

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 caring?	Good ●
Is the service responsive?	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 nine people with learning disabilities and/or autism spectrum disorder. At the time of the inspection eight people were living at the service. The service is also registered to provide personal care to people who live in the community in their own homes; at the time of the inspection there were no people in receipt of personal care in their own homes.

The Lighthouse Selsey was built and registered with the Care Quality Commission as a residential home before Registering the Right Support guidance was produced. The principles of this guidance reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The Lighthouse Selsey is located close to Chichester town centre which provided people with opportunities to access the local community and people using the service received planned and coordinated support. The home is larger than current best practice guidance. However, the size of the service did not have a negative impact upon people because the building was in keeping with other residential properties in the area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people. This supported people's integration into the local community

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

People lived in a home where there were adequate numbers of staff to meet their needs and to assist them with activities and accessing the community. Risk assessments were carried out to make sure people received their care safely and had opportunities to take part in activities which interested them and promoted their independence.

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 received positive feedback from professionals the service worked well with other organisations. People were supported to maintain their health and wellbeing. People enjoyed the meals provided and were offered foods to encourage a varied diet.

People were encouraged to engage in activities and some people accessed day services, occupational volunteer roles and clubs to promote their social networks. People's communication needs were fully considered, and people has access to information that was accessible and meaningful to them. People's care plans were person-centred and captured their likes, dislikes and preferences.

We observed people and staff had developed positive relationships, and staff treated people with compassion, kindness and respect. People's independence was promoted where possible, and people and their relatives were encouraged to be involved in their care. One person said, "This is my home, I don't see it

as a care home. It's my home and the people living here are my family."

The registered manager monitored the quality of the service and used feedback from people and staff to identify improvements and act on them. The service worked in partnership with other agencies to ensure quality of care across all levels. People, relatives and staff were encouraged to provide feedback about the service. There was a culture of openness and transparency. Staff were positive about the management and leadership of the service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Lighthouse Selsey is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. Where some people's needs impacted their ability to communicate or provide feedback on the care they received, we observed interactions and engagement between people and staff. We spoke with five members of staff including the nominated individual, registered manager, senior support workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted seven professionals about their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People looked comfortable and relaxed with the staff who supported them. One person said, "I do like living here, the staff make me feel safe, because they know me."
- There were appropriate systems in place to protect people from abuse. This included good communication with the appropriate professionals within the local authority and health commissioners to ensure people were protected from abuse.
- Staff we spoke with knew how to raise concerns with the registered manager and senior care staff. Staff had received training in safeguarding and this was renewed annually to keep their knowledge current.
- Staff were confident appropriate action would be taken to ensure people's safety and knew how to escalate any concerns as necessary.

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

- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system, water temperatures and quality.
- Risks to people were minimised because the staff carried out risk assessments to make sure they received care as safely as possible. One person said, "The staff are visitors who I get on with really well. They make me feel safe, they are trained to work with me. I have epilepsy and diabetes, they know how to support this and give me the advice I sometimes need reminding of."
- People were supported to take positive risks. If a person wished to go on a particular holiday or undertake an activity, staff developed a plan of how to support the person to do it as safely as possible. For example, one person had joined a gym, the risk assessment included how the person would be supported in learning how to use the equipment safely.
- People who demonstrated behaviour which could place themselves, or others, at risk had clear support plans to minimise these risks. These provided guidance to staff so they managed situations in a consistent and positive way, which protected people's dignity and ensured that human rights were protected. The staff told us they did not use direct restraint and used various supervision and communication techniques and their knowledge of the person to keep people safe. These plans were reviewed regularly and where people's behaviour changed in any significant way referrals were made for professional assessment in a timely way. We observed sensitive interventions by staff who recognised triggers for behaviours.
- People's finances were kept safe. People had appointees to manage their money where needed, including the Court of Protection. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited regularly.
- Any incidents or accidents which occurred at the home were recorded and seen by the registered manager to enable them to put measures in place to avoid re-occurrence. For example, arrangements for storing

medicines changed as a consequence of medication being left in a person's bedroom. The person was not impacted by this incident, however the registered manager reviewed their processes and introduced a new system. This meant that only a certain supply of medication was stored in people's bedrooms when they had chosen this and when they had been assessed as being able to manage this safely. This included seeking advice and support from other professionals to look at how changes to practice could be made to better support people.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Duty rotas and shift planners confirmed staff numbers. During our inspection staff were always visible and on hand to meet people's needs and requests. This included people who wanted to go into town by bus to do some shopping and have lunch out.
- The provider continued to follow safe recruitment practices. They confirmed their processes for recruitment hadn't changed since their last inspection. Staff said they had not been able to begin work at the home until relevant checks had been carried out and references received.

Using medicines safely

- Medicines were managed safely. The senior in charge of medicines demonstrated a comprehensive knowledge of the systems in place and had good oversight to ensure procedures were followed. People were supported to receive their medicines as prescribed, by staff who were appropriately trained. The registered manager completed annual reviews of staff competency in line with best practice guidance.
- Where people had medicines prescribed on an 'as required' basis, for example pain relief or topical creams, protocols were in place to provide information to staff on how and when these medicines should be administered. Medicines were ordered, received, stored and disposed of safely.
- People received their medicines safely, in the way they preferred. Each person's medicine record had a photograph of the person and detailed information on the way to administer medicines. For example, profile's identified if people wanted to have their medicines in their bedroom.

Preventing and controlling infection

- People were supported by staff to keep the home clean and free from infection.
- People were protected from the risk of infection because staff had received training about infection control and followed safe practices appropriate to a domestic household. We observed staff using personal protective equipment (PPE) such as gloves during the inspection.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 continued to be assessed prior to them receiving the service and regularly thereafter. 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.
- Protected characteristics under the Equality Act (2010), such as disability, religion and sexual orientation were considered as part of people's care assessments and reviews, if people wished to discuss these. People's wishes in relation to contact with people they love and access to the local community and activities were part of the assessment process. This demonstrated people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to help them carry out their roles effectively. Staff told us they received enough training to provide people with the care and support they needed. One staff member said, "The best training I have had is around schizophrenia, how it can make a person feel. It's given me more of an open mind and understanding of how they feel, and how I support them." Staff training was provided in a mixture of e-learning and face to face training. The registered manager monitored staff training during one to one meeting to make sure staff had completed the training they needed.
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff felt they were well supported by their manager. Regular one to one meeting, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.

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

- People continued to be supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes and this was reflected in people's care plans. One person said, "I choose what I want to eat. I enjoy cooking and staff help me to achieve this. I cook everyday."
- We observed communal mealtimes where people and staff ate together. People were provided with appropriate support to eat at their own pace. At a 'residents meetings' people had discussed feeling sad when other people left the table, people took a vote and they made an agreement they would wait for one another to finish and use the meal time experience as an opportunity to catch up with each other about their day. People told us this had worked really well and promoted the feeling of being part of a family.
- Where people had specific dietary needs, these were known by staff and well planned for. For example, one person was living with diabetes. Their care plan gave staff good guidance to support their nutritional

and health needs, and this guidance was known by staff who had a good understanding of the person's diabetes.

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

- People had access to a range of professionals to meet their individual needs. Staff monitored people's health and behaviour and contacted professionals for advice and support when needed. For example, one person's behaviour had changed, and the staff had sought advice from the local learning disability team and psychiatrist.
- Staff worked with other professionals to make sure people received the medical treatment they needed in a timely way. Support plans contained information to show people had been seen by healthcare professionals such as doctors, psychologists, opticians and dentists. There was evidence of the advice given and action taken.
- Disability Distress Assessment Tool (DisDAT) had been completed for people to help staff identify if the person might be in pain or discomfort and require medical attention. This tool was designed to help identify distress in people who have severe limited communication.
- Records contained detailed health action plans and hospital passports which included personal details about people and their healthcare needs. Information was updated and the document could be taken to hospital or healthcare appointments to show healthcare professionals how people liked to be looked after. One person was able to tell us about a recent experience at hospital where it was assumed they required continence pads and a walking frame. After sharing their hospital passport, they were able to explain how they were independent in these areas. This enabled the person to remain independent and their dignity was maintained.

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

- The home was located in a residential street and was in keeping with other houses nearby. It was within easy reach of shops and other community facilities. People told us about the shops they liked to walk to for their shopping. Over a period of time, staff had taught the necessary skills to enable one person to purchase their newspaper independently from the local shop. We observed the person do this, checking with the staff they had the correct change, and ensuring they had a fully charged mobile phone with them in case they required support.
- Two people showed us their bedrooms and said they had chosen everything in there, including how it was decorated. The rooms reflected people's personal interests and personalities.
- The layout of the environment offered people opportunities to engage in small groups or as part of a larger group of peers within the communal dining area. We observed people moved freely around the service and enclosed garden area.
- Where people required specialist equipment to support them, such as a specialist bath with a door, this was provided. For people who enjoyed baths more than showers we were told this had really promoted the person's independence and choice.

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 able to make day to day decisions about the support they required, and staff respected people's choices.
- Staff worked in accordance with the Mental Capacity Act. Where there were concerns about a person's capacity to make a specific decision they carried out assessments and, if required, made best interest decisions. For example, around particular medical decisions which were reflected within people's care records.
- People's legal rights were protected because staff involved family members and other professionals, such as independent advocates and doctors, to make best interest decisions. For example, one person required a medical procedure and a best interests meeting had been held. This had resulted in a best interest decision being made and additional care planning and guidance being provided for staff to ensure the person's safety and health was maintained.
- Staff respected the rights of people who had capacity to make what may be considered unwise decisions. Where people made decisions against professional advice, risk assessments were completed and followed.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and friendly staff in family type environment. People confirmed they got on well with staff. One person said, "I get on with everyone who lives here, I like living with men and woman. We are a family, we eat together everyday, it's really nice." Another person said, "They are very caring. It's nice having a male carer to help me."
- People were comfortable approaching and talking to staff. There was a good rapport between people and staff with lots of joking and laughter. We observed staff had a good knowledge of people and how to communicate with them.
- Staff told us they had time to get to know people well and understand their care and support needs. They gave examples of how they enjoyed supporting people to learn new skills or to try new activities.
- Staff received training in equality and diversity, they understood about protected characteristics under the Equality Act. Staff told us how they supported people and ensured other people living at the service did not discriminate against them. Staff were willing to challenge discrimination and demonstrated they could do this in a way people using the service would understand.
- Staff were motivated to provide person centred-care and spoke fondly of people they supported. Staff recognised the importance of treating people as individuals and enabling people to lead fulfilling lives.
- People were asked about their religious beliefs and cultural beliefs and staff worked with people and families to respect these in line with their wishes.
- People respected others living in the service, who they regarded as their friends and family. We observed one person greet another person on their return from an activity, the person encouraged the person to the lounge to sit with them, and this was well received from the person returning from their activity. Two people had been to the beach with a metal detector and were keen to show their house mates what they had found. One person had limited communication but demonstrated a beaming smile to the findings.

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

- Staff involved people as much as possible in decisions about their care and treatment. This was supported with regular residents' meetings to provide opportunities for people to contribute their views. One person said, "I choose what I do each day and when." We observed staff spoke in a respectful tone, did not rush people's speech and gave people time to respond.
- Each person had a keyworker who was assigned to work with them on developing their care, support and development goals. People met with their keyworkers regularly, one person said, "I make decisions that affect me, staff advise and guide me. I don't always listen, they respect that."
- Staff negotiated with people to help them make choices about well-being. One person had a care plan, in

accessible format, which explained diabetes and the importance of choosing healthy food. This person did not always make a healthy choice but staff ensured they had been informed and supported to think about what to eat.

- Records confirmed that where appropriate, relatives were communicated with and were kept informed and involved in their loved one's care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. We observed staff knocked on people's bedroom doors and called them by their preferred name.
- People were supported to maintain their independence, as far as possible, and were encouraged to participate in the cleaning and tidying of their bedrooms and the communal areas and participate in meal preparations.
- For people who had expressed a desire to administer their own prescribed medication, staff had worked with them through pictorial social stories to help them understand what their medication was for, how to take the medication and when. For example, one person had pictures of part of the body the medication treated, the colour and shape of the tablet to help them identify what it should look like and they had an alarm that reminded them to take this. The person expressed they were pleased they were being supported to do this and they were hopeful they could learn to manage their other tablets over time.
- One staff member said, "[Person] didn't do things themselves and relied heavily on staff to support them in their daily tasks, like getting dressed, certain areas of personal care, preparing breakfast. But with the daily encouragement from the team of staff they are so much more independent. [Person] now makes their own tea, they did their crumpets today. What an achievement. I am so proud to be a part of that." Our observations supported this. Care plans identified people should be encouraged to do as much as possible for themselves.
- Confidential information such as care records and staff files were kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care responsive to their needs. People and their family members were involved in the care planning process and records confirmed people's views were recorded. For example, what made people happy or sad, their likes and dislikes and preferred routines were recorded. Staff were knowledgeable about these.
- Care records were regularly reviewed and reflected any changes in people's care and support needs. One person had recently experienced a health condition that had impacted what activities they were able to participate in. The care plan was reviewed and updated to reflect how the person would like to spend their time, until their health had improved.
- Staff thought carefully about how to develop people's individual skills to help them cope with new challenges. This included a personalised approach for supporting a person to manage their own continence, enabling them to gain occupational experience. One staff member said, "It's my role to help the person live as independently as they can, in their everyday living. So they can live to the best of their ability. To help give them a quality of life. Just because a person has a learning disability, does not mean they are the same. They are individuals who process things differently, that doesn't change their entitled right. It's my role to help and support at all times to support their human rights."
- We observed a handover at the beginning of a shift where the incoming staff team were updated on any relevant information. Detailed information was provided about people's health and different moods, together with the potential risks and impact on planned daily activities. Significant events were recorded in a diary, which staff signed daily to show they had read all entries since their last shift for example optician appointments and dentist appointments.

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.

- Everyone had their communication needs assessed and support plans showed how they communicated. The registered manager said everyone at the home had an understanding of verbal information and they used simple language to help people. They used pictures and symbols if needed.
- Equipment and notices in the home to assist people in their daily lives were provided in a format which they could use and understand.

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 to follow their interests and take part in activities of their choice. One person said, "I feel respected and I can go out when I like. I enjoy knitting and doing crafts. Staff supported me to join a craft afternoon which I go to. I go on the bus; which staff gave me the confidence to do." We observed the person's favourite music playing which was documented in their care plan. The person said, "They (staff) know what I like, and know what things make me happy."
- Photographs were displayed around the service of days out and activities people had taken part in. Each person had an activity schedule relevant to them and staff told us they were able to spend time with people supporting them either at home or in the community.
- People with a learning disability, who wanted work experience had reasonable adjustments made to make sure they received support to promote their independence and freedom of choice. For example, two people had been encouraged and supported to participate in work experience at a bookshop and cafe. This was a volunteer role which both people told us they enjoyed and had become an important part of their weekly activities.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. One person said, "I know who to complain to and have made a complaint in the past. It was dealt with well. The manager is good and listens. All the staff listen." Over the past 12 months there had been one complaint. The records demonstrated the registered manager had responded promptly and taken steps to address the issues raised and detailed the complainants' satisfaction with the action the registered manager had taken.
- Staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. People were asked if they had any concerns or complaints during monthly residents' meetings, which records confirmed.

End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our inspection.
- The registered manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.
- Where the service was aware of any specific preferences people or their relatives had, these were fully recorded. The provider had policies and procedures regarding end of life care and dealing with a sudden death.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 led by example to promote a culture that treated each person as an individual and encouraged and promoted personal choice. Staff we spoke with told us they made sure people always had choices. One member of staff said, "We keep information confidential, respecting people's wishes, ask for their choices, we don't assume anything." Another staff member said, "The point of this service is to give people a quality of life, ensuring people are safe, happy. This is what they deserve, giving them their independence, being their forum. Because they are human, and they have the same rights as anyone else."
- The registered manager worked alongside other staff to make sure their ethos was put into practice. Staff commented on how much they appreciated the 'hands on' approach of the registered manager.
- Staff were well motivated and happy in their jobs which helped to create a happy atmosphere for people to live in. All staff said they thought there was good teamwork at the home and everyone worked together to support each individual.
- The registered manager and provider were open and approachable. One member of staff said, "The support from the manager is brilliant, we can ask anything, things are explained or we are shown. There is nothing we cannot approach her with. Nothing is too much. I am happy with the support I get."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had a good understanding of their duty of candour requirements. The registered manager said, "It's about being open and honest. Apologise when something has gone wrong, creating a new way of working or doing something differently in order to prevent an incident from happening again." Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.
- Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The nominated individual and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the service entrance.

- People lived in a home where there was a clear management and staffing structure. There was always senior staff on duty or on call which meant people's care was consistently monitored. Senior staff told us their role was to make sure high standards were maintained.
- People benefited from a provider who had clear systems to monitor quality and plan on-going improvements. There was a series of audits which were completed regularly in house and a monthly quality and compliance audit completed and submitted to the provider. Following the audit an action plan was put in place and monitored by the operations manager. This helped to ensure improvements were made in a timely way, although no outstanding issues had been identified from recent audits.
- Risks to people's safety were minimised because the provider ensured regular health and safety checks were carried out, and equipment was inspected and serviced by an estates manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were supported by a staff team who had opportunities to discuss their practice and highlight any training needs. There were formal monthly team meetings and all staff received regular supervision and had an annual appraisal. Staff said they could make suggestions and ask for additional training and always felt listened to. One staff member said, "Staff morale is good, we all get on really well and have a good laugh. Its brilliant. I love it here. I enjoy getting up to come in to work."
- People were offered the opportunity of monthly residents' meetings. This was an opportunity to discuss activities, menu planning and make suggestions in how the service they received could improve. The feedback from people was recorded and showed the action taken.
- The registered manager encouraged feedback from people, relatives and professionals through annual stakeholder meetings and surveys. Where ideas or improvements were identified we saw actions taken in response to people's views. One relative commented, 'I have faith in the lighthouse management and staff to keep [person] safe and well.' Another relative commented, 'The devotion and hard work of all staff at the lighthouse makes me feel satisfied and grateful for all your efforts.'
- People received a good standard of care and support because staff worked with other professionals to make sure people's needs were met. There were good links with local and national organisations such as the local authority who monitored the service provision. Staff skills and knowledge were enhanced by access to training and guidance from external organisations. The staff and registered manger worked well with other agencies regarding meeting people's health care needs.