

## Burrow Down Support Services Limited

# Burrow Down Shortbreaks

### Inspection report

Lynwood  
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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

### About the service

Burrow Down Shortbreaks, known as Lynwood Lodge, provides short breaks for up to six people who have a learning disability, autistic people, and people with additional associated needs such as physical disability, sensory impairment and complex behaviours. At the time of the inspection there were five people using the service. Lynwood Lodge is a large, spacious dormer bungalow situated in a residential area of Torquay. Some bedrooms are en-suite, and people have use of large communal spaces including a lounge, kitchen diner, a large activity/dining space with kitchen facilities and pleasant and secure outdoor space. The service was well established and had previously operated for a number of years from a different property. The provider, Burrow Down Support Services Limited, also provides residential, day and outreach services.

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

Encouraging independence was at the heart of the culture at Lynwood Lodge. People were treated with dignity and respect and were supported by staff who knew them well. People's care plans clearly identified their individual goals and detailed how staff could support them to achieve them. Staff aimed to anticipate people's needs and to recognise people's distress at the earliest opportunity. People's families told us their loved ones were supported to be as independent as possible. A health professional told us how much Lynwood Lodge is "needed in the Bay" and is a "good steppingstone for younger people" who were transitioning from either their home or from one service to another. One family member told us their loved one "couldn't get dressed before, they encourage her to do things for herself". A third family member told us, "His independence has improved, and his speech is so much better, he laughs like he did when he was a child and is smiling." People and their families were involved in decisions about their care and people were supported to receive care in a way which suited them. Staff used different and individual methods to communicate with people and to help them express their views.

People's families spoke highly of Lynwood Lodge and the staff that worked there. Comments included, "It's like a second home, I can leave him with them and I know he's in good hands, I don't have to worry." "They've done so much for my family, they've got him out of his shell and he is confident there." "They go above and beyond for him." And "we've tried lots of places that weren't so good, but he loves it there."

Staff understood people's different and complex needs. Care was planned and delivered in a way which included supporting people to work with health professionals during a period of change to identify the best type of care for their next placement. One person's family member told us, "He's changed in every way, 150% in a positive way." People's care plans were extremely detailed, and people were involved in developing them. Care plans focused on people's strengths, personal choices and how they needed to be supported. Health professionals and people's families told us that Lynwood Lodge achieved good outcomes for people. One health professional told us that "Prior to going to Lynwood Lodge, our client had been self-neglecting, isolating herself and being hostile to her housemates and support staff. Our client quickly settled into the placement and she was engaging, sociable, and accepting of support."

People's families valued the service highly. One told us that if their loved one was unable to stay at Lynwood Lodge, "It would be devastating." Another said, "I cannot speak highly enough about Lynwood Lodge because it's our lifeline." People took part in a range of activities which they not only enjoyed but that supported them in developing new skills. Staff understood people's communication needs and people's care plans provided clear information to ensure people were supported to communicate, express themselves and to be understood.

The physical environment met people's needs well and there were spacious communal areas. Staff had the training, skills and experience to meet people's needs. New staff completed a comprehensive induction programme before working with people and experienced staff completed shadow shifts before supporting somebody they had not worked with before. Staff had completed training courses relevant to people's needs and more training had been arranged. Care records showed people were supported to access health services such as their doctor, dentist and hospital specialists and people's families felt their loved one's health needs were well supported.

Risks to people were assessed, monitored and mitigated. Positive behaviour plans were used to reduce the risk of people harming themselves or others and staff worked pro-actively with people to manage their risks. A health professional told us they had recently recommended Lynwood Lodge for a person with complex behavioural issues because they "feel they are safe with them". People were supported to take their medicines safely and people were protected from the risk of abuse. Infection control was well managed.

There were enough staff to meet people's needs and staff were recruited safely, most people had one to one support. One person's family member told us, "There's loads of staff." Another said, "It seems like there's a lot of staff, no one's ever left out."

The culture of Lynwood Lodge was open, inclusive and people and staff were being empowered to fulfil their potential. Systems were in place to monitor quality and were operated effectively by the registered manager and provider. The service worked openly and honestly in partnership with health professionals and people's families. One health professional told us, "They are honest and transparent and share information well." Another said, "I had a positive experience of working with Lynwood Lodge. Communication was always good so I had no difficulty obtaining regular updates and they would contact me promptly if anything needed to be addressed."

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Lynwood Lodge is located in a residential area with local shops and facilities nearby. People are supported to be as independent as possible, to access the local community and were treated with dignity and respect.

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 07/02/2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection. 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

### Is the service effective?

Good ●

The service was effective

### Is the service caring?

Good ●

The service was caring

### Is the service responsive?

Good ●

The service was responsive

### Is the service well-led?

Good ●

The service was well led

# Burrow Down Shortbreaks

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014. 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

The inspection was carried out by one 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period 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 office to support the inspection.

#### What we did before the inspection

We reviewed records that the provider had sent us in advance of this inspection, including records relating to quality assurance, training and maintenance. We contacted three health professionals for feedback. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people using the service and observed people eating lunch and interacting with care staff. We spoke with the providers representative, the registered manager, the deputy manager, the administrator and a member of care staff. We reviewed a range of records including records relating to recruitment, training, supervision, safety management and incidents. We reviewed one person's care plan.

#### After the inspection

We continued to review records and sought feedback from a further three health professionals. We reviewed two people's care plans. We spoke with ten people's family members and 3 members of staff. On the second day of inspection we provided final written feedback.

# 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 for 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; Using medicines safely

- Risks to people were assessed, monitored and managed well.
- Risk assessments were in place in relation to specific risks, for example the use of oxygen, falls or choking.
- Positive behaviour plans were used to reduce the risk of people harming themselves or others.
- Staff worked pro-actively with people to manage their risks. For example, one person was at risk of cutting themselves if their nails were too long but did not like the sensation of having them filed; staff used desensitisation techniques to work with the person on a regular basis to manage the risk.
- A health professional told us staff were, "Very good regarding specific conditions, such as autism." They told us they had recently recommended Lynwood Lodge for a person with complex behavioural issues because they "feel they are safe with them".
- People had detailed personal evacuation plans and the fire system, and other safety areas, were serviced and maintained by contractors.
- People were supported to take their medicines safely. Staff administering medicines were trained and assessed as competent to do so.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People received safe care and were protected from the risk of abuse.
- We asked people's families if they felt their relative was safe. Comments included, "Absolutely." "100%." "Yes very safe." "Yes I do – I wouldn't leave her if I didn't." And "Yes, very safe."
- Staff had received safeguarding training and felt comfortable raising any concerns.
- Incidents were reviewed each week, and action was taken to reduce the risk of the same thing happening again. For example, one person had become distressed during a group outing which resulted in them displaying behaviours which upset another person. The registered manager reviewed the incident and reminded staff that this person preferred to be supported alone and should not be placed in this position again.

Staffing and recruitment

- There were enough staff to meet people's needs and staff were recruited safely.
- Staffing levels varied dependent on which people were using the service. Most people had one to one support.
- One person's family member told us, "There's loads of staff." Another said, "It seems like there's a lot of staff, no one's ever left out."
- Robust recruitment systems ensured all relevant checks were made prior to staff starting work and that staff completed all mandatory induction requirements, such as reading company policies.



### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- People's needs were assessed in advance of them using the service and were reviewed periodically.
- Lynwood Lodge used a bespoke care planning system and worked with the programme designers to adapt and develop it to best reflect people's needs. Each individual care plan detailed the training staff required to meet those needs safely.
- People's care plans were detailed and gave staff supporting them excellent information about people's health conditions and what they meant for them; people's needs, choices and how they wanted to be supported.
- People's nutritional needs were assessed, and they were supported to eat a balanced diet including where people needed support with portion control. For example, one person's care plan said, "I have no awareness of when to stop eating or drinking and will continue to eat or drink until there is nothing left, so please be mindful of my portion sizes."
- People were supported to make choices about their food and drink and to help prepare their food if they wished to. One person's family member told us, "He chooses his food, says what he wants."
- We observed people being supported to eat and drink safely. One person was being observed from a distance because they were at risk of choking, and another had their food cut up into bitesize pieces in line with their care plan and risk assessment.
- People's families told us they felt people's nutritional needs and risks were well managed. One said their loved one was well supported "with his food, making sure he has the right food and it's how he can eat it".

Staff support: induction, training, skills and experience

- Staff had the training, skills and experience to meet people's needs.
- New staff completed a comprehensive induction programme before working with people. One staff member, who was new to care, told us, "I had to do about fourteen courses before working unsupervised. I felt confident."
- Experienced staff completed shadow shifts before supporting somebody they had not worked with before. One staff member told us they "shadowed other staff, and other staff shadowed me" and that the staff team were supportive of each other. One person's care plan said, "It is very important that you read my positive behaviour support plan and my individual plan of care before you work with me."
- Staff had completed training courses relevant to people's needs and more training had been arranged. For example, courses in epilepsy and conflict resolution were due to take place shortly after the inspection.
- Staff received regular supervision and were encouraged and supported to complete vocational

qualifications.

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

- People were supported to access health services and care in a timely way.
- Care records showed people were supported to access health services such as their doctor, dentist and hospital specialists.
- People's families felt their loved one's health needs were well supported. One family member told us that when their loved one had a chest infection, "They were fantastic and did everything they could, got the doctor in rather than taking him there and stayed with him. He didn't even need bedrest which he always has before."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were being supported in line with the requirements of the MCA.
- People's care plans contained capacity assessments where appropriate.
- Assessments were completed in relation to specific decisions, such as support with nutrition or consent to personal care.
- We checked one person's deprivation of liberty authorisation and the conditions attached to it, which were being met.

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

- The physical environment met people's needs well.
- There were spacious communal areas including a homely lounge and large kitchen and dining area. There was a second large activity room which also had kitchen facilities for people to use. This meant there were a variety of spaces people could choose to use and sufficient space for people to spend time alone when they wished to.
- The secure garden provided opportunities for outside activities, such as clearing the pond or playing pool. There were plans in place to develop this space further.
- Plans were in place to further develop the bedrooms and bathrooms to enable them to meet a wider variety of people's needs in the future. For example, there were plans to create a large wet room that could better accommodate people who use wheelchairs or who use a hoist.

# 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

- Encouraging independence was at the heart of the culture at Lynwood Lodge, and people were treated with dignity and respect. This was reflected in staff behaviours, documents and people's care plans.
- Each person's care plan clearly identified the person's goals and gave staff detailed guidance so they could support people to achieve them. For example, one person's nutrition care plan stated that their goal was, "To maintain a healthy balanced diet and to eat at the dining table." The care plan gave staff clear detail about how to support the person to achieve this, including their preference of eating alone.
- Staff aimed to anticipate people's needs and to recognise people's distress at the earliest opportunity. For example, one person's care plan contained twelve examples of small physical signs that would indicate the person was becoming distressed, such as, "Pushing at my lip." There were a further fourteen examples of how staff would know the person was unhappy, anxious or annoyed and seventeen examples of things which should be avoided, such as road works and small dogs, as they would cause the person distress.
- Records relating to people's care were written respectfully. For example, one person's care notes said, "I offered X his evening hygiene which he accepted, X took himself to his bathroom then accepted support with his routine."
- We observed staff supporting people discretely and respectfully on a one to one basis.
- One person's family member told us, 'The change [in him] is a massive positive and it's changed his life for the better, his routine has changed, he gets up himself, and sorts himself in the bathroom.' Another said their loved one "couldn't get dressed before, they [support her to be] as independent as they can. They encourage her to do things for herself". A third family member told us, "His independence has improved, and his speech is so much better, he laughs like he did when he was a child and is smiling."
- A health professional told us how much Lynwood Lodge is "needed in the bay" and is a "good steppingstone for younger people whose time in the family home is coming to an end. It's a good opportunity to collect information and to assess the person's next steps".

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

- People were supported by staff who knew them well.
- People's families told us that their loved ones were very well supported, and staff treated them well. Comments included, "It's like a second home, I can leave him with them and I know he's in good hands, I don't have to worry." "They've done so much for my family, they've got him out of his shell and is confident there." "[staff are] all good to them, they sit with him and talk to him about any issues he's got and he's a different person altogether when he comes home." "They go above and beyond for him." "We've tried lots of places that weren't so good, but he loves it there." "I've never seen him smiling so much as when he came back from a week there." And "I trust all the staff, they're good to him."

- Staff understood what was important to people and respected this. For example, one person's video player is essential to their wellbeing, and being without it would cause them great distress. The registered manager ensured there were always spare machines available should the one they were using break.
- A health professional told us that good care was "at the forefront" of the service.

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

- People and their families were involved in decisions about their care and people were supported to receive care in a way which suited them.
- Staff used different and individual methods to communicate with people and to help them express their views. One person was supported to use pictures to communicate. A staff member told me they might point to a "tummy ache" picture, and they would know to offer them a heat pad or some medicines.
- Staff responded when people indicated they would prefer a different member of staff. One person's family member told us, "The staff know him and they make sure he's got the same staff on duty when he's there so he has the same routine." Another said "He can be a handful so they change the staff quite often which means they're fresh and got lots of energy and he's happy with that." A third told us, "He likes certain people and if they're not very good with him he'll run them round and won't have them again."
- One person's family member told us, "They talk everything through with me." Another said "They seem to know her well, we have a book between us and any problems I have they know, they know her routine and they follow that."

# 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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Lynwood Lodge understood people's different and complex needs. Care was planned and delivered in a way which achieved exceptional outcomes for people.
- One person had moved to Lynwood Lodge after their previous residential home had closed. Staff and health professionals were able to work with the person to fully understand how they wanted to be supported, before identifying their next permanent home. A member of the person's family told us, "Staff always talk to me about his past so they know why he's doing a certain thing. They want to understand him."
- Through this work they identified that the person's individual needs would be better met if they lived alone, with one to one staff, rather than in a communal setting. Because of this they were due to move to a flat where they could live a more independent life, in a service that would be bespoke to their needs.
- Whilst at Lynwood Lodge, this person had made considerable progress and had become less isolated and more confident in their choices. Their family member told us, "He's changed in every way, 150% in a positive way and the staff are with him all the time. He goes into the house rather than just staying in his room which he used to do."
- People's care plans were extremely detailed, and people were involved in developing them. Care plans focused on people's strengths, personal choices and how they needed to be supported. For example, one person's care plan said, "I have co-written a care plan which outlines triggers for my behaviours. It also demonstrates to staff how I like things to be done and how I like my routine to be maintained." We observed this person being supported in line with their wishes.
- Health professionals and people's families told us that Lynwood Lodge achieved good outcomes for people. One health professional told us that, "Prior to going to Lynwood Lodge, our client had been self-neglecting, isolating herself and being hostile to her housemates and support staff. Our client quickly settled into the placement and she was engaging, sociable, and accepting of support throughout the placement."
- People's families valued the service highly. One told us that if their loved one was unable to stay at Lynwood Lodge, "It would be devastating, because it's a routine for him and everything would go pear shaped without it." Another said, "I cannot speak highly enough about Lynwood Lodge because it's our lifeline." A third told us, "They've done so much for my family; they've got him out of his shell, and he is confident there."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in line with their individual needs and choices and were encouraged to avoid social isolation.

- People had detailed care plans which enabled staff to support them in a personalised way. One person's care plan detailed both the activities they enjoyed and how staff should support them safely in order that the activity was a success, for example, "I like to go for one pint of shandy and a packet of crisps. Once I have finished my drink and crisps, I will get up and leave there and then, please don't try and stop me as this has caused me to display behaviours in the past."
- One person's activities overview said, "I will say to you 'Post Box', this is me asking you to go and post a letter in the local post box down the road at the local shops." On the day of inspection, we saw staff preparing to support this person to complete the activity. Another person's care plan detailed places they liked to visit, and we saw photographs of them enjoying outings in these places.
- A member of staff told us how they had supported two people who were often reluctant to engage in activities. They worked with them to draw several ideas for the day on pieces of paper and placed them in a jar to choose from. They picked to visit the local zoo and the staff member told us they "had never seen them so happy, it made a real difference".
- A health professional told us, "I felt that Lynwood Lodge were good at promoting independence. Our client was supported to be fully involved in the full range of activities of daily living and she was encouraged to continue going out independently into the community."
- People's families told us their loved ones took part in a range of activities which they not only enjoyed but that supported them in developing new skills. One family member told us, "She does a lot, they go out a lot on trips, they do cooking, crafts, painting, she likes to be with people and loves being with the staff - they encourage her all the time." Another said, "He goes out most days and he goes in the kitchen and cooks, he goes and plays ball out in the garden and does painting."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and people's care plans provided clear information to ensure people were supported to communicate, express themselves and be understood.
- Staff were working with one person to use objects of reference to back up simple sentences. Objects being introduced included a coloured towel to mean 'hospital visit', a ball to mean 'swimming' and a wooden spoon to mean 'cooking.' The person's care plan detailed how important it was that staff used these items consistently.
- Other people were supported using pictures. One person had a picture folder they used to communicate by pointing at pictures; staff drew pictures for another person to help them understand what would be happening next.
- There was emphasis on how important it was that staff understood people's unique ways of communicating. One person's care plan said, "New staff need to shadow me for an adequate amount of time to gain an understanding of how I communicate. I may use repetitive language and words to communicate my needs. If this is not managed, my anxieties may increase."
- People's care plans contained detailed information about how people used sounds, noises or body language to communicate, and staff worked to continuously observe and analyse how people communicated. A health professional told us that the registered manager was a "stickler for observations" and that the observational tools used to record information about particular behaviours were very good, relevant and with current information. These tools were analysed in conjunction with health professionals to better understand what people's behaviour was communicating.

Improving care quality in response to complaints or concerns; End of life care and support

- There had been no recent concerns or complaints.
- People were supported to raise concerns. There was a large poster in the hallway which gave details, including in picture format, about how to make a complaint. Managers completed a weekly audit and as part of this checked if people staying at Lynwood Lodge on that day understood how to make a complaint.
- We spoke to ten people's families and they all told us they had no current concerns but would feel comfortable raising a concern should they need to.
- One person's family member told us that if they had any concerns, "I'd go to the registered manager, I'll email them." Another said, "Oh yes I would feel comfortable to, they'd know about it if I wasn't happy!"
- Staff told us they felt comfortable raising any concerns.



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

- The culture of Lynwood Lodge was open, inclusive and people and staff were being empowered to fulfil their potential.
- A manager's weekly audit included an assessment of the overall atmosphere, looked for evidence of a person-centred approach and asked people for feedback.
- Most people's families told us they had been asked for feedback about the service. One said, "Yes, had questionnaires and we have meetings about his care plans." Another said they were usually asked for feedback "every twelve months".
- A health professional, who was supporting a person who needed a short stay during a move between services told us, "The stay kept having to be extended at short notice, and Lynwood Lodge went above and beyond to ensure they could continue to accommodate our client."
- We received positive feedback from people's families, health professionals and staff regarding the management of the service. One staff member told us, "I can go to the registered manager about anything." A family member said the registered manager was, "lovely, very approachable." A health professional said, "Overall, I've a really good feeling about them."

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

- Systems were in place to monitor quality performance and the registered manager and senior staff understood their regulatory requirements.
- Senior staff completed a weekly audit which reviewed any incidents, accidents or health issues that had arisen over the previous seven days.
- Systems were in place to audit the safety of the service including infection control, food hygiene and water temperatures.
- The provider completed detailed quality audits on a three-monthly basis, and the registered manager held regular meetings with the provider.

Working in partnership with others; 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

- The service worked openly and honestly in partnership with health professionals and people's families.

- Staff worked with health professionals to better understand people and improve the care they receive by sharing information. One health professional told us, "They are honest and transparent and share information well."
- Another health professional told us, "I had a positive experience of working with Lynwood Lodge. Communication was always good so I had no difficulty obtaining regular updates and they would contact me promptly if anything needed to be addressed."
- Staff also worked closely with people's families to ensure continuity of care between people's own home and Lynwood Lodge. One person's family member told us, "We both do the same at home and there, and it's all in her care plan."