



Inspection Report on

Lyndell House Limited

**Lyndell House Private Nursing Home
38-40
Eaton Crescent
Swansea
SA1 4QL**

Date Inspection Completed

28/03/2024

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About Lyndell House Limited

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | LYNDELL HOUSE LIMITED |
| Registered places | 23 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 15 November 2023 |
| Does this service promote Welsh language and culture? | The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People who live in the home and a relative told us they are happy with the care and support provided and this was confirmed by observations on the inspection day. Care workers and nurses told us they receive good support from the management team and enjoy working in the service. Care planning processes are robust and thorough. An experienced and trained team of care workers and nurses work in the home. We have requested continued urgent actions are taken to ensure there are adequate and safe environmental fire risk prevention measures in place. Some areas of the environment would benefit from repair and updating. The manager told us there is a plan in place to complete these. There have been recent management changes. The previous manager has now returned to work in the service on a temporary basis. Responsible Individual (RI) arrangements will be changing in the future and there is current planning in place to achieve this.

Well-being

Practices and processes in place at Lyndell House support people to manage their physical and emotional well-being well. Staff working in the service are committed and motivated to provide good outcomes for people and a good standard of care and support. We saw evidence of people making positive progress in relation to their wellbeing and health. People and a relative informed us they are happy with the support provided and the caring approach of staff. A relative informed us communication is good with and from the service. We noted positive interactions between staff and people throughout the inspection. People are consulted about their preferences, choices, and support needs. Policies and procedures provide clear guidance for staff to understand their role and how they should provide care and support. The current Statement of Purpose (SoP) is reflective of the service provided. There are good processes in place for assessing, monitoring and reviewing the care and support needs of people. Care workers receive online and taught training, they are also supported by nurses.

People live in a service that is comfortable, clean and bedrooms are personalised. All communal areas are well presented, clean and well maintained. Since the last inspection routine fire safety procedures have been improved and documented on a regular basis. Despite this we saw not all risk areas detailed in a previous and recent fire risk assessment have been fully actioned and completed. This needs to be urgently addressed to ensure people remain safe and adequate fire safety measures are in place. We also observed some repairs continue to be needed to some internal areas. The manager told us there is a plan in place to address these and to further enhance the environment both internally and externally. All entrances and exits to the service are safe and secure. People told us there is a good choice of food provided and different dietary needs are catered for.

There have been recent changes in relation to management and oversight in the service. The previous registered manager has now returned to work in the service. This is on a temporary basis and planning will take place in relation to a future successor. There is good oversight of the quality of service provided and planning is taking place in relation to future RI arrangements. We received positive feedback from staff regarding the support provided from managers. Staff are recruited safely and mandatory employment checks are completed routinely.

Care and Support

People are supported by experienced, committed and trained staff. We spoke to two people and a relative, we received positive comments regarding the care and support received and provided. We also observed very positive interactions between staff and people throughout the inspection visit. A relative told us; *“very happy with the care and support provided, no concerns or complaints at all.”* Staff are gentle, understanding and caring in their approach, which creates a relaxed, friendly atmosphere. The manager told us a new dedicated activities coordinator has recently been recruited and will shortly be working in the service. We spoke to four staff and received positive feedback about the training provided which includes; safeguarding, first aid, dementia and manual handling. Staffing levels are consistent with the SoP for the service and include qualified and registered nurses. The manager told us the staff team are very experienced, many having worked in the service for years. The manager told us there are interviews planned to recruit a new maintenance person.

People’s care and support needs are clearly documented in detailed, thorough, and regularly reviewed personal plans. Managers and care workers have good knowledge of people’s on-going care needs. A sample of personal plans viewed contain very detailed information regarding their care and support needs. There is comprehensive information regarding health care needs such as diabetes and pressure area care and person specific risk assessments are in place. We saw thorough recordings documenting contact with external health professionals where required. There are thorough and robust pre-admission procedures. including assessment, transfer and new person’s checklists. There are daily handovers of care arrangements in place and regular staff team meetings taking place.

There are safe medication administration and storage processes in the service. We completed an audit of medication storage, administration and recording which showed adherence to good practice standards. The manager stated The Swansea Bay University Health Board Medication Management Team have recently visited and will be again shortly. This team provides support and advice to care providers and helps ensure safe medication practices are maintained. All medication in the service is currently administered by qualified and registered nurses.

Environment

Lyndell House is a well presented home with suitable adaptations and facilities. Communal and private rooms are spacious, homely and thoughtfully furnished and decorated. The design and location of people's individual rooms are carefully considered, in line with their needs and wishes. We saw all communal areas of the service are clean and clutter free. There are homely touches to corridors including pictures of local scenes. The manager told us of future plans to update an external rear garden area, replace the internal lift and also fit stair lifts for use if the lift is not working. Also, to fit new floor coverings in some communal areas. The manager told us the person responsible for maintenance has left and a new maintenance person is currently being recruited. The home has suitable arrangements for storing and accessing confidential information. The kitchen is presented to a high standard and has a current food hygiene rating of four (Food Standards Agency). This means there are good standards in place regarding food storage, handling and cleanliness. The kitchen staff have a good knowledge of people's dietary needs including specialist requirements such as diabetes and swallowing difficulties. All people spoken with informed us they enjoy the variety and choice of meals provided.

We completed an audit in respect of health and safety arrangements in the service. We looked at the fire risk logbook and found regular fire safety checks are now being completed including for; fire evacuation, fire alarm zone checks, fire doors, emergency lighting etc. Since the last inspection the provider has commissioned an external professional to complete a new fire risk assessment in the service. We read the latest fire risk assessment completed in February 2024. We saw six areas of non-compliance detailed requiring urgent action. Some of these remain outstanding from a previous fire risk assessment completed in April 2023. The manager told us they are making good progress in addressing these issues and discussed planned dates to fully complete all outstanding works. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action. We found good compliance in other areas such as gas safety, lift servicing, portable appliance tests (PAT). We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (COSHH). There is a dedicated laundry room and soiled items are separated from clean, observing good infection control.

Leadership and Management

The service provider has governance arrangements in place to support the smooth running of the service. Since the last inspection the previous registered manager has returned to resume the role. The manager told us this is planned for a six month period and planning will take place to ensure appropriate management cover is in place when they leave. RI arrangements remain the same but a new RI is in the process of training and learning to replace the existing RI in the future. We read previous reports completed by the RI that contain information regarding discussions with people and staff. We spoke to four staff members and received overwhelmingly positive feedback about their experience of working in the service. A care worker told us; *“I feel very well supported. I do get a quick response when asked. A nurse is on each shift to support and guide us”*. The home has clear and informative policies and procedures to support staff. These are reviewed and updated to ensure they reflect current legislation and guidance. We read the latest SoP which is an accurate description of and guide to the service and is reflective of inspection findings.

People receive prompt support from staff, who are visible and attentive to their needs and wishes. The manager told us there is a full care and nursing staff team in place. Rotas show safe staffing levels are consistently maintained. Staff told us they have time to give people the physical and emotional support they need, this was evident during the inspection. Staff are suitably recruited and trained. Information provided by the service shows good staff training compliance. The required checks are carried out before staff are employed, including a criminal check by the Disclosure and Barring Service (DBS). Staff receive formal, individual supervisions and annual appraisals, allowing them to reflect on their performance and development. Since the last inspection the manager has ensured all staff have received formal documented supervision. The provider has good financial oversight and continues to invest in improvements and has future plans to further invest in environmental changes and updates.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|---|--------------|
| 44 | The provider needs to ensure the premises is free from hazards to the health and safety of any individuals and any other persons who may be at risk. The provider needs to complete urgent works to their fire safety systems to ensure compliance. | Not Achieved |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 36 | The service provider must ensure that any person working at the service receives appropriate supervision. | Achieved |

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