion with the registered manager and nominated individual.
- The registered manager ensured incidents and accidents were recorded appropriately. Staff we spoke to knew what was required following an incident or accident. There was no analysis of incidents and accidents due to the low number and the majority being specific to one person where appropriate actions were in place.
- The registered manager notified CQC and the local authority as required.

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

- People were supported by staff to be involved with their care and give feedback where possible. Staff spent time with people during their reviews, and there was documented evidence of this.
- The registered manager had sent out questionnaires to relatives, advocates and professionals involved in the care and support of the people at the home. There had been a good response, especially from professionals. Responses were positive and complimentary about the service, staff and registered manager.
- Relatives we spoke to were positive about the service. One relative told us, "The manager is very good and listens to what I have to say I don't have any concerns". An advocate said, "Manager is brilliant and lets me know what's going on if there are any concerns or if she is poorly, [registered manager] is happy for me to visit any time I like. I don't have any concerns."
- The registered manager held regular staff meetings with good attendance. These covered information about the people supported, health and safety, infection prevention and control, communication and encouraged staff to report any concerns. Staff told us that they were, "Open and friendly", and "[We] communicate to each other and we can say what needs to be done and improved. Share good ideas."
- The service had a keyworker system in place which helped to review care and support plans on a regular basis. This appeared to work well and engaged both staff and people in their support.

Continuous learning and improving care

- The registered manager carried out regular audits of the service. These included health and safety, medication, infection, prevention and control, and fire safety. One audit completed in October 2022 identified an issue with a tap that had been referred to maintenance staff to be replaced. This showed audits were being used to identify issues and resolve them within the service.
- The provider had oversight using a quality audit tool to audit the service, the last one was completed in April 2022. This had highlighted the need for historical information to be archived from the care plans to make them more readable. From the evidence of our inspection this had not been completed for all care plans. The registered manager told us this would be completed as part of the move to an electronic system but would request keyworkers review the care plans.

Working in partnership with others

- The registered manager was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. There was regular contact with the SALT team to ensure that people were supported safely.
- The registered manager had a good working relationship with visiting health care professionals such as the GP surgery's care home team and community nurses. We received positive feedback from visiting professionals. One nurse told us, "We do not have any concerns regarding Lindhurst. We have a very good relationship with the home. [Registered manager] is a really good manager and knows her staff and residents well. They escalate any concerns they have to us and the residents appear well looked after, happy and settled."
- Where people had come from some of the provider's other homes, the registered manager had worked to maintain their existing GP surgery. Lindhurst was outside of the surgery catchment area but the registered manager wanted to maintain the continuity of care as the surgery GPs knew the people well.