

Wellington Healthcare Limited

Lighthouse

Inspection report

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Date of inspection visit:
16 September 2020
17 September 2020
18 September 2020

Date of publication:
15 October 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lighthouse is a residential care home and provides accommodation and support to adults with a substance misuse need and associated needs, including mental health. The service provides support for up to 44 people and at the time of our inspection there were 22 people living at the home. In April 2020 the provider made changes to their registration. This meant the service changed from CQC's hospital directorate to the adult social care directorate.

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

The service was not always safe and there was a lack of understanding regarding safe infection control procedures. Staff and the registered manager were not following government guidance issued as part of the COVID-19 pandemic, regarding wearing the appropriate protective equipment, such as face masks.

The environment was not always safe, as key risks in relation to the home's electrics were not fully mitigated. Outstanding tasks had not been completed from the home's electrical conditions report. The provider's approach to fire safety drills was inconsistent, which meant some staff had not undertaken a mock fire drill.

We made a recommendation that the provider reviews their risk management processes, so they are service specific and in line with best practice, as we noted the current policy and procedure was not fit for purpose.

We found there were enough staff on duty to keep people safe, however, we received a negative comment regarding the night staffing levels. The registered manager was confident the night staff deployment was safe and would discuss this area further with the night staff to establish whether the concerns around staffing at night was an isolated case.

We noted some areas of the home would benefit with being refurbished or re-decorated. We have made a recommendation in this area.

People told us that they were happy with the support they received, and the staff were caring. Staff knew the people they were supporting well and understood their care needs.

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. However, the provider's approach to mental capacity assessments did not always document this practice.

The service needed to review their approach to people's recovery from addiction. There was no framework in place to clearly track people's progress. We have made a recommendation in this area.

Improvements had been made to aspects of the providers risk management procedures following our last

inspection. However, the service needed to implement new quality systems to ensure there was a better oversight of performance and quality at provider level. Despite our findings, people we spoke with were happy with the care provided and staff felt supported by the registered manager.

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 requires improvement (published 10 July 2019). We also inspected the service on 24 September 2019 and 8 October 2019. At that inspection we did not change the ratings.

Why we inspected

This was a planned focused inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lighthouse on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe.

We have identified breaches in relation to safe care and treatment, staffing and good governance.

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. We notified the Local Authority Quality Improvement Team of the areas of concern we identified, and we also contacted the local infection control team.

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 effective?

The service was not always effective.

Details are in our effective 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 ●

Lighthouse

Detailed findings

Background to this inspection

The inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act under the domains of safe and well-led, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 two inspectors and an expert by experience. An expert by experience telephoned relatives of people who lived at Lighthouse on the 17 September 2020. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a care home. It provides accommodation for persons who require treatment for substance misuse to people living at Lighthouse. The service had a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was announced 24 hours prior to the inspection taking place. This was because infection control arrangements had to be agreed with the provider prior to our visit to mitigate the risk of any cross contamination or transmission of Coronavirus.

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 authorities with whom the service works. On this occasion the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke by telephone with two people's relatives who used the service and we spoke by telephone with six support workers. We spoke face to face with the registered manager and one support worker. We reviewed a range of records. We reviewed the majority of the documentation remotely by asking the registered manager to send us key information prior to meeting with them. This included policies and procedures, training records and multiple health and safety records. We looked at two staff records in relation to recruitment and a variety of records relating to the management of the service and associated assessments.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 requires improvement. At this inspection this key question has remained the same. 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.

Preventing and controlling infection, assessing risk, safety monitoring and management

At the last inspection the provider's approach to risk management was inconsistent, which meant risks had not been managed in a safe or proper way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). At this inspection, we found there had been some improvements, however the service was still in breach of this regulation.

- The service did not protect people from the spread of infection. When we arrived at the service staff were not wearing appropriate Personal Protective Equipment (PPE), such as face masks. After further consultation with the registered manager, staff wore face masks.
- The provider's policy and procedure lacked the relevant detail at mitigating the risk of Coronavirus. The policy and procedure were not aligned to Public Health England (PHE) and did not cover the provider's approach to the use of face masks and testing. We contacted the local authority infection control lead to ask them to support the home in this area.
- Safety checks connected to the premises had not always been completed. The home's electrical conditions report from January 2020 found the home's electrics were unsatisfactory. The report highlighted 19 electrical issues, that were of a risk rating C2, which means potentially dangerous with urgent remedial action required. The registered manager explained this work had not been done, partly due to contractors letting the service down due to the constraints of COVID-19. The outstanding works started on the 23 September 2020, approximately 9 months after the electrical conditions report.

We found no evidence that people had been harmed. However, there had been a failure to do all that was reasonably practical to ensure the premises and equipment was safe and to reduce the risk of transmission of infection. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was clean and free from malodour, and a cleaner was employed at the home.
- There was access to personal protective equipment such as gloves, face masks, aprons and antibacterial gel for staff to use to prevent the spread of infection.
- At this inspection we found improvements had been made to the environmental risks that were noted at the last inspection, such as environmental assessments connected to ligature points. However, we found there was further scope for improvement.
- Risks to people were assessed and given a rating depending on the level of risk. People's risks tended to be monitored in monthly keyworker session meetings and care plan reviews. However, the registered manager

and provider did not have a clear oversight of this work, as there were no time specific evaluations in place and no framework to review and track people's progress and establish if known risks had increased or decreased.

- We reviewed the risk assessments of one person who was considered a self-harm risk. Although their risk assessment strategies were clear, the provider's policy and procedure for self-harm lacked clarity and did not follow recognised good practice.

We recommend the provider reviews their risk management processes in line with best practice to ensure there is a safe framework in place when assessing people's risks.

Using medicines safely

- Overall, medicines were managed in a safe way.
- People told us they received the support they needed with their medicines. One person said, "The staff keep me on track with my medication. I know I need them to keep me well." Another person said, "In the past I hated taking them, but its relaxed here. The staff are not always on at me, so I do take them."
- Medicines administration records were appropriately maintained by staff and checks were conducted to ensure continued safe administration.
- Staff received medicines training and had their competency to administer medicines safely assessed.
- The service had a locked treatment room that stored people's medicines. However, we found from the clinic room temperature records it had exceeded 25°C on occasions. If the temperature of the medication clinic room reaches above 25°C this can potentially spoil the medication. We were provided with evidence of quotes obtained by the provider, confirming they were aware of the room temperature issues and they were in the process of purchasing a new air conditioner unit for this room.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies were in place and staff had training on these. Staff had a good awareness of safeguarding procedures. They knew who to contact if they had any concerns.
- The service reinforced safeguarding protocols through supervision, staff handovers and meetings. The registered manager had liaised with the local authority when safeguarding concerns were raised.
- People looked at ease and comfortable with staff. They consistently told us they felt safe. One person said, "I have been in some bad places, but I can't find fault here. They don't allow any bullying, which is good."

Staffing and recruitment

- Robust recruitment processes were in place and staff followed these to ensure only suitable people were employed. People told us they liked the staff.
- Staffing levels were appropriate to meet the needs of the people using the service. Sufficient staff were available to meet people's needs promptly throughout our inspection and to enable people to follow their chosen activities and support with health appointments.
- Feedback from staff in relation to staffing levels was generally positive, but one staff member was vocal that they felt the night staff deployment was not safe. We reviewed the homes rotas and discussed this area in detail with the registered manager and we were satisfied there were enough staff to meet people's needs. There were also systems in place to support staff at night, such as the out of hours on-call.

Learning lessons when things go wrong

- Accidents and incidents clearly documented details of what happened, action taken to manage the accident/incident and lessons learnt.
- The service continued to monitor accidents and incidents for any themes or trends, which might indicate they could make changes to improve the safety of the service.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Most of staff had completed a variety of online training topics, such as safeguarding, fire safety and drug misuse awareness.
- However, considering the home predominately supports people with mental health needs, we found no training was offered in mental health awareness to ensure the staff team were knowledgeable in this area.
- The registered manager felt the provider's online courses in behaviour management and mental capacity touched upon mental health issues, but acknowledged further training in mental health awareness would be beneficial to staff.
- The provider's website stated that staff at the service were qualified recovery workers, however we found no such training had been provided to staff. Recovery workers work provide people with recovery focused support to enhance their mental wellbeing.
- All new employees completed an induction programme when they joined the service. This consisted of a mix of formal training and shadowing experienced staff. New staff also completed an induction work booklet that should have covered the care certificate. However, we found this induction did not fully consider the care certificate. The care certificate was introduced in April 2015 and is designed to help ensure all staff have an understanding of current good working practices in care.

The provision of the regulated activity had not received the appropriate support and training necessary to enable staff to carry out the duties they are employed to perform. This is a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed staff received regular supervision, every two to three months. The purpose of supervision is to promote best practice, discuss people's care needs and offer staff support. However, we did receive mixed comments from staff about their supervisions. Comments included, "I get regular 1:1 supervision", "Yes I have supervisions and the manager is approachable", "It's not regular. You usually get it when someone has complained about you" and "There are no supervisions, but you can consult the manager whenever you like."

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the service had not ensured the principles of the Mental Capacity Act 2005 were followed. The service did not assess the capacity of people where they were concerned about their understanding and decision making. This was a breach of Regulation 11 (Need for consent) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation. However, there was still further scope for improvement.

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.

- The registered manager told us there was one person who was subject to a DoLS. The other 21 people living at the service had full capacity.
- Although the registered manager had good oversight of people's support needs, we found the service needed to be more responsive to the current pandemic, as the person subject to a DoLS has not had their mental capacity assessed around COVID-19 testing. We brought this to the attention of the registered manager, who told us that this would be reviewed as a priority.
- The staff team at the service had completed online MCA and DoLS training. Staff were aware of the need to seek consent. People's feedback and our observations confirmed this. One person told us. "The staff are not pushy, I can leave whenever I want."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the last inspection the service were not providing recovery sessions in relation to addictive behaviour to support people in their recovery. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation. However, there was still further scope for improvement.

- We looked at the service's statement of purpose. A statement of purpose is a document produced by the company which outlines to prospective service users what they can expect from the service. This stated the following, "Our model of care and support is based on the Recovery Star module with support from outsourced clinical support to enable individuals to meet the targeted goals." We found there was no clear framework or registered manager oversight monitoring people's progress around their recovery.
- The service had improved in providing two daily recovery workshops and one to one keyworker sessions on recovery. However, the homes approach to a specific recovery model was lacking, which meant the service was not able to clearly evidence people's progress.

We recommend the service reviews their approach to recovery in order to establish a clear recovery model

that supports people's progression and improves their wellbeing.

- People's care and support needs were assessed and recorded.
- Where people had behaviours that might challenge the service, we saw that the assessment process would include a multi-disciplinary meeting to ensure that the service could meet the person's needs and consider compatibility of the other people residing at the service.

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

- We noted many areas of the home would benefit with refurbishment. For example, stairs and lounge carpets were showing signs of wear and discoloration and some communal chairs needed replacing due to slight rips in the cushions.
- We noticed areas around the home would also benefit from re-decoration. The décor throughout the home appeared tired; the paintwork was scuffed in places. We discussed this with the registered manager who acknowledged our observations but did not provide assurances that the home would be refurbished going forward. There was no planned programme of refurbishment.
- The registered manager informed us the service was due to install a small sink close to the dining room, this would support good infection control measures when people had their meals.

We recommend the provider reviews the environment at the service taking in to account people's views in order to establish a programme of refurbishments.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.
- Information was recorded and ready to be shared with other agencies if people needed to access other services, such as hospitals.

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

- We observed lunch being served. The meals looked nutritious and the portions were ample.
- The registered manager informed us nobody at the service was considered an eating and drinking risk, therefore specific diets were not needed.

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 requires improvement. At this inspection this key question has remained the same. 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 there were effective systems in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had not been made and the provider was still in breach of Regulation 17.

- Governance systems had failed to protect people from the possibility of harm and been ineffective in identifying shortfalls in quality. For example, the providers auditing systems failed to reflect essential changes regarding Government guidance on personal protective equipment (PPE) and no consideration was given around the use of face masks in the home.
- There were a range of audits and these were completed regularly by the registered manager. However, they had not identified the shortfalls we found in relation to the home's environment, lack of fire drills, inconsistencies connected to COVID-19, training and development shortfalls, the recovery model and the homes approach to mental capacity assessments and their approach to self-harm injuries.
- There was a lack of oversight from the provider. During and after the inspection we requested the provider's most recent audits for the service, however just two audits were provided, with the last audit being completed in February 2020 by the nominated individual. Given the concerns connected to the home's approach at prevention of COVID-19 from entering the home and the outstanding tasks from the electrical conditions report it was clear there was a lack of provider oversight at the service.

We found inconsistencies in respect of effective systems for governance and oversight. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Feedback was positive about the registered manager who commenced employment at the home in October 2019. Comments received from staff included, "The manager has been good for the home", "Yes she is approachable, very much so." And "The manager is a good listener. She looks into issues because she

wants to address them."

- Similarly, relatives felt the registered manager had made improvements. Their comments included, "I don't know the new manager very well. But they often go up and beyond what can be expected. They are a very caring and very good service. All the staff are excellent" and "I've spoken to her. She's approachable and very nice."
- People spoke of a positive atmosphere. Comments included, "I have had my ups and downs, but this place has saved my life. I feel safe and content here. The staff have been great at encouraging me to do more for myself and I hope to move on in the future" and "I am happy here; the staff treat me well."

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

- Accidents and incidents were recorded and where appropriate these had been referred to the local authority safeguarding team to investigate. We saw evidence that the provider had in the past worked with the local authority to address safeguarding concerns and make improvements at the home. The service had also built positive links with the local police force.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and the action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service.

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

- During the COVID-19 pandemic staff had helped people speak with their relatives via videophone and were able to seek individual feedback when this occurred. Because of the restriction on visiting, no relatives' meetings had been held. However, we received mixed comments from two relatives. "I would say yes, the service has communicated with me. However, communication has been sparse during the last three months, but when I e-mail them, they reply straight away" and "I haven't heard anything for the last few months."
- The provider consulted people in a range of ways. These included quality assurance surveys, and one-to-one discussions with people and their families. The registered manager had acted on people's feedback, for example by changing the menus to meet people's requests. However, we requested the most recent surveys. The registered manager said they were completed in July 2019, but the manager could not locate these.
- Each person had a key-worker who was able to support them through monthly meetings and promote ways in which they could be involved in the running of the home.
- Regular staff meetings were held. These were used to review previous minutes and update staff on work practice.

Working in partnership with others

- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.
- Due to the lockdown and visitor restrictions during the COVID-19 (coronavirus) pandemic, health and social care professionals were not routinely visiting the service. This helped to keep people safe by reducing the infection risk. However, they were providing support and guidance remotely such as by phone or video link.

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 treatment for substance misuse	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the premises and equipment was safe and to reduce the risk of transmission of infection. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found inconsistencies in respect of effective systems for governance and oversight.</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff at the service had not received the appropriate support and training necessary to enable them to carry out the duties they are employed to perform.</p>