

Inspection Report

Lyndell House Limited



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



01792472131

Date(s) of inspection visit(s):

19/05/2025, 16/05/2025

Service Information:

Operated by: LYNDELL HOUSE LIMITED

Care Type: Care Home Service

Adults With Nursing

Provision for: Care home for adults - with nursing, Provision for

mental health, Care home for adults - with personal

care

Registered places: 23

Main language(s): English

Promotion of Welsh language and

culture:

The service provider is not meeting the Welsh language and culture needs of people and this

requires improvement.

Ratings:



Well-being

Requires Improvement



Care & Support

Requires Improvement



Environment

Good



Leadership & Management

Good

Summary:

Lyndell House is located on a peaceful residential street near the Uplands area of Swansea, just a short distance from the town centre. The home is well-placed for easy access to local amenities, including cafés, a Post Office, and GP surgeries.

Lyndell House provides support for adults aged 50 and over who are living with a range of mental health conditions, such as depression, anxiety, and bipolar disorder. For residents who have lived at Lyndell House for some time and may develop more complex needs, additional support is available for conditions such as dementia.

At this inspection we found the well-being and care and support of people requires improvement because, when speaking to staff they are not always able to describe what actions they must take to support people's nutritional needs. Care plans and risk assessments are not always reviewed or updated when changes occur in people's needs and known risks. Additionally, they sometimes lack sufficient detail to guide care staff in how to help people achieve their outcomes. This has been raised with the provider as an area for improvement. Environment and leadership and management are good, but we have highlighted an area of improvement for governance.

Findings:



Well-being

Requires Improvement

People's well-being is inconsistent and requires improvement. This is because the provider does not consistently support people to live healthily and safely with control over their lives. During the inspection, staff demonstrated limited understanding of how to support people's nutritional needs. Several care staff were unclear about how to identify the nutritional needs of people. This lack of clarity poses a risk to people's health and dignity. For example, one person who declined food was not offered an alternative until prompted by the inspector. In another instance, staff were unable to describe the dietary requirements of a person on a pureed diet, with three staff giving conflicting and incorrect responses. This places the individual at risk of choking and highlighted a lack of effective communication and training.

Manual handling practices also raised concerns. We observed poor communication from care staff and a lack of reassurance during a transfer, which compromised a person's comfort and dignity. We saw bedroom doors open when care staff were carrying out personal care, and curtains partially hanging from curtain poles. This undermines the person's right to dignity and privacy. In one case, a person was pushed in their dining chair to the dining table, raising health and safety concerns.

We saw care plans referencing hobbies such as knitting and reading, but there is no evidence of these hobbies being supported or encouraged by staff. The service's Statement of Purpose promotes access to meaningful activities and community engagement, evidence of this in practice was limited. While an activities coordinator has recently been appointed, their presence is part-time, and it is unclear how activities are sustained throughout the week.

Overall, while some staff interactions we saw were kind and respectful, the inconsistencies in practice, training, and documentation indicate that people's well-being is not consistently promoted. Improvements are needed to ensure that care is delivered in a way that respects individuals' rights, preferences, and dignity.



Requires Improvement

Care and support plans, reviews, and assessments at the point of admission require strengthening. We could not see consistent evidence of people being involved in planning their care or setting personal outcomes. The new manager has shown a commitment to improving this, relatives told us, "We were asked last time we were here to be part of the review process; the new manager had only been here two weeks and is keen for us to be part of the review". This is not yet embedded in practice.

Assessments are variable and often lack the depth needed to inform safe and effective care. Personal plans do not always reflect people's current needs, preferences, or risks. We found that people are not consistently involved in the reviewing of their personal plans or outcomes. This reduces opportunities for people to influence their care and support in a meaningful way. As a result, staff may not have access to the detailed and personalised information necessary to deliver person-centred support. This increases the risk that care provided may not be appropriate or responsive to people's changing needs.

Care plans are often outdated or lack sufficient detail to guide staff effectively. For example, one plan did not include specific strategies for managing behaviours that may challenge, leaving staff without clear direction. Key information, such as communication needs, cultural background, interests, and significant relationships, is frequently missing. This limits staff's ability to provide care that is tailored to the person or supports them to achieve their outcomes.

Plans often follow a medical model and do not clearly outline how to support people to achieve their personal outcomes. In some cases, the absence of guidance on managing distress or behaviours that may challenge increases the risk of harm to both the person and others.

People with communication difficulties are particularly affected by the lack of detailed support plans. Without this information, staff may struggle to understand and respond appropriately, which can impact people's outcomes and experiences.

An Area for Improvement (AFI) has been identified in relation to care planning and reviews. We expect the provider to take action. Ensuring care and support plans are current, detailed, and developed in partnership with people, also ensures that staff are equipped to deliver safe, effective, and person-centred care.



Good

People live in a service with an environment that generally supports their well-being and safety. Areas of the service are looking tired and in need of a refresh. We saw furnishings and equipment are available to meet people's needs and preferences. This includes specialist beds, call systems, moving and handling equipment. The provider has a good fire risk assessment, and fire safety checks are conducted. Gas and electrical checks are undertaken, and well documented. Required maintenance checks are carried out by a well-organised maintenance team. Bedrooms could be more personalised as people expressed a desire for their rooms to feel more homely.

There is evidence that the service provider is investing in the physical environment. There is a new lift in place and several kitchen appliances are new. The provider has good systems in place to identify and mitigate risk to the health and safety of people. The maintenance team ensure the routine servicing of utilities such as gas and electricity take place and certificates were seen. We looked at personal emergency evacuation procedures (PEEP's) in place for people. Evacuation procedures are specific to the individual and reviewed regularly. Fire escapes were clear of obstruction to support the safe evacuation of people. The service is secure, with key code entry, we were asked to sign the visitors book in line with fire regulations. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002. We saw the kitchen had a food hygiene rating of five (very good). We found the kitchen to be clean, well-stocked and well equipped, and for the most part it was a positive dining experience for people. People told us they were happy with the food and the choices on the menu.



Leadership & Management

Good

Since the last inspection, a new manager has been appointed, and a new Responsible Individual (RI) is in the process of being registered. Both have provided assurances to CIW that the identified areas for improvement will be addressed. Information has been shared with us about discussions with staff on the importance of promoting people's well-being, meeting dietary requirements, and demonstrating respect during manual handling, have started. These need embedding within the culture of the service.

Outcomes for people require improvement. We found care staff lack sufficient knowledge about how to support people, and there are gaps in their training that have not been addressed. Care staff training records do not demonstrate that all staff had completed core or specialist training, as outlined in the Statement of Purpose (SoP). This training is essential to ensure safe practice is maintained. The Service User Guide (SUG) provides people with some information on how to make a complaint, fees, and terms and conditions, supporting informed decision-making.

Overall, people are supported by a staff team that is appropriately recruited and vetted. Recruitment and background checks are suitable to ensure staff are fit to work in social care. Disclosure and Barring Service (DBS) checks are completed at the point of employment and renewed within the correct timescales. Care staff are registered with Social Care Wales (SCW) or are working towards registration. Nursing staff hold a current PIN with the Nursing and Midwifery Council; those without a current PIN will be registered with SCW and have contracts that reflect their roles.

The provider does not have effective governance and quality monitoring arrangements in place to support service delivery. Quality of care reviews are produced, though these documents should be strengthened to include more analysis and detailed action planning. The RI gathers feedback from staff, relatives, and professionals and quarterly formal visits are conducted by the RI. Issues raised at inspection such as care plans, reviews and inadequate training have not been highlighted by the RI in the quality care review and no actions taken to address these issues. As a result of this staff do not receive the training and skills, they need to support people and people's outcomes are not being achieved. This has resulted in outcomes for people requiring improvement. We expect the provider to take action. The RI is currently mentoring the prospective RI to support a smooth transition. The prospective RI is actively involved in the service and provides guidance to the manager, who told us they feel well supported. The prospective RI is committed to making positive changes to enhance people's well-being and is pursuing specialist qualifications to support their role in the service.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified

Summary of Areas for Improvement	Date identified
Ensure care and support plans are current, detailed, and developed in partnership with people, to ensure that staff have the information they need to deliver safe, effective, and person-centred care, to meet peoples outcomes.	19/05/25
The RI has not identified issues found at inspection during their quality of care review. The quality of care review processes in the service needs to improve to ensure people get the support they need to achieve their desired outcomes.	19/05/25

CIW has not issued any Priority action notices following this inspection.

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