

Lyndale Care Limited

# Lyndale Residential Home

## Inspection report

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Date of inspection visit:  
07 November 2018

Date of publication:  
14 January 2019

### 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

This comprehensive inspection of Lyndale Residential Home took place on 7 November 2018. The inspection was unannounced. This meant that the provider and staff did not know we were coming.

Lyndale Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection. The service supported people who were living with mental health issues. People living at Lyndale received help with their all aspects of their care, including their well-being and positive mental health.

The home is in Tavistock near the town centre. It has been converted from two three-storey houses which are linked through communal areas. There are bedrooms on all three floors of the home. At our last inspection we rated the service Good. There was no evidence or information from the current inspection and ongoing monitoring that demonstrated any serious risks or concerns. All five domains (Safe, Effective, Responsive, Caring and Well-Led) remain Good. This means the service is still rated Good overall.

### Why the service is rated Good

The provider and registered manager were experienced at delivering care and support to people living with a mental illness. Both of them worked together, as well as with staff and professionals, to ensure they delivered care which really reflected the person's needs.

There was a clear vision for the service which was developed by and shared with people and staff to ensure that it was agreed and understood. The vision described how the service was empowering for people, person centred and inclusive. People's achievements were recognised and celebrated. Care records including risk assessments and support plans clearly described how the person was supported to be as independent as possible. People's ambitions and preferences were recorded which ensured that staff had information to support people both when they were well and when their mental or physical health deteriorated.

Feedback from people using the service, visitors and professionals was all very positive. People described how they loved living at Lyndale and felt very well supported by the registered manager and staff.

The home was clean, comfortable and well maintained. People described Lyndale as "their home" and were clearly at ease and comfortable both in communal areas and their bedrooms which they had personalised.

Health professionals were very complimentary about the service and described how the staff were very professional, caring and effective. They also described how staff always ensured they proactively contacted and worked with health professionals to support people to maintain their health and wellbeing.

People were encouraged to stay healthy both physically and mentally. Staff supported them with this while recognising the rights of people to choose. Staff spent a lot of time encouraging people to consider their physical health, including their diet and exercise.

Staff were very skilled at supporting people who live with mental illness. Staff anticipated and supported people when they became mentally unwell to minimise the risks of a significant episode of mental illness.

Staff encouraged people to take part in social activities both inside and outside the home. Staff were innovative about engaging people in new ideas and experiences, such as food from around the world and a "Pride" event.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient staff to support people safely. Staff had been recruited safely and undertook training to ensure they had the necessary skills and knowledge. Health professionals said staff really got to know people well and were knowledgeable about the signs which indicated a person was becoming unwell.

People were supported to receive safe care which responded to their needs. This included support with medicines and attending appointments with health professionals. Care plans clearly described people's risks needs and preferences. Care plans were reviewed on a regular basis to ensure they provided up to date information about each person's care.

One person was supported to have a peaceful and caring end of life surrounded by people they knew and in a place they considered to be their home. People living in the home who were affected by bereavement were actively supported by to deal with their grief.

Staff understood their responsibilities to ensure vulnerable people were safeguarded from the risks of abuse.

Quality assurance and governance systems were embedded. The provider, registered manager and staff were all involved in checks and audits to monitor the quality of care provided and the home's safety and comfort. Where issues were identified, action was taken to address them. Feedback from people, visitors, staff and professionals was used to improve the quality of the service. There were systems to monitor accidents and incidents. This included reviews which identified ways to reduce future risks.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Lyndale Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced, comprehensive inspection on 7 November 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was in mental health and autism.

Prior to the inspection, we reviewed information we held on our systems about the service. This included notifications the service had sent to us. A notification is information about important events, which the service is required to send us by law.

We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in May 2016 we did not identify any concerns with the care provided to people.

During our inspection we spent time talking with people in the home. We also spent observing daily routines and interactions between people and the staff supporting them. This helped us gain a better understanding of people and the care they received.

We spoke with the registered manager. We also met four members of staff and a student studying social work who was on placement at the home. We looked at records relating to people's care and the running of the home. These included two people's care and support plans and records relating to medicine administration. We also looked at the quality monitoring checks and audits carried out at the service. We reviewed staff records including records relating to their training.

We met 13 of the 15 people living at Lyndale and spoke with 10 of them. We also spoke with a visitor to the

home.

Following the inspection, we contacted nine health and social care professionals and a community nursing team. We asked them about their views and experiences of the service. Four professionals responded to our request. Their feedback can be found throughout the inspection report.

# Is the service safe?

## Our findings

The service continued to provide safe care and therefore continues to be rated as Good in the Safe domain.

Most people had lived at Lyndale for a number of years. Everyone we spoke with said they felt safe in the home. A professional commented "[Person] is well cared for and enjoys and appears to feel safe in her environment."

Staff were able to describe how they kept people safe from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and were able to describe what they should do if they had a concern. Staff were confident the registered manager and the provider would take action if a concern was raised. Staff knew how to contact the local authority safeguarding team.

People did not face discrimination or harassment. People's individual equality and diversity was respected by staff. Staff understood and could describe equality, diversity and human rights. The home also actively encouraged people to respect and celebrate difference. For example, posters at the home described how "Pride" was a celebration of difference and what makes "you, you." It also explained that Pride was a celebration of sexuality, race and religion. The people in the home were being supported to have a 'Pride Party' with a buffet served for those who wished to join in.

Individual risks to people had been assessed when they first moved into the home. These risks were monitored and managed by staff to ensure people's safety. The risk assessments helped people receive care and support with minimum risk to themselves and others. There was clear guidance in place for staff to support people in the management of these risks. Staff were knowledgeable about people's individual needs and the strategies and protocols which helped to support them. This included supporting a person to talk, maintain their personal appearance, as well as socialise and maintain contact with friends and family when their mental health deteriorated.

People's finances were kept safe. There were systems in place where people needed support with their finances. This included helping them to keep cash safe as well as supporting them with their budgeting.

There were sufficient staff to support people during the day and at night. Each person had been assessed to determine what support they needed both in the home and when in the community. The registered manager monitored people's needs and adjusted staffing levels to address any specific needs. For example, where someone's anxiety levels had raised or where a person became physically unwell.

During the inspection, we observed staff spent time with people, helping them to do activities of their choice, without rushing. This included going out for walks, going to social events, attending appointments, undertaking household chores and having one to one conversations. One person commented "When you need something from staff they are always around." A professional commented "There always appears to be enough staff to manage resident's needs."

Staff were recruited safely which helped to ensure they were suitable to work with vulnerable adults.

Medicines were safely managed in the service. Some people in the home required staff to administer their medicines. Staff had been trained and followed the home's policy when giving people their medicines. Staff recorded what medicines had been administered in medicine administration record sheets which had been filled in accurately and completely.

People were assessed to determine whether they could manage their own medicines. Where they were assessed as being able to do this, there were systems in place to ensure the medicines were stored securely in the person's bedroom. The registered manager explained there were systems in place to support a person if they became unwell and therefore be at risk of not taking their medicine correctly. A health professional commented "...medicines and blood tests are managed well."

People enjoyed living in a home which was clean and hygienic. There were systems in place to monitor the cleanliness of the home including the kitchen and communal areas. People were supported to clean their rooms and do their laundry. Good hand hygiene was promoted to minimise the risk of cross infection. A health professional said "The home has always appeared clean."

There were regular environmental checks on the home, which helped to ensure that it was a safe environment for people. For example, an external agency undertook an annual check of the home to ensure met health and safety standards. Actions arising from the report were undertaken by the home. Fire equipment was checked regularly and the home had received the highest food hygiene rating of 5 (very Good) in December 2017 from the Food Standards Agency.

The home had systems to audit all accidents and incidents which occurred and acted to minimise further risks to people. Learning from accidents and incidents was used to improve practice.



## Is the service effective?

### Our findings

At the previous inspection we rated the service as Good in the effective domain. At this inspection, the service continued to provide effective care and support for people.

Everyone living at Lyndale was living with long term mental health issues. Some people were also living with a learning and/or physical disability. Records showed that some people had had independent living experiences which had broken down and some people had spent significant time in acute mental health services. These experiences impacted on some people's abilities to manage everyday living including carrying out personal care, maintaining relationships with family and friends and living independently. At times, when a person had poor mental health, staff would need to provide more care and support in everyday activities including personal care. Staff also supported the person therapeutically to improve their mental wellbeing. This included providing more one to one support both inside the home and when the person was in the community.

People were very happy with the care they received. Comments included: "It's lovely here, no arguments, no shouting and arguments, serene. Staff help me and I help them"; "It's lovely here, yeah"; "Been in quite a lot of hospitals...hospital's not somewhere you want to go. This place spot on really. Quite a lot of us are mentally dependent. Not enough of these places" and "Love it here, best place I've ever been settled, warm, safe and happy, lots of good friends here, get on well with everyone. Not happened before."

The home's statement of purpose described the ethos of Lyndale as "a hope that it is possible for meaningful life to be restored, despite serious mental illness, and providing a holistic view of mental illness that focuses on the person, and encourages their personal development, carry out activities and develop relationships that give their lives meaning. The emphasis is ensuring that clients maintain and feel in control over their lives. hope that it is possible for meaningful life to be restored, despite serious mental illness, and providing a holistic view of mental illness that focuses on the person, and encourages their personal development, carry out activities and develop relationships that give their lives meaning. The emphasis is ensuring that clients maintain and feel in control over their lives."

Our inspection found evidence that this ethos was really understood and delivered. People were really well supported to achieve their ambitions and goals. This included moving on to living independently.

People were supported to stay fit and healthy, both physically and mentally. People's physical and mental health was monitored. Where concerns were identified, staff would liaise with health and social care professionals when appropriate. Staff worked closely with health professionals to ensure coordinated care was provided to people at Lyndale. This included working with mental health practitioners.

Comments from one health professional included "[Person] is well known by staff who seem to understand [person]'s needs" and "Due to [person's] mental health problems [their] presentation can change rapidly and [person] presents with very complex needs which are well managed within the home and I believe have prevented hospital admission on occasions due the recognition of early warning signs."

People were also encouraged to maintain good physical health. People's care records contained details of appointments with external healthcare professionals who were involved in their care, including their GP and any specialists related to specific conditions. People were also supported to attend appointments with their dentist, optician and chiropodist.

Staff worked closely with one person's GP, the community nurse team and an end of life service when a person had been diagnosed with a terminal illness. This meant the person had received very coordinated care at the end of their life.

People were supported to have a balanced, healthy diet. The kitchen was open for people to prepare and cook for themselves if they wanted to. Staff worked with people to design an individualised menu that they enjoyed. Often staff and people prepared meals together, as some people required support when cooking. Where people did not want to have the main meal that was offered, they were able to choose an alternative. Comments included "Get meals cooked every day. All freshly cooked from scratch"; "Do Slimming World cooking. [Relatives] on same diet. Do vegetarian cooking, don't even eat fish. Share it with others."

People could prepare hot and cold drinks throughout the day. Staff encouraged people to drink with meals and at other times.

Staff undertook mandatory and specialist training which helped them in the work they were doing. Staff also had a good knowledge of the people they supported which meant they could effectively meet each person's individual needs. Staff had completed awareness training in mental health, and some staff had also undertaken training in counselling, solution focussed therapy and other specialist mental health courses. The registered manager kept training under review and considered ways to ensure that staff had the skills and knowledge to support the needs of people in the home. For example, some staff were undertaking training in building resilience and understanding self-harm to support some people in the home. The registered manager was also actively investigating how they could support staff with training about personality disorder, hoarding and eating disorders.

Staff undertook training when they first started working at the home as part of their induction. The induction was based on the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care for social care and health workers that should be covered as part of induction training of new care workers.

The training records showed people were supported by staff who were well trained. Staff refreshed their knowledge and training at regular intervals. Refresher training helped to ensure staff remained up to date with current best practice.

Staff took on identified roles to enable them to provide focussed care. For example, one member of staff was leading on the 'round the world' menu programme. Another member of staff was responsible for running sessions on art therapy and mental health.

Staff received regular supervision. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have. Staff also had an annual appraisal each year. In addition, the registered manager completed a handover between each shift, which provided space for staff to raise concerns and discuss ethical dilemmas and other issues. Staff said this was really helpful as it enabled them to have immediate access to support when new issues arose.

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 a particular decision, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the requirements of the MCA. Everyone living at Lyndale was considered to have capacity to make decisions about their care and treatment. Therefore, no applications to restrict anyone's liberty had been made.

The adaptation, design and decoration of the premises helped to promote people's independence and provided a homely space. The home had been converted from two houses near the centre of Tavistock. Adaptations had been made to the home to ensure it was suitable for the people living there. There were two communal lounge areas and a separate conservatory room which was used by people who chose to smoke. The home was decorated and furnished comfortably throughout. Each person's bedroom was individualised and personalised. People had been involved in choosing décor and carpeting for their rooms.

# Is the service caring?

## Our findings

At the last inspection the service was found caring and rated the service as Good. At this inspection, we found staff still showed people really individualised and understanding care which was very kind, compassionate and knowledgeable about people and their preferences. The care therefore continued to be rated as good.

Feedback from people living at Lyndale was all very positive. Comments included "I like it here," and "Staff are nice here."

Health professionals also provided very positive feedback about how immensely caring and compassionate staff were. For example, one health professional commented "This home certainly meets the "mum's test" as far as I'm concerned and I would be happy to place a relative there." They added "The staff have taken time and care to get to know the client well, and to develop strong relationships with families and encourage these relationships to continue and flourish".

Another professional commented "I have witnessed how the staff will actively plan activities to meet individual social needs and how the staff are aware of the resident's interests. The care I have observed is individualised to the resident's needs and there is always a homely and well managed atmosphere within Lyndale. "

People were supported by a caring compassionate staff, who knew them well. Staff were very respectful of each person and treated them with compassion and dignity. Throughout the inspection we observed genuine, positive interactions when staff were with people. People were relaxed and happy, both in the home and when they were going out with staff.

People were afforded privacy when they were being cared for by staff. For example, staff recognised people's right to privacy by knocking on their door and waiting to be asked before entering. Staff were also aware of people's right to have private time, both when they wanted to be alone and when they were being visited by friends and family,

People were actively involved in expressing their views on how they wished to be treated and decisions about the care and support they wanted.

Staff said, and people confirmed, that relatives and friends were free to visit whenever they wished. People also said staff supported them to visit family and friends in their own home at times. For example, one person described how their sibling would visit the home. Another person said they had friends who visited and would spend time in the home with them.

Staff recognised the importance of equality and diversity in the care provided; it was evident that people's differences were understood and supported by staff who had completed equality and diversity training. This included people's right to family life, religious freedom.

Staff helped people to access information about external bodies including community organisations and advocacy services. This meant that people could get independent advice and support when they needed it.

The registered manager ensured that people's information was treated confidentially in a way that complied with legislation. Staff were aware of the need to be mindful about maintaining privacy and confidentiality with people's records.

## Is the service responsive?

### Our findings

At the last inspection the service was found Good in Responsive. At this inspection, we found the service was still very responsive to people's individual needs and preferences. This had led to very positive outcomes for people. The service continued to be rated as Good in the Responsive domain.

People were very happy with the care they received at Lyndale. Comments included "It's the best" and "This is my home and staff look after me really well." A visitor commented "It's brilliant – you can tell how happy she is."

People's received responsive care both when they were well and when their mental or physical health declined. A health professional commented "... I've been so impressed whilst working with Lyndale over the past 2 years... I feel the manager has been very aware of safety issues and made detailed individual client centred plans to ensure all staff are aware of client's needs." They also added that the care plans were "... reviewed and adjusted...following significant assessment to encourage the client to be more independent."

Evidence shows that although people may need to spend time in hospital when they are acutely mentally unwell, people's mental recovery is enhanced when the time in hospital is kept as short as possible. The service provided a very individualised approach to support people when their mental health was at risk. Staff were exceptionally well trained and had an excellent understanding of each person. For example, they understood how one person became particularly unwell around times such as Christmas and birthdays, which had led to the person needing admission into an acute mental health setting in the past. Staff were able to describe how they now recognised a seasonality to the mental illness for one person. This meant they anticipated the additional support the person needed around Christmas and birthdays, which they then delivered. The person described how this had been very positive and "helped me have only a short time in hospital."

A health professional said "I think staff take time to really get to know their residents' needs well, and support them to develop a balanced lifestyle to include a variety of activities they enjoy using various resources within the local community. They then support them to develop their confidence so they can be as independent as possible, whilst safe, in carrying these out. In all, their care has resulted in significant improvement in overall functioning, improved mental health and better quality of life for residents."

People were fully involved in the planning and reviewing of their care. People had care plans which reflected their risks, needs and preferences. The plans described very person-centred care, recognising how this might need to be adapted, dependent upon the person's mental wellbeing at different times. Care plans were developed with each person and contained positive reinforcement for the person. The care plans reflected the person's physical, mental, emotional and social needs. Information about each person's background and history was recorded which helped staff understand and get to know each person individually.

Staff were very skilled at assessing each person holistically and worked closely with them to ensure they were supported to achieve effective outcomes. This enhanced each person's sense of wellbeing and self-worth, promoting their ability to be independent. When necessary, changes were made to ensure people received the right care for how they were presented, which could alter significantly at times. For example, where a person's mental health deteriorated, the care plan showed the changes that had been made to support the person. This included supporting the person to have more one to one time to enable them to undertake both personal care and social activities. One person's care plan described their self-esteem as "I benefit from positive reinforcement as I know that I have low self-image..." To support the person to improve their self-esteem, the care plan described how the person liked to receive regular reminders from staff about how well they were doing. During the inspection, we observed staff being very positive about how well the person was doing and how good they had become at cooking their own meals. It was evident from watching this, that the person really gained confidence and was able to talk about the food they now enjoyed and the meals they had cooked. The care plan also described how the person had expressed that because of this, "...the prospect of independent living is no longer frightening to you."

Staff encouraged people to develop an interest in activities such as cooking which helped to support their independence. For example, staff engaged people in preparing an 'Around the World' menu which was cooked on a designated day every fortnight. People helped to prepare national dishes, as well as decorating the tables and dining room. Photographs of the events showed people really enjoyed these special occasions. A raffle was held and the winner would choose which country was going to be the theme for the next 'world menu'.

People were supported to learn and maintain skills and to engage in meaningful activities. This resulted in increased confidence and reduced social isolation. They were supported to follow interests and hobbies and to have access to education and training. For example, one person had developed culinary skills and qualifications. They explained they had previously not been able to cook, but had been supported by staff which meant they were able to prepare their own meals. They were very proud of this achievement as they said how much they enjoyed cooking now and felt able to do this successfully and safely. They were very proud to show us their food hygiene course certificate which was displayed in the kitchen. They described how they always ensured they washed their hands before cooking. They were explained how they cooked and stored food safely.

Another person described how they went to college, which had helped them achieve qualifications in English and Mathematics.

One person was being supported to achieve a goal of saving enough money to buy a computer and four computer games. Staff had enabled the person to visualise their saving by drawing a big pot of money with targets showing £50 increments, which had been coloured in when achieved. Staff had also supported the person to write a shopping list of what they wanted which had encouraged them to budget for items, whereas previously they had not had this skill.

The staff worked closely with health and social care professionals to ensure they were responding to people's needs. For example, one professional commented "Any questions raised in relation to clients are dealt with promptly and professionally. I have found staff to be very helpful and efficient in any communication and they are always friendly and keen to help."

There was a strong focus on people's individual preferences and needs with staff working empathetically to ensure that personal preferences on day to day routines as well as likes and dislikes were recorded in care plans. Staff described these and explained how they provided individualised care for each person

considering the person's mental health on a particular day. They explained this would be on how the person appeared and how they expressed their wishes. Staff explained how they recognised when one person presented as low in mood. They described how the person might need to be encouraged more to take part in particular activities they enjoyed.

People were supported to be active and valued members of the local community. They were encouraged to undertake activities both in the home and in the community. Most of the people living at Lyndale were involved in groups outside the home. The home ensured they worked with these external organisations to support the person. Staff also arranged activities which people could do by themselves or in groups, such as special trips out which people could sign up for. For example, trips had been arranged to the seaside and to a Christmas craft and food fair. In addition, staff supported people to be involved in activities in the home such as providing Christmas boxes for a charity, which people said they enjoyed doing as "it gives something back."

A health professional commented "[Person] is supported in activities and they manage [person] well at times of distress, asking for review when appropriate."

One person commented "Can go out when you want, go out for a smoke, watch TV, and go upstairs and play music. Go out on your own. Do trips here. Weekends go out in car or minibus, depends how many people's going. Just got back from surgery, went to Tavistock market. Had a lift up to surgery and walked back. On the way back do a bit of shopping in the market." This showed that staff supported people to do what they wanted and responded to each person as an individual.

Although the home did not regularly support people at the end of their life, they had supported someone living at the home who had been diagnosed with terminal cancer. The registered manager explained how they had provided well-coordinated end of life care to the person working alongside health professionals, including the person's GP, district nurses and end of life specialist nurses.

The registered manager described the experience, saying "This was a first experience for Lyndale, as we had never experienced a death in the home. My team were absolutely amazing, as when I needed to increase the level of support we were providing, they were happy to help cover extra shifts. A couple of staff even visited the client when they were on days off."

The registered manager went on to explain about what they had put in place during the last week of the person's life, which had included extra staff around to make the person's life less painful and as comfortable as they could make her. The registered manager described the person's last days saying "We would go up to her room and take it in turns to spend time with her comforting her and sometimes just holding her hand. The staff pulled together as a team to support the client, putting their own fears and worries aside. The client once told me that she was very pleased with the care of the staff and she was pleased that she did not have to move to another home, as she felt that this would have ended her life much earlier."

Feedback from health professionals who supported the staff during the person's end of life care was very positive. For example, one professional commented how the registered manager had had a "Really complex discussion" with them to ensure they were able to support the person at home. They also described how staff had been "... very responsive, very supportive and really very good." Another professional described how they had engaged with the home on "a reflective piece of work" after the person's death. This demonstrated how the service was engaged in learning from new experiences and were keen to develop their knowledge and understanding.



The registered manager also described how staff had supported the other people living at Lyndale, commenting "The staff also positively supported the other clients during this difficult time (as this client had lived at Lyndale for many years and was popular among the other clients). The staff helped the other clients in adjusting to the realisation that the client was going to pass away. The staff were amazing in supporting the other clients to attend the funeral (some of the staff attended the funeral on a day off), and cope with their grief after this. We have visited the client's grave with other clients to put flowers on it for her birthday this year, and we will later this month mark the anniversary of her passing. This is one of the reasons I think my team are outstanding."

The registered manager and staff understood the requirements of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. People at Lyndale could communicate verbally and were able to read and write. However, the registered manager and staff had worked with one person who had some sight and hearing impediments, to ensure they were able to access information easily. This included using a computer with a larger font so that it was easier to read. Another person was supported in their understanding of their care by the use of pictures and stories.

People were also supported to use technology including mobile phones and computers. People had access to broadband within the home. People said they found this was useful as a means of keeping in contact with people and as a way of using the internet.

People said they knew how to complain and felt if they had a concern this would be dealt with promptly and fairly. No-one living at the home had raised a complaint. The registered manager said they had an "open-door policy" which meant that if anyone had a complaint, this would normally be picked up quickly and informally. Everyone we spoke with said they were happy and had had no reason to complain, although they felt the registered manager would deal with it if they had.

## Is the service well-led?

### Our findings

At the last inspection the service was rated as Good in the Well-Led domain. At this inspection, we found the service continued to be very well-led by a registered manager and the provider. The service therefore continued to be rated as Good in this domain.

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

The provider and registered manager had professional qualifications and years of experience working in social care. They were both committed to their own personal development and the development of the staff team as well as new practitioners in health and social care. For example, the registered manager had recently completed a Masters level qualification to support social work students who undertook placements at the home. During the inspection, there was a student completing a placement at the home, who said they had had a very positive experience during their placement at Lyndale.

People were supported therapeutically to reduce the impact of an escalation in mental illness and the need for inpatient stays in mental health settings. This therapeutic approach was described in the service's statement of purpose as "Lyndale supports the recovery model of thinking and sees people beyond their issues, recognising and promoting the opportunities that can harness their abilities, interests and goals." It also described how the staff were supported to deliver solution focussed therapy and support, time and recovery. This approach is widely recognised nationally as a method to support people living with a mental illness. This model of care was led by a registered manager who was qualified in the field.

Although most people at Lyndale had lived there for a number of years, the registered manager and staff were supporting people to look forward and consider how they might move on and become more independent. It was recognised that this might not be possible for everyone, but people were being encouraged to fulfil their potential and be as independent in some aspects of their life.

The registered manager also actively reviewed the training requirements for staff based upon the specific needs and issues of the people living in the home. This meant that they helped to ensure that staff kept up to date with best practice and guidance.

There was a really clear vision of how to support people who lived with mental illness, both when they were in recovery and when they became unwell. The culture in the home was very person-centred and supported people to be empowered in their life. This was because people were put at the heart of the home and involved, as much as possible, in decisions that affected them. One person commented "Am very friendly with [registered manager], likes me very much, very good judge of when I'm ill, helps to have someone like this."

A health professional said "Lyndale is very well led and the manager appears to have clear plans of care which are shared and checked and reviewed regularly, and shared and discussed with staff to ensure they are all consistent in their approach.

Another professional commented "In my experience the Manager is very good and she contacts the team appropriately when there are any mental health concerns and is quick to carry out any actions following reviews. She communicates effectively with her staff. She is well liked by [person]."

A third professional commented "I have very regular contact with the [registered manager] and visit the home regularly. I have observed [registered manager] interaction with the residents and she clearly has a strong therapeutic relationship with each one of them. With regards to the [person] I work with [registered manager] had a very good relationship with [person] which has enabled her to build a close relationship with individuals and also their family's which I am aware of through attending reviews."

The provider and the registered manager worked closely together to ensure that the governance, leadership and culture of the home supported it to be well run and suited to the needs of the people who lived there.

There was a governance system which reviewed the running of the home and the care provided regularly. Staff, the registered manager and the provider all took responsibility in ensuring safe, effective and responsive care. There was a performance and management framework which clearly described how quality and safety was delivered. Audits were undertaken and there were robust systems to identify and correct areas where any issues were found. Staff and the registered manager completed audits and checked processes. They were able to describe the impact and importance of these systems. This helped to ensure that resolutions to any issues found were addressed quickly and effectively. The provider undertook regular reviews on audits and checks that had been carried out by the registered manager and staff. Service improvement plans were part of the approach to quality and safety. These plans clearly described what the issue was, how it was being addressed, who was responsible and when it was to be done. The plans were monitored to ensure they stayed on track.

The registered manager and the provider both were very visible around the home. They would, at times, get involved in the delivery of care, particularly where a person became mentally unwell. This helped to mitigate the risks associated with some behaviours that could challenge others. It also helped them to work alongside staff and observe their practice. Staff said they found both the registered manager and the provider were available for support and advice, which was very helpful, particularly where a person's mental wellness deteriorated. One person described how they had avoided a hospital admission because of the registered manager's timely intervention.

Staff met with the registered manager and each other as staff meetings were held regularly. These meetings were seen by both the registered manager and staff as opportunities to raise concerns and issues. For example, at one meeting, staff had discussed their anxieties about the Care Quality Commission inspection. The registered manager and provider had therefore conducted an interactive exercise to allow staff an opportunity to reflect how they could demonstrate the homes values and staff did well. This meant that the staff were more confident about the inspection process and their part in it.

Feedback from people, families and professionals was used to look at how to improve the quality of the care at Lyndale. Questionnaires asked reflected the CQC's key questions around the service being safe, responsive, caring, effective and well-led. Completed questionnaires contained very positive feedback in all areas. Comments included "...manager is always there to listen to you when you have any concern..." and "...well led and managed, this goes without saying." "High quality care is given by high quality staff who are,

no doubt chosen for their empathy. Good management is put in place by [provider name] and [registered manager name].

The registered manager understood their responsibility to inform CQC of events that could impact on the delivery of care. The CQC had received information about the service when needed. The last inspection report and rating was displayed prominently in the home and on the home's website.