

# Accomplish Group Limited

# The Light House

## Inspection report

25 Berrow Road  
Burnham On Sea  
Somerset  
TA8 2EY

Tel: 01278785796  
Website: [www.accomplish-group.co.uk](http://www.accomplish-group.co.uk)

Date of inspection visit:  
24 April 2023

Date of publication:  
12 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Light House is a residential service providing personal care for up to 9 people with mental health support needs. The service consists of an adapted building, which includes individual bedrooms, communal spaces and an accessible outdoor space. At the time of our inspection there were 6 people using the service.

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

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

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. Staff supported people with their medicines in a way that promoted their independence. People had a choice about their living environment and were able to personalise their rooms. The service gave people care and support in a safe, clean and well-maintained environment.

### Right Care:

The service did not always have plans and guidance in place for staff to support people with their individual risks. We received mixed feedback as to whether people always felt safe within the service. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People told us they had good relationships with permanent staff. However, we received mixed feedback about support provided by agency staff.

### Right Culture:

Systems were in place to monitor the quality of the service to people. However, quality assurance systems were not always effective at resolving issues within the service promptly. The service enabled people to work with staff to develop the service. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 and update

The last rating for this service was requires improvement (published November 2021) and there was a breach of Regulation 18 (Registration) Regulations 2009. At this inspection we found the service was no

longer in breach of Regulation 18 (Registration), however we identified a breach of Regulation 12 (safe care and treatment). This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We carried out an unannounced inspection of this service on 21 and 24 September 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to ensure notifications were submitted to CQC as required.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Light House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach of Regulation 12 (Safe care and treatment) at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Light House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 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 contacted people's relatives by telephone to request their feedback.

#### Service and service type

The Light House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Light House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives. We spoke with 5 members of staff including the registered manager and regional manager. We undertook observations of people receiving care to help us understand their experiences. We reviewed a range of records. This included 2 people's care records and 4 people's medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and management audits. We sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had systems to assess risks to people before undertaking their care and support. However, we found examples where risks had not been sufficiently assessed and there was a lack of clear guidance for staff to follow to mitigate the risks.
- Where a person experienced seizures we found there was no written guidance or risk assessment in place for staff to know how to support the person in the event of a seizure. The person had also been identified as being at risk of falls however we found there was no risk assessment in place.
- Where a person had specific behavioural support needs and the frequency and type of incidents had increased in recent months, we found the person's support plan and risk assessment had not been updated to reflect this. This meant staff did not have sufficient up to date information to support the person safely.
- Staff we spoke with told us people's risk assessments were not always sufficiently detailed and needed updating.

We found no evidence that people had been harmed, however, the service either did not have appropriate or robust enough systems to demonstrate risks to people were effectively managed. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the service had identified people's risk assessments needed to be updated and had planned to complete this. During the inspection the registered manager sent us updated risk assessment records.
- The service was carrying out a range of building safety checks to ensure the safety of people living within the service, including electrical checks and fire safety.
- Despite our concern, health and social care professionals who worked with the service told us they felt risks to people were well managed. A professional said, "The Light House are able to work with people who are potentially high risk, however by good risk assessments and working with the individual and good communication with care teams, the risk has always been well managed by the service."

### Learning lessons when things go wrong

- The provider had a system to ensure accidents and incidents were documented, reviewed and escalated to the appropriate member of staff.
- The registered manager told us about actions taken in response to incidents to manage the risk and prevent re-occurrence.

- We were told lessons learnt following incidents were shared with the staff team during meetings. However, we found records of meetings were not consistently maintained and lessons learnt were not well documented.

#### Staffing and recruitment

- The service continued to experience challenges with staff recruitment; however staffing levels had recently been increased including the number of permanent staff employed.
- We received mixed feedback relating to staffing at the service. Most people, relatives and staff told us there were sufficient numbers of staff. A relative said, "[person] is getting care [person] needs, there is enough staff." However, some people, relatives and staff told us staffing numbers needed to increase. A person said, "No, not enough staff."
- We observed there were enough staff to meet people's needs, however records confirmed staffing levels were being regularly maintained with the use of agency staff. A staff member told us, "Yes there is enough staff to support people. We have regular agency. This is the best I've seen it."
- People told us they had good relationships with permanent staff, however feedback regarding agency staff was mixed. A person said, "Permanent staff and agency on one shift. Yeah, I know them, they know me." Another person said, "[staff member] I speak to a lot, [staff member's] nice. They don't all understand. I work with the people I know. Some agency staff not so good." A relative told us they felt staffing needed to be more consistent to meet their relative's needs.
- The service operated safe recruitment procedures to check staff suitability for the role. These included the completion of a Disclosure and Barring Service (DBS) check, proof of identity and evidence of conduct in previous employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback as to whether people always felt safe. Most people and relatives told us people felt safe living within the service. A person said, "I feel safe here. I enjoy the environment; the staff make you feel quite good." A relative said, "I like my [relative] living at this service, they are in safe hands."
- However, some people told us they did not always feel safe due to incidents involving other people using the service. We raised this with the registered manager who told us they had increased staffing levels and put measures in place to ensure people felt safer, as a result incidents within the service had reduced.
- During the inspection, a relative raised a concern which was of a safeguarding nature, the registered manager was informed, and a referral was made to the local authority safeguarding team.
- People told us they felt able to raise any concerns. A person said, "I speak to all the staff, all really nice."
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse. Staff had completed safeguarding training and knew how to recognise and report any abuse.

#### Using medicines safely

- People received their medicines from staff who administered, recorded and stored their medicines safely.
- Medicines administration records were completed with no gaps in recording identified. The service had an up to date medication policy in place and medicines were stored securely.
- There was appropriate guidance in place for medicines prescribed 'as required' (PRN). Staff administering medicines had been trained and their competency had been assessed.
- People told us they could take their medicines in private when appropriate and safe. A person said, "I keep it in my room, self-medicate. Collect it once a month."

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff



supported people to follow them. The service was clean and well maintained. A person said, "I clean my own flat, if you ask for support, they help you."

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

Visiting in care homes

- The provider was supporting visits in line with the government's guidance.

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

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

- People's rights to make their own decisions were protected.
- People told us staff sought their consent before providing support, our observations confirmed this. A person said, "Yeah, they [staff] don't assume."
- People's consent to care was recorded. Staff had completed training on MCA and demonstrated an understanding in line with the key principles.
- Where people were deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure all notifications were submitted to CQC as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 (Registration).

- The service had systems to monitor the quality and safety of the service such as medicine, health and safety and infection control audits. However, governance systems were not fully effective in ensuring all issues were identified and addressed in a timely way.
- Audits completed by the service and provider had identified improvements were required to people's support plans and risk assessments. However, these had not led to timely improvements.
- The system to record and monitor incidents had not ensured all appropriate actions were taken following a period of increased incidents within the service. A person's support plan and risk assessment had not been updated and a compatibility risk assessment had not been reviewed to assess the impact on other people living within the service. We found lessons learnt following incidents were not always well documented.
- The management team told us a new system of audits was currently being introduced which would ensure audits were more effective at addressing issues identified.
- The service had submitted notifications to CQC as required. A notification is information about an event or person which the service is required to inform Care Quality Commission (CQC) of.
- The service had an improvement plan in place. Where issues were identified during the inspection the registered manager acted promptly to make improvements.
- Overall, we received mostly positive feedback about the management of the service. Most people and relatives told us the service was well managed. A relative said, "Oh yes, service is well managed, very competent." However, some people and relatives felt improvements were needed to deliver better communication and consistency of staffing. Responding to whether they felt the service was well managed, another relative said, "Not really."

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

- The service had systems to support communication with staff such as a daily handover meetings and staff meetings. Feedback regarding staff meetings was mixed, most staff told us they were effective. A staff member said, "Yes, every month, staff are able to voice any concerns. Managers door is always open." However, other staff told us the organisation of staff meetings needed to improve. We found records of staff meetings were not being consistently maintained which meant if staff missed meetings they may not remain up to date.
- The service had systems to capture feedback from people such as regular meetings and satisfaction surveys. Records of meetings showed the environment, activities and people's likes and dislikes were discussed. People spoke positively of the meetings, a person said "Ask you questions, any concerns, ask what you want to do. It's well attended."
- Records showed relatives feedback had been obtained through satisfaction surveys, however most relatives we spoke to told us they had not been formally asked for feedback. A relative said, "I do not think they have asked for feedback." Another relative told us communication with the service needed to improve. The registered manager told us they had recently started weekly calls to people's relatives to address this.

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

- There was a positive culture within the service. People told us about the support they received from the registered manager. A person said, "Yes, [registered manager] he's a caring guy. He does a lot for everyone."
- There was a friendly atmosphere within the service. We observed positive interactions between people and staff.
- Staff told us they felt supported and able to raise any concerns with the registered manager. A staff member said, "Yes I do, very open, I can talk to [registered manager] and put my opinion forward and make it heard."
- Staff told us morale within the staff team was good. A staff member said, "Good, most staff are quite happy."

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong. A relative said, "When incident happens [registered manager] is on the phone to me straight away."
- The service worked with health and social care professionals and the police to ensure people had the support they needed to maintain their health and wellbeing. A professional who works with the service said, "I have always found communication with the service to be very good."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure people had sufficient risk management plans to ensure staff could provide people with safe care and individualised support.  Regulation 12 (1)