

Wellington Healthcare Limited

Lighthouse

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

Lighthouse is a residential care home and provides accommodation and support to adults with a substance misuse and associated needs, including mental health. The service provides support for up to 44 people and at the time of our inspection there were 37 people living at the home.

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

People were positive about the home and the support they received. People told us they received their medicines safely and when they needed them. Staff had received training in safeguarding and knew how to identify and report concerns. Accidents, incidents had been documented and lessons were learned where required. Staff received training and guidance to manage infection control effectively.

People had been involved in a very impressive refurbishment of the home and were pleased with the results. There was an established staff team that was motivated and trained to carry out their roles effectively. People found the staff supportive and care assessments were person centred and met their needs.

People and staff were positive about the culture in the home and we observed this during the inspection. Effective management systems were in place to improve the service and staff received good support and told us they enjoyed working at Lighthouse.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 October 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed their risk management policies, their approach to the recovery model and considered a programme of refurbishment. At this inspection we found the provider had acted on each recommendation and made noticeable improvements. This included an impressive refurbishment of the premises.

Why we inspected

We carried out a focused inspection of this service in September 2020 where breaches of legal requirement were found. The provider completed an action plan after the last inspection to show what they would do to

improve staffing levels and governance within the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

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

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

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 safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lighthouse

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service 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. 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 information gathered as part of monitoring activity that took place on 24 February 2022. We used all this information to plan our inspection.

During the inspection

We spoke with five people about their experience of the care provided. We spoke with eight care staff including the registered manager and the area manager. We spoke to one visiting professional. We observed staff providing care, to help us understand the experience of people who used the service. We reviewed a range of records. This included two people's care records, multiple medication records and a variety of records relating to the management 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the premises and equipment was safe. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At our last inspection we recommended the provider reviewed their risk management processes in line with best practice to ensure there is a safe framework in place when assessing people's risks. The provider had made improvements.

- Staff confirmed they had received the necessary training, guidance and support to keep people safe.
- A system of regular safety checks connected to the premises were now in place and audited monthly.
- Risks to people were assessed and given a rating depending on the level of risk. Actions to mitigate these risks were clearly laid out in people's care plans.
- Risks were monitored in monthly keyworker sessions and care plan reviews and further measures were in place to ensure the registered manager had clear oversight of this work.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 service supported visits for people living at the home in line with current government guidance.

Using medicines safely

- Medicines were stored appropriately. Temperatures were taken and recorded to ensure medicines were safe.
- Medicines were managed by staff who had received training and had their competency assessed annually. One staff members competency was out of date. Following our inspection, the registered manager took prompt action to rectify this.
- Where people were prescribed 'as required' medicines, such as paracetamol, guidance was in place to ensure staff knew how and when to administer these.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and we observed a calm and supportive environment throughout the inspection.
- Staff had received training in safeguarding and whistleblowing and understood how to identify and report concerns.
- Safeguarding concerns had been reported in line with local authority guidance, with a record kept of what had happened and action taken.

Staffing and recruitment

- People were positive about the staff and the staffing levels. One person told us, "Yes there are enough staff, they always have time for you". Staff told us, "It is actually quite good. It is well staffed. No concerns".
- There was a calm atmosphere in the home throughout the inspection and we observed people were relaxed and had their needs attended to promptly.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents.
- The registered manager completed an analysis of accidents and incidents to identify trends and patterns.
- Lessons were learnt as part of the analysis and used to improve 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the appropriate support and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received the support and training required to work effectively with people. Staff told us, "Yes, I am happy with the training. We have ample training including a mental health certificate".
- All new employees completed an induction programme. This included formal training and shadowing experienced staff.
- Staff received support to understand their roles and responsibilities through regular supervisions and appraisals. All the staff we spoke to felt valued and were positive about the registered manager. One person told us, "We have an open culture where we get good feedback and we are appreciated".

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

At our last inspection we recommended the provider reviewed their approach to recovery in order to establish a clear recovery model that supports people's progression and improves their wellbeing. The provider had made improvements.

- A new recovery tool had been designed and implemented within the home. More people were engaging with this model and people were being supported to make progress.
- Staff helped to design the new model and told us, "The residents can make good progress here". A visiting professional told us, "(Person) had made superb progress and it is excellent here. Very happy with the progress made".
- The service was providing two daily recovery workshops and one to one keyworker sessions on recovery. A new addiction workshop was in place and plans were in place to increase the frequency of this group based on feedback.
- People's care and support needs were assessed and recorded.
- Care plans provided staff with guidance on how to care for people. Staff regularly reviewed people's care

needs.

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

At our last inspection we recommended the provider reviewed the environment and considers people's views in order to establish a programme of refurbishments. The provider had made improvements.

- A very impressive refurbishment had taken place throughout the home and the people living there had been consulted about the changes made. The layout and décor were modern, colourful and helped to promote a positive culture within the home.
- The home had large communal areas, private spaces and additional rooms to support group work and training. There was a secure garden space available for people.

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.

- The registered manager had a good understanding of the legislation and informed us that one person was currently under a DoLS.
- The staff team had completed online MCA and DoLS training.
- People were supported to make their own decisions and staff were aware of the need to seek consent.

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 such as GPs, Psychiatry and Chiropodists.
- 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 were freshly cooked and nutritious with good portion sizes. People told us, "The food is good here and they ask us what we like. I wish this chicken burger would last forever".
- The registered manager informed us nobody using 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 provide effective oversight of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective governance systems were in place and actions plans were regularly completed to respond to any identified shortfalls.
- Regular provider audits were in place to ensure good oversight of the home.
- The provider complied with all regulatory requirements. This included the submission of notifications which they are required to send to us by law.

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

- Feedback from people and staff was positive about the culture of the home. Both felt supported and respected.
- Care plans were person centred and explained how people's specific needs should be met. The provision of person-centred care was also apparent from feedback provided by people, staff and observations of care during the inspection.
- Staff were positive about the registered managers leadership of the home. They told us, "She is very constructive and provides good support to staff" and "There is a clear difference since the last inspection. It is better organised. The registered manager is a really good manager. She puts me at ease and is easy to talk to for support. She looks after us and we look after the residents".

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

- The registered manager understood their responsibilities and was open and honest with people when things went wrong.
- Accidents and incidents were recorded and where appropriate these had been referred to the local authority safeguarding team to investigate. Staff had also built positive links with the local police force.

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

- Each person had a keyworker who was able to support them through monthly meetings and promote ways in which they could be involved in the running of the home.
- There was good communication in place to engage staff. Regular team meetings and staff supervisions fully involved staff in the running of the service and in people's care. Staff told us, "The communication is very good in this service" and "Yes, the communication is really good".

Working in partnership with others

- Staff worked effectively with partner agencies. We contacted a commissioning organisation who told us they had no concerns about the home.
- Staff worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care.