

Dignity Group Limited

# The Lighthouse Selsey

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Lighthouse Selsey is a residential care home providing personal care and accommodation for up to 9 people with learning disabilities and/or autistic people. Some people have additional mental health needs or dementia. At the time of the inspection 7 people were living at the service. The service is also registered to provide personal care to people who live in the local area in their own homes; at the time of the inspection there were no people in receipt of personal care in their own homes.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** The service provides a calm home which supports people to enjoy their life with reduced anxiety or emotional upset. The home uses an active support approach aimed at increasing people's participation in daily life, increasing people's skills and being a valued member of their household. People told us they do household tasks and were very proud to show the rota of daily tasks they had put together themselves.

People could communicate with staff and understand information given to them as staff supported them consistently and understood their individual communication needs. The Lighthouse Selsey was in the process of developing extra learning for the staff, with people being involved in teaching their staff Makaton, a type of sign language.

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 and achieved the best possible health outcomes. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff, people and their relatives cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. Supporting people to take up local voluntary employment and to use local amenities without staff support where it was safe to do so.

**Right Care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs.

People's care, and support plans reflected their range of needs and promoted their individuality, wellbeing and enjoyment of life. People could take part in activities of their choosing at the service or in the wider local area and pursue their own interests. Staff received training and support to provide care effectively. People told us they liked living at the lighthouse. One person said, "Living here makes me happy, I like my friends best and the staff."

Staff worked in partnership with healthcare professionals to maintain people's health and wellbeing.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

#### Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. The stable management and staff team supported people to receive consistent care from staff who knew them well. We observed people receiving compassionate and empowering care which was tailored to their needs throughout the inspection. One person told us, "The staff are nice and friendly, they help with all sorts if I ask."

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. All the relatives we had contact with were complimentary and positive about the service and the care and support their loved ones received.

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

The last rating for this service was good (published 15 January 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We undertook this focused inspection to review the key questions of safe, effective and well-led only. 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 remains good based on the findings of this inspection.

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

#### Follow up

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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective.</p> <p>Details are in our effective findings below</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# The Lighthouse Selsey

## 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.

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 1 inspector.

#### Service and service type

The Lighthouse Selsey 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 lighthouse 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 7 people who live at the Lighthouse Selsey . We spoke with 3 relatives and 6 members of staff. This included the nominated individual who is responsible for supervising the management of the service on behalf of the provider. The registered manager and 4 support workers. We reviewed a number of records including, support plans and medicine records, staff recruitment and training records and a range of other records relating to the management and safety of 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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked with other agencies, for example, if safeguarding concerns were identified they were reported to the local authority safeguarding team. Investigations were completed and appropriate action was taken to prevent harm occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered manager, and they were confident action would be taken. They also knew who to report concerns to externally.
- People told us they felt safe. One person said, "I do very much feel safe here, it's the staff." Another person said, "I could talk to anyone if I was worried." And another said, "I feel safe, no bad people here only good people here."
- Relatives were confident that their loved ones were safe living at the lighthouse. One relative told us, "(Name of loved one) is safe here, they would tell me if not."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff recognised when people they currently support were becoming upset or distressed. They knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff used a consistent but individual approach with each person when they were upset. They knew what to say and what not to say to the person to minimise the impact of their distress.
- Incidents were recorded and reviewed for trends; lessons learnt were shared with the staff team. For example, to better record the positive impact improving people's quality of life had on their ability to manage anxiety, support plans formats were being developed to include explicit reference to quality-of-life outcomes.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.
- People's individual health risks had been assessed, monitored and managed. For example, people who lived with mental health conditions had guidance in place for staff to follow.

Staffing and recruitment

- There were enough staff to support people. Staffing levels fluctuated day to day to allow for people to take part in the activities they enjoyed or attend health appointments. Staff knew how to consider people's

individual needs, wishes and goals.

- Staff told us they had a wide range of training and had a robust induction including enough time to get to know the people living at the Lighthouse Selsey.
- Staff had been recruited safely. Staff recruitment and induction training processes promoted safety. Recruitment checks were carried out by the provider to ensure that staff were recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). There was clear guidance in place for each person who was prescribed 'as and when' medicines. People's medicines had been successfully reduced when appropriate.
- Staff ensured people received the support they needed to take their medicines safely, including communication support. People were given choices about how they took their medicines. We observed staff supporting a person to manage their own medicine with care, maintaining the person's dignity. One person told us, "They [staff] help me with my medicine, they get me a glass of water to take my tablets."
- Staff had undertaken training and competency checks for the administration of medicines. Staff had knowledge of people's medicine needs and how the system for storage and administration worked, including what to do if an error occurred.
- We reviewed medicine audits which showed the management team checked for any potential errors and lessons which could be learnt in relation to medicines.

#### 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 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 for people living in the service in accordance with the current government guidance.
- People and relatives told us they were freely able to visit. People told us they could choose when their friends and relatives visited.

# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People's needs were assessed prior to them receiving the service and regularly afterwards. This meant their preferences were known by staff. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals. A relative told us, "They had put up curtains and bedding of things she likes to help her, they listened to us."

- The service had policies and procedures to support the principles of equality and human rights. Consideration was given to protected characteristics including sexual orientation and religion or belief. Records showed the registered manager's assessment had suitably considered any additional provision that might need to be made to ensure people did not experience discrimination.

Staff support: induction, training, skills and experience

- People were supported by staff who knew them well and understood how people liked to receive their support. One staff said, "We are here to support, we help when asked or see a person needs our help." Another told us, "It's their home and we support people to live the life they chose, it's a very harmonious household."

- We observed good verbal communication between people and staff, however there was limited augmented communication tools in evidence. The registered manager explained they were working on a range of pictorial prompts for people. A number of people knew and could use Makaton (a simplified signing system, a visual way to help stimulate sounds and words.) A person told us they would like to help teach the staff to use Makaton, staff were supportive of this plan and encouraged the person.

- Staff received support in the form of induction, continual supervision, and appraisal. Staff spoke about how they had been supported into their role which included regular meetings with the registered manager. One staff member said, "I can say, if I see we can do things differently, [Registered managers name] will always take that on and discuss."

- New staff were enrolled on the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

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

- People were supported to eat and drink enough to maintain a balanced diet. People could exercise choice throughout the day and could access sufficient food and drink. Some people had individual dietary

requirements. We observed staff consistently offering people food in accordance with their individual needs. A person told us, "I have type 2 diabetes, we talk about healthy food."

- Staff supported people to be involved in preparing and cooking their meals in their preferred way. We observed one person preparing food with staff support. People told us they enjoyed the food.
- People ate their evening meals together, chatting with each other and staff, one person had a different meal, which they said was their choice. Everyone said they liked the food.
- A change in the demographic of the people living at the Lighthouse Selsey, had prompted the registered manager to reiterate to staff the need to be vigilant to anyone showing changes in how they eat and drink and to seek health professional guidance if needed.
- People were involved in the main food shop, which was done online. We observed people coming in and making comments such as "We need lemon curd and fruit and fibre." The registered manager showed the person pictures of different types and the person chose the one they like.

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

- People had annual health checks with health action plans as well as health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to understand their health needs. For example, one person told us they had health screening checks and what the checks were for, another person explained their health condition and what medicine they took and why.
- People had details of their health needs recorded in their support plans as guidance for staff. The information included contact details of involved external health professionals. The plans further included which dentist and opticians each person used.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Relatives felt the staff were good at supporting health care needs and worked well with health professionals to attend appointments and manage health needs.
- Staff undertook a range of training to support people's health, including, dementia, mental health matters, and nutrition.
- Staff had worked with a local employment charity to support people into voluntary work. Feedback from the project included this comment, "Every person I have met and engaged with are happy and confident in making their own choices. Staff encourage people with engaging with activities and having their say what they would like to do. It has been a pleasure to work with the people and staff from the Lighthouse."

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

- People's care and support was provided in a clean and homely environment. The provider had identified a number of repair or replace tasks, including kitchen cabinets, dining room and hall flooring, as well as general painting. We were shown recently completed works and an action plan for the remaining work to be completed.
- The sensory perceptual needs of the autistic people living at the Lighthouse Selsey had been informally explored and some adaptations put in place. The registered manager told us they would be making referrals for more detailed sensory assessments when considering new people moving in or if people's needs change.
- In addition to bedrooms people could easily access shared living spaces. We observed people freely going into the office to talk to staff. People told us they enjoyed using the large garden in good weather.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Every room reflected people's tastes and interests. People proudly showed us their rooms, and their artwork which was displayed in the sitting and dining rooms. People told us they had chosen the décor in the dining room.

## 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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.
- Where people had an authorisation DoLS, the registered manager notified CQC as required. The provider's systems ensured these were regularly reviewed. This meant people who were subject to DoLS were supported by least restrictive measures which were considered in their best interests.
- People were involved in decision making and some people were able to tell us about DoLS they had in place. People also said, "Staff don't tell us what to do, they ask us."

# 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 good. At this inspection the rating for this key question has remained 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

- The registered manager and staff understood the aims and values of the service were to provide personalised care and support. This was the culture amongst the staff team. People were the priority and at the heart of the service.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. The registered manager worked directly with people, their relatives, and the staff team. They led by example. People approached and interacted with the registered manager throughout the inspection.
- The registered manager and staff understood the importance of working with families. Relatives spoke highly of the registered manager and the staff team. A relative told us, "I think the support the staff provide is wonderful, [name of loved one], always tells me he is happy." Another said, "They go above and beyond, staff recently made a huge Tardis for her birthday in their own time because she loves Dr Who, she was delighted."
- The registered manager spoke about providing care and support to people which promoted their independence, valued them as individuals, identified positive personalised outcomes which was evidenced in people's care. For example, a person told us they had been supported to safely recognise and manage their own anxiety.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff said, "I think we are a really good team, all here to support people and put them first."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to appropriately notify CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager kept relatives informed of concerns with their loved one, when appropriate.
- A relative said, "They tell us if anything happens."

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs. They had oversight of all aspects of the Lighthouse Selsey and the people who lived there. The registered manager told us, "My priority is for things to be relaxed and safe, wanting people to see things as theirs and I am just a guide."
- Governance processes had been effective in identifying shortfalls and action was taken when these were found. Regular audits of care were carried out, the nominated individual told us they were reviewing the audits currently to better identify where they were talking to people and families.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager promoted equality and diversity in all aspects of running the service. A health professional told us, "I always notice how much independency the residents are given, they are encouraged to use all of their skills and capabilities. Obviously, the staff are always there to support residents, however, they are not making choices for them, the residents get to choose what they would like to do, what to eat, where they want to see me etc."
- The registered manager and staff worked with people and those important to them to develop and improve the service. The registered manager sought feedback from people and those important to them, to help develop the service. Relatives told us they were regularly asked for feedback and suggestions.
- Staff told us they had supervision with the registered manager who was supportive. The registered manager also held team meetings where staff could discuss issues and ideas.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff demonstrated they had good working relationships with other agencies, including local primary care services. People had been supported to have contact with the Speech and Language Therapy (SALT) Team, Occupational Therapists and dementia services.
- The registered manager worked closely with staff to help them develop their knowledge, skills and confidence. Staff demonstrated clear understanding of the needs of the people they currently supported and of their role in improving people's experiences.
- The registered manager and the nominated individual had reflected on past experiences where people's needs changed. The nominated individual told us they were aware they may be supporting people with more complex needs in the future and they were looking to further develop staff skills and knowledge in evidence-based practices such as positive behavioural support.

