

# Lighthouse

## Quality Report

44 Farrant Road, Longsight  
Greater Manchester M12 4PF  
Tel: 0161 225 2777  
Website: [www.lighthousecare.org](http://www.lighthousecare.org)

Date of inspection visit: 06 September 2016  
Date of publication: 19/12/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- We found the environment at the Lighthouse to be clean, safe and well maintained, and that there was adequate staffing for the service. Staff recruitment was based on the number of clients admitted to the Lighthouse, and extra staff from the provider could be accessed if needed. All clients had risk management plans in place. Environmental health checks, fire safety checks and legionella risk assessments were in place and up to date. There were enough staff to ensure that activities were not cancelled. Medication was monitored and dispensed safely. A safeguarding policy was in place, but no alerts had been raised in the 12 months prior to the inspection.
- The Lighthouse had clear and comprehensive admission criteria. Care plans were seen to be holistic, person centred and considered the views of clients. Clients were given a full assessment prior to admission, in conjunction with the assessments of referring agencies. Consideration was clearly given as to whether the service could manage existing physical health problems. An unannounced medication audit was carried out in July 2016 by the pharmacy used by the Lighthouse, issues that were identified were dealt with. Staff appraisals were taking place.

# Summary of findings

- Both clients we spoke to told us that the staff were caring, approachable and were always available to speak to if they needed further support. Most of the staff had personal experience of substance misuse issues, and this led to an understanding of client issues. Staff were caring and respectful and their interactions were person-centred, friendly, and recovery focused. Relatives and carers were also offered support by the service, as well as in their local area.
- Lighthouse staff maintained close links with care coordinators and care managers to ensure all services were planned, developed and delivered in accordance with the referral recommendations. The Lighthouse directed clients towards a variety of services that it could not provide, but this was only done in partnership with the referral body or their representative. The Lighthouse had a full range of rooms and equipment to ensure care needs were met. Activities available at the Lighthouse included swimming, a cycling group a gardening group, woodcraft, and cooking and baking. There had been no formal complaints in the 12 months prior to the inspection.

- The Lighthouse aimed to offer practical and goal-focussed support to clients, with access to services that would promote independence, give choices about the way services were delivered, maximise privacy and dignity, and safeguard welfare. This aim was evident in staff attitudes and behaviour. Staff sickness was monitored, at the time of the inspection there was only one staff member on long-term sickness. There were no bullying or harassment cases reported at the Lighthouse for the 12 months prior to the inspection. There was a whistleblowing policy in the employee handbook and staff were aware of it.

However, we also found the following issues that the service provider needs to improve:

- Diversity and equality training figures were less than 75%, as were manual handling practical, and effective behaviour management.
- Key performance indicators were not fully utilised to gauge the performance of the service, although the impact on the service was not noticeable at the time of inspection.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Lighthouse	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

### Detailed findings from this inspection

Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Overview of ratings	10
Outstanding practice	20
Areas for improvement	20

# Lighthouse

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Lighthouse

The Lighthouse offers professional support and care for clients experiencing long-term, complex mental health issues and/or alcohol and substance misuse in a contemporary residential setting. The step-by-step programme, facilities and activities help to meet a wide range of needs. The Lighthouse team work closely with both clients and families to provide person-centred care, rehabilitation and reintegration into the community.

The support consisted of a minimum six-month residential reintegration programme, with 24-hour support, through to independent living. The Lighthouse offered assistance with housing enquiries, benefit advice, college courses, access courses, skills training and voluntary work to enable independence for clients. The Lighthouse was not a detoxification service; clients had already undergone detoxification prior to admission. Staff at the Lighthouse could ensure medication was dispensed in accordance with management plans, but there were no doctors or nurses located at the service.

The facility could offer up to 46 beds for clients, both male and female, but they felt that a maximum of 32 clients would allow the Lighthouse to meet the needs of clients. The facility has seven staff in total, the staff using a rota to identify staff to sleep at the facility during the night. There were two new staff starting at the facility within a short time of the inspection.

The Lighthouse is registered for the following regulated activities: accommodation for persons who require nursing or personal care, and accommodation for persons who require treatment for substance misuse. The Lighthouse has applied for a change in registered manager, and the process was on going at the time of inspection. The acting registered manager was present during the inspection.

Referrals by professionals relate to clients who are experiencing long term, complex mental health issues and alcohol or substance misuse; those who have experienced or been subject to section three of the Mental Health Act and need section 117 discharge aftercare; or who were under community treatment orders or under the Ministry of Justice section 37/41. Private clients could self-refer if they were assessed to meet the criteria of the Lighthouse, and could fund their placement individually. At the time of the inspection, there were ten clients, none of whom was self-funding.

The location was registered with the Care Quality Commission on 27 May 2015, and this was its first inspection. The location had only been accepting clients since November 2015, and the ten clients at the service during the inspection was the highest number they had admitted.

## Our inspection team

The team that inspected the service comprised two CQC inspectors: Richard O'Hara (inspection lead) and one other inspector.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

# Summary of this inspection

## How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from the organisation in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients

- spoke with two carers
- spoke with the registered manager
- spoke with four other staff members employed by the service provider, including key workers and support workers
- received feedback about the service from three care co-ordinators
- attended and observed one hand-over meeting
- attended a client pre-discharge review meeting
- looked at three care and treatment records, including four medicines records, for clients
- observed medicines administration at lunchtime
- checked medication management policy and pharmacy arrangements
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with clients, carers and professionals who refer clients to the service. The general feedback we received was positive. A carer told us that the changes in her son in the four weeks he had been at the unit were “amazing”. A referring professional said that the service was “excellent”

and that it bridged a gap in the provision of services to people with mental health problems and the added problem of drug or alcohol addiction. A client told us they felt treated as a “whole person”, not a diagnosis, and that their interests were actively encouraged.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service location was clean and tidy; on the day of inspection, a professional carpet cleaning team were cleaning all the carpets in the communal areas of the location.
- An environment health check had been carried out by the city council on 1 July 2016; this included a food hygiene rating of five, the highest rating.
- A health and safety risk assessment had been carried out on 8 January 2016; no outstanding actions were noted, the assessment was due for review on 7 January 2017.
- The bedrooms were personalised: one client had an agreement to paint a wall in his room a different colour, as a feature wall.
- At the time of the inspection, staffing levels were safe.
- All clients had a comprehensive risk assessment completed and a management plan.
- Medication was monitored by the issuing pharmacy, and medication dispensed in blister packs. There were new medication administration recording sheets for each prescription.
- Staff had been trained in safeguarding, and there had been no safeguarding alerts in the 12 months prior to the inspection.

However, we also found the following issues that the service provider needs to improve

- Staff compliance in mandatory training was low, averaging below 75%. This included training in diversity and equality, manual handling and effective behaviour management.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Care plans were comprehensive, personalised, holistic and recovery orientated.
- Risk management plans were in place, and included histories of safeguarding referrals for clients where applicable.
- keyworker sessions were based on a wellbeing recovery model and staff directed clients to access psychosocial interventions from other local services

# Summary of this inspection

- Clients were given a full assessment prior to admission to the service.
- Discharge and transfer plans were coordinated by the mental health team or care manager, in collaboration with staff from the Lighthouse; again, review meetings were used to make a collective decision that included input from the client.
- Staff at the service held regular meetings with care coordinators and care managers of clients, the meetings taking place at the Lighthouse.
- Appraisals for staff were scheduled to take place, with at least four supervision sessions a year and an annual appraisal.
- Staff performance issues were dealt with promptly and effectively.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All clients spoken to on the day of inspection were very positive about the Lighthouse and the care they received.
- We saw consent and confidentiality agreements signed by clients in their care records.
- There was a full orientation to the Lighthouse, with an assigned key worker and a copy of both a welcome pack and a handbook for clients.
- Carers were also involved in the care plan for clients. One carer had been allowed to stay at the Lighthouse on the first night with her son, to help with orientation to surroundings.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff at the Lighthouse ensured that a care coordinator or care manager kept in contact with the service and their client to ensure that all services were planned, developed and delivered in accordance with the referral recommendations.
- The Lighthouse had a full range of rooms and equipment to ensure care needs were met. This included a well-equipped gymnasium, a pool table, a library with a wide selection of books and seats with reading lights, and a spacious well-kept garden.
- The Lighthouse provided assistance with housing enquiries and support, benefit advice, college courses, access courses, skills training, voluntary work and employment skills to support independence.



# Summary of this inspection

- The Lighthouse promoted preferred communication methods: one client used a memory board to show where he was and where he was going pictorially, due to being easily disorientated.
- The Lighthouse was a Christian based charity, but could accommodate most faiths. The chapel at the Lighthouse could be used as a multi-faith room.
- At the time of the inspection, the Lighthouse had received no formal complaints in the previous 12 months. The Lighthouse had received two compliments in the same period.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The Lighthouse aimed to offer practical and goal-focussed support to clients.
- Staff sickness was monitored, at the time of the inspection there was only one staff member on long-term sickness.
- There were no bullying or harassment cases reported at the Lighthouse for the 12 months prior to the inspection.
- Executive staff were reported to have visited regularly, and senior staff used a mobile telephone application to keep in contact each day.
- Staff reported that morale was high.
- Minutes of staff meetings showed consideration of issues that related directly to client care.
- The Lighthouse used group feedback after activities and meetings, and then used the feedback to identify themes of what was working well and not so well.

However, we also found the following issues that the service provider needs to improve:

- The registered manager stated that performance indicators were not used to gauge the performance of the team.

# Detailed findings from this inspection

## Mental Health Act responsibilities

The Lighthouse accepted clients who were on a community treatment order or subject to section 117 after-care. Section 117 after-care means that a client will get free after-care when they leave hospital. A community treatment order means that, as part of an agreed set of details, a client has been directed to stay with a service

until a clinical review decided that the client could choose their own place to live. These aspects of the Mental Health Act were arranged and monitored by care coordinators or care managers: the staff at the Lighthouse knew any condition for each client, and ensured such conditions were followed.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act deals with people's capacity to take decisions and how decisions made on their behalf must be in their best interests. Staff at the Lighthouse received mandatory training in the Mental Capacity Act, and demonstrated an understanding of the principles during the inspection. Staff had a clear knowledge of the Mental Capacity Act. They undertook online training provided by an outside company. The parent company for the Lighthouse had a Mental Capacity Act policy that was viewed during the inspection.

Care records showed consideration of capacity, although part of the admission criteria for the Lighthouse was that

all potential clients had capacity to make decisions about treatment. Best interest meetings could be held at the discretion of care coordinators or care managers. Should capacity have become an issue with a client, the client would be referred back to the care coordinator or care manager for consideration.

There were no clients detained under Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards provide legal protection for those vulnerable people aged 18 and over who are, or may become, deprived of their liberty in a hospital or care home.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

The service location was clean and tidy; on the day of inspection, a professional carpet cleaning team were cleaning all the carpets in the communal areas of the location. All cleaning schedules were checked and up to date; kitchens and bathroom areas were clean and tidy. The flooring was in good condition. Furniture was of a good quality, the location was decorated with reference to the Lighthouse theme: there were rowing oars and other nautical items used for ornamental purposes. The location had a separate library, the shelves were dust free and the books maintained; reading lights were on the wall above comfortable seating.

An environmental health check had been carried out by the city council on 1 July 2016; this included a food hygiene rating of five, the highest rating. The provider's risk assessment check for the location had been carried out on 8 January 2016, for review in January 2017, with no actions noted. There were regular collections for disposal of waste and a contract was in place for removal of all waste materials. A health and safety risk assessment had been carried out on 8 January 2016. No outstanding actions were noted. The assessment was due for review on 7 January 2017.

A fire risk assessment had been carried out by the fire services in November 2015, scheduled for review in November 2016, and the location passed the assessment. There was a fire equipment check certificate dated November 2015, for review in November 2016, and this had no actions attached. Fire alarm drills were carried out weekly. They were recorded and up to date. A drill had been conducted on 30 August 2016, one week before inspection. Fire wardens were identified and had training

certificates on file. The shift coordinator was a fire warden. A new fire alarm installation had taken place on 26 July 2016, and all staff had been trained in how to operate the new fire alarm panel.

A legionella risk assessment had been carried out on 16 February 2016; this was due for renewal in February 2017. The assessment had no follow up actions attached.

First aiders were available at the location; three full time staff were trained in first aid.

Fridges were checked throughout the location, and it was noted that regular recording of temperatures were maintained, and that fridges were in good order. The fridges in the kitchen had food and other items in date order, so they would be used appropriately.

Bedrooms were well maintained. The location had capacity for 46 clients. There were no shared bedrooms. Bedrooms had sinks, a wardrobe, a desk, and were well lit. Clients could enter their own bedrooms at any time. The bedrooms were personalised: one client had an agreement to paint a wall in his room a different colour, as a feature wall. Male and female bedrooms were on different corridors at the location. There was a gender-specific bathroom or wet room per six bedrooms. Women did not have to walk past male bedrooms or communal areas to get to bathrooms.

### Safe staffing

The Lighthouse had five key workers (not registered, but trained and experienced), and two permanent bank staff scheduled to be taken on as full time staff. The registered manager and an administrator also worked at the service. At the time of the inspection, the service had 10 clients living in accommodation. The registered manager stated that, whilst the location could take up to 46 clients, the provider intended that a maximum of 32 clients would be accepted, to ensure they could meet the needs of clients.

# Substance misuse services

As the service was relatively new and had only started to accept clients, the view was that staffing would be on a ratio of two key workers to each 10 clients. At the time of inspection there were two recovery workers working each shift.

Staff were available 24-hours a day, this included a member of staff on sleepover duties during the night. The staff were trained to National Vocational Qualification level three in health and social care. The registered manager worked five days a week, however was flexible when required to fill shifts or assist, and worked occasional weekends. We saw that the registered manager was utilised as a staff member on the duty roster, but this did not happen often. There were no volunteers working at the service.

The service had two bank staff who could cover shifts if necessary, but full time staff were also willing to do extra shifts. The registered manager was also available to cover. At the time of the inspection, both bank shift workers were working regular shifts to cover for the increase in client numbers. The provider was actively recruiting more staff at the time of the inspection. The service could contact agencies for staffing assistance if necessary, as well as drawing on the resources of other locations allied to the provider.

Activities had not been cancelled due to lack of staff. Activities had been cancelled if there was no interest from the clients.

All staff had a disclosure and barring service (DBS) check, as at 03 June 2016.

## **Assessing and managing risk to clients and staff**

Staff were noted to use handover to fully report on clients. We attended a handover meeting and saw that the details for each client were comprehensive and up to date. Key worker sessions were held by staff each day, and this was recorded and included in the handover. Handover took place twice a day.

All clients had a comprehensive risk assessment completed and a management plan. The risk assessments included the full assessment completed prior to the service accepting the client, as well as the risk assessment that accompanied the client from their previous location. Risk assessments did not include plans for unexpected exits from the service: all clients at the time of inspection were

either on community treatment orders or on Mental Health Act aftercare. The service would contact the care coordinator or care manager to inform them of any deviation from the agreed contract, and the care coordinator or care manager would initiate any relevant actions.

Staff at the Lighthouse were trained in verbal de-escalation; restraint was not used at the location. Staff did not have any physical training to manage violence and aggression. Staff did not carry personal alarms: nurse call buttons were visible in rooms throughout the location, and toilets all had emergency call cords. The police service would be utilised if a situation turned aggressive. The searching of clients was agreed with the client before admission to the service, but was rarely used: if a client was searched, the reasons and circumstances would be recorded. The service did not allow visitors under the age of 16.

Staff completed mandatory training using online training courses provided by an outside agency. Training included safeguarding, health and safety, fire safety, infection control, first aid, safe administration of medicines, and Mental Capacity Act training, all of which had been completed by over 75% of staff. However, diversity and equality training figures were less than 75%, as were manual handling practical, and effective behaviour management. On the day of inspection, another training provider was signing a contract to provide further training to staff in stroke awareness, diabetes awareness, awareness of the Mental Capacity Act, and safeguarding of vulnerable adults.

There was a safeguarding policy in place. There had been no safeguarding concerns or alerts reported in the 12 months prior to the inspection. The policy was discussed with the registered manager, and staff were able to describe what the policy was, and were confident they could identify safeguarding issues. Staff stated that should any safeguarding issues be raised, they would contact the care coordinator or care manager in the first instance. At the time of inspection, there had been no contact with outside safeguarding agencies. There were noticeboards with safeguarding information attached, accessible to clients.

All new clients were registered with a local GP on admission to the service. Medicine reconciliation was completed in conjunction with the GP, the care coordinator and location from which the client was transferred, and the pharmacy

# Substance misuse services

service for the Lighthouse. The service had recently changed pharmacy service, and the new pharmacy service conducted a full-unannounced medicines management audit of the service on 26 May 2016. The pharmacy service provided new paperwork and advice, as well as training in medication management for staff. Some actions were recommended such as monitoring room and storage temperatures, weekly stock checks, new medication administration recording charts, and medication training. All actions proposed by the audit were carried out. The pharmacy issued new medication recording charts with each blister pack of medication that it delivered to the service. Consent forms were signed by clients to allow staff to dispense medication, most medication being dispensed from blister packs. Medication was checked weekly by the registered manager.

Clients had a handbook, prepared by the service, that fully outlined the conduct expected of those within the service. The handbook included information on how to complain, drugs and alcohol policy, what to expect from the service, and explained why risk assessments were important for the client. The handbook evolved with the help of clients and carers, and was able to be amended as and when required.

## Track record on safety

In the 12 months prior to the inspection, there had been no reports of any serious incidents or adverse events at the Lighthouse.

## Reporting incidents and learning from when things go wrong

Staff knew what and how to report anything untoward at the service. Any member of staff could make a report of an untoward incident. There had been no serious incidents reported in the twelve months prior to inspection. Staff were seen to be transparent with clients: a staff member was noted to discuss a change in plans with a client, explaining the reasons behind the change.

Reported incidents were recorded on a serious events form that included a section on whether there was a follow up and discussion on possible prevention. This was then fed back to the team in handover meetings. However, at the time of the inspection, there had been no serious incidents recorded.

## Duty of candour

The Lighthouse had a statement of duty of candour. The statement defined duty of candour, how to interpret it and how to use it. Staff knew that they had a duty to be open and honest with clients when things went wrong, and that transparency was important. No incidents had been reported that had reached the threshold of duty of candour.

## Are substance misuse services effective? (for example, treatment is effective)

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)

The Lighthouse had clear and comprehensive admission criteria. Due to there being no qualified nurses employed by the provider, physical health needs of clients were assessed prior to admission to ensure that needs could be met. If it was decided that such needs could not be met within the admission criteria, then the client would not be admitted.

We reviewed three care plans and care records relating to clients at the Lighthouse. They were comprehensive, personalised, holistic and recovery orientated. Each client had given input into the care plan, and been offered a copy of the care plan. Most of the clients at the Lighthouse had only been under the care of the staff for several weeks, and there was evidence of care plan reviews in that time. The care records included full assessments from the service provider that transferred or referred the client to the Lighthouse. As the clients had only been at the Lighthouse for a relatively short period, the plans were written in a manner that could be understood by the client, but also showed clear signs of client input and direction.

Clients were given a full assessment prior to admission to the service. Staff from the service preferred a client to be assessed at the Lighthouse location, rather than at the previous accommodation; this allowed staff at the service to gauge the client response to surroundings. The assessment form used was comprehensive, and was completed in conjunction with the risk assessment held by the care coordinator or care manager. The assessment included physical, mental health and social needs. The joint assessment format allowed co-morbidities to be

# Substance misuse services

identified and addressed prior to the client being admitted to the service. Consideration was clearly given as to whether the service could manage existing physical health problems.

The client would be referred to the relevant GP or emergency services if treatment regarding physical health was required, and to the care coordinator or care manager if mental health or social needs were identified. The service used the recovery star outcome tool to plot goals and outcomes for clients, with regular review meetings involving care managers in order to monitor progress or changes and developing needs. The recovery star tool used 10 life domains that included self-care and addictive behaviour, and aimed to use outcomes to measure successful recovery. Recovery plans were viewed and noted to be holistic and comprehensive. Discharge and transfer plans were coordinated by the mental health team or care manager, in collaboration with staff from the service. Review meetings were used to make a collective decision that included input from the client.

Care records were maintained in files at the Lighthouse. These were securely stored in the main office, and could be accessed by staff when needed.

## Best practice in treatment and care

Guidance from the National Institute for Health and Care Excellence (NICE) was being followed in relation to controlled drugs and management (NG46), as well as best practice in relation to the storage and administration of medication. The pharmacy provider conducted a full and unannounced audit of practice at the Lighthouse in July 2016, and initiated training for the staff at the service. The audit highlighted small faults, these faults being dealt with quickly and to good effect.

A medication audit was carried out by a staff member every month. Feedback from these audits was given through the handover process, which occurred twice a day.

The service used health action plans and wellness recovery action plans to assist in the treatment of clients, against the recovery star model. The recovery star model provided a map of the journey to recovery and a way to measure progress and plan actions needed to reach a goal. We saw evidence of the use of the recovery star model, health action plans and wellness recovery action plans in use at the service.

## Skilled staff to deliver care

Staff at the Lighthouse were trained up to national vocational qualification level 3. The national vocational qualification training for staff included a substance misuse module, ensuring knowledge of the subject. Some staff at the service had also been trained in substance misuse treatment, and some of the staff had personal experience of substance misuse. This experience was utilised in their interaction with clients.

At the time of the inspection, we attended a meeting with service staff and a care coordinator and her colleague for the review of a phased discharge of a client into the community. The meeting was efficient and the care coordinator gave praise to the staff of the Lighthouse for the marked improvement in their client.

Additional specialist training was to be included in the training package from the new training provider. This included training up to national vocational qualification level four, dementia, stroke awareness, diabetes awareness, and promoting food safety and nutrition in health and social care. The registered manager also had contact with a university in London to discuss possible advanced courses for staff.

At the time of the inspection, none of the staff had a current professional registration, as they were not trained to a level that required it. The registered manager had a professional background that included being a hospital manager. They also had a Master's degree in finance. The registered manager was working towards their national vocational qualification level five.

Appraisals for staff were scheduled to take place, with at least four supervision sessions a year and an annual appraisal. Staff at the Lighthouse said they also received informal supervision, one member of staff told us that she was receiving supervision on a monthly basis. We saw evidence of supervision taking place at the service.

Staff performance issues were dealt with promptly and effectively. At the time of inspection, we saw evidence of staff undergoing assistance with their performance.

## Multidisciplinary and inter-agency team work

Multidisciplinary team meetings were held at the Lighthouse in agreement with care coordinators and care managers. Meetings for clients could be and were held at the locations from which they had been transferred; these



# Substance misuse services

were more regular than at the Lighthouse. Staff from the Lighthouse could attend meetings at other locations if required. Decisions made at multidisciplinary team meetings were fully shared with staff at the Lighthouse; any notes relating to client care that were paper based were later transferred to the electronic note system. The service had a good relationship with the local GP with whom the clients were registered, and information relevant to the client was shared when necessary.

The Lighthouse service had good links with the local GP, the pharmacy service, the community mental health teams, and social services. The local dental practice was also used by clients: one client had serious dental problems prior to placement at the service, and had overcome the problems since the placement began, due to the input from Lighthouse staff. The service also had good links with service based groups and other local recovery groups, such as alcoholics anonymous and narcotics anonymous. The service did not refer clients to these organisations, but they did encourage clients to attend.

At the time of the inspection, the service had not had any out of area clients.

## **Adherence to the MHA**

The Lighthouse accepted clients who were on a community treatment order or subject to section 117 after-care. Section 117 after-care meant that a client would get free after-care when they leave hospital. A community treatment order means that, as part of an agreed set of details, a client has been directed to stay with a service until a clinical review decides that the client can choose their own place to live. These aspects of the mental health act were arranged and monitored by care coordinators or care managers: the staff at the Lighthouse knew any Mental Health Act requirements for each client, and ensured such stipulations were followed. Copies of relevant documentation could be found on client case files, and was found to be in order.

**Good practice in applying the MCA** (if people currently using the service have capacity, do staff know what to do if the situation changes?)

Staff at the Lighthouse received mandatory training in the Mental Capacity Act, and demonstrated an understanding

of the principles during the inspection. They undertook online training provided by an outside company. The parent company for the Lighthouse had a Mental Capacity Act policy that was viewed during the inspection.

Care records showed consideration of capacity, although part of the admission criteria for the Lighthouse was that all potential clients had capacity to make decisions. Best interest meetings were held at the discretion of care coordinators or care managers. Should capacity become an issue with a client, the client would be referred back to the care coordinator or care manager for consideration.

There were no clients detained under deprivation of liberty safeguards.

## **Equality and human rights**

Staff at the service did have mandatory training in equality and diversity; however, that particular module had only a 30% completion rate. The service did have a policy relating to equality and diversity. The assessment process for admission to the Lighthouse considered all of the protected characteristics.

Blanket restrictions related to the strict avoidance of illicit drugs or alcohol on the premises, this was outlined in the client handbook. Staff explained the restrictions to clients before their placement began, and all signed to indicate their consent.

## **Management of transition arrangements, referral and discharge**

Referral to the Lighthouse was through a professional service provider, such as a GP, mental health team, probation, or prison service. Admission could also be part of a community sentence or a post custodial court sentence. Self-referral was an option; only one previous client to the Lighthouse had self-referred and self-funded, all other clients were publicly funded.

Discharge plans were noted in relation to each client, the discharge plans having been formulated by the care coordinators and care managers with each client. Staff at the Lighthouse had copies of these. We attended a phased discharge meeting during the inspection.

## **Are substance misuse services caring?**

**Kindness, dignity, respect and support**

# Substance misuse services

Both clients spoken to on the day of inspection were very positive about the Lighthouse and the care they received. We saw excellent interaction between staff and clients. Clients spoke of the service 'not feeling like us and them', and being treated as a 'whole person'. We spoke with the carer of one client who spoke very highly of the service; she stated that her son had never been able to talk to her over the telephone, but now he would call most days and chat for over half an hour.

Clients and a carer spoke of staff being professional, approachable, and the fact that some staff had themselves been through similar circumstances ensured that empathy was in good supply.

One client spoke of learning to play a musical instrument, and being encouraged by staff to push herself.

At the time of the inspection, very few of the clients were available, most using their time to go out of the service and into the community.

## **The involvement of clients in the care they receive**

We saw consent and confidentiality agreements signed by clients in their care records. Clients were fully informed through a robust admission process that was carried out in conjunction with care coordinators and care managers. There was a full orientation to the Lighthouse, with an assigned key worker and a copy of both a welcome pack and a handbook for clients.

Care plan reviews showed that clients were fully involved in their care plans, each having a recovery plan that was self-rated. The care plans reviewed at the inspection were up to date, and indicated whether a client had accepted a copy or not: those care plans reviewed showed that copies had been accepted by the clients. Carers were also involved in the care plan for clients: one carer stated she felt fully involved and that this contributed towards the improvements in her son.

Information about treatments available was limited: a brochure created by the service outlined 'groundwork' treatments such as group work, therapeutic and recovery focussed activities, they then explained the next steps in treatment. Clients could be directed should specific information be required as part of the care package. There was information related to prevention of drug and alcohol

harm, and clients could embark on the 12-step programme as designed and defined by alcoholics anonymous. Staff members who had a history of substance misuse shared their experiences in a positive way with clients.

Key worker sessions that worked within the recovery model were held regularly with clients, sometimes daily. During the sessions, clients would review their progress, consider the activities open to them, and give feedback. Key workers would steer clients towards their strengths rather than focus on weaknesses; client choice was important. Advice was given and advanced to clients to improve their lives; we saw that some clients went swimming in the morning with staff, and one client used a room to practice guitar skills. Clients had the choice of participation in the activities available, and this was within the models of health action plans and wellness recovery action plans, designed to overcome mental health issues and move on to a fulfilling life.

Advocacy was available to clients if they felt they needed a representative. Clients could feed back into the service either informally, often as groups after client/staff meetings, or using a feedback form. The information was used to identify themes of what was considered working, and what was not deemed working.

**Are substance misuse services responsive to people's needs?**  
(for example, to feedback?)

## **Access and discharge**

At the time of the inspection, there were 10 clients at the Lighthouse. All clients at the Lighthouse were publicly funded, and accessed the service through mental health teams, probation services, adult social care, GP referrals, or the court system. All clients had an external care coordinator or care manager who was in contact with the service to ensure that all services were planned, developed and delivered in accordance with the referral recommendations.

Part of the admission criteria was that clients had already undergone detox, and were aiming to remaining abstinent from their addiction. The admission criteria was clear: due to there being no doctors or nurses at the service, clients had to agree to remaining drug or alcohol free.



# Substance misuse services

The Lighthouse directed clients towards a variety of services that it could not provide, but this was only done in partnership with the referral body or their representative.

## **The facilities promote recovery, comfort, dignity and confidentiality**

The Lighthouse had a full range of rooms and equipment to ensure care needs were met. This included a therapy room where massage and spa treatments could be undertaken; and a chapel that could be a multi-faith room. There was a games room that had a wall designed for writing or drawing with chalk and access to the latest game consoles and digital video discs. There was an information technology room with a computer, large screen and printer access, and a well-equipped gymnasium with a cold-water machine. There was an activity/music room, and a library with different books both fact and fiction, with comfortable seats and reading lights.

There was access to a large garden area, with both grassed and gardening areas. Rooms were segregated for males and females, corridors allocated for each gender; each room was comfortably furnished, with most rooms having a sink for washing. Bathrooms were shared, but access was gender specific. The food menus were diverse, showing a good selection of food available. Drinks and snacks were available at all times.

Clients were actively encouraged to go into the community, with the service providing assistance via its 'HUB' service to access benefits information, housing enquiries, college courses, access courses, voluntary work and employment skills.

A handbook for clients clearly outlined the facilities available at the Lighthouse, as well as those not available. The handbook stated that personal care or administration of medication assistance was not available from the staff of the Lighthouse, but should this be required then attempts to secure support or specialist services would be made. Professional counselling was also not available, but clients would be directed to relevant counselling services, such as bereavement, anger management, or substance misuse.

The Lighthouse stated that its general aim was to provide clients with support in maintaining short-term accommodation and work with the client towards independent living skills and integration into the local community.

Activities available at the Lighthouse included swimming, a cycling group a garden group, woodcraft, and cooking and baking. An activity timetable was produced for clients, and they could attend each group as they wished. The timetable had an attached notice that advised that should changes to the timetable occur, notice would be given at the earliest convenience. The timetable also encouraged clients to suggest activities in which they might be interested. The activities were mostly across Monday to Friday, but the timetable included weekend events such as bowling, movie nights and family days.

## **Meeting the needs of all clients**

There were no leaflets or information booklets in languages other than English, but the registered manager stated that if this was required then they would request them. This need for language assistance, including interpreters, was included in the referral notes: the service would ensure care coordinators or care managers included it in the care package for the client.

The Lighthouse promoted preferred communication methods: one client used a memory board to show where he was and where he was going pictorially, due to being easily disorientated. Texting and mobile telephone contacts with clients were utilised when they were not on site.

The provider was a Christian charity, but could support most faiths; the chapel room included bibles and a copy of the Koran, and visits to the local Mosque could be facilitated. Dietary requirements would also be catered for, should the need arise. The Lighthouse had been a dementia care home before being taken over by the provider, as such disabled access had been taken into account; this included a lift to the upper floor should it be required.

## **Listening to and learning from concerns and complaints**

The client handbook issued by the Lighthouse had a section devoted to the complaint process. It outlined the actions to be taken to make both informal and formal complaints, including other organisations that could be contacted if a client was not satisfied with the outcome of a complaint. The registered manager of the Lighthouse

# Substance misuse services

would lead on complaint investigations, unless the registered manager was the subject of the complaint. The procedure also stated that formal complaints would be given a reply within a maximum of 10 days.

At the time of the inspection, the Lighthouse had received no formal complaints in the previous 12 months. The Lighthouse had received two compliments in the same period.

Staff and clients stated that they knew how to complain, as well as the complaints procedure.

## Are substance misuse services well-led?

### Vision and values

The Lighthouse aimed to offer practical and goal-focussed support to clients, with access to services that would promote independence, give choices about the way services were delivered, maximise privacy and dignity, and safeguard welfare. The staff of the Lighthouse were aware of these values, and it was reflected in their practice.

The aims of the Lighthouse were rescue, restore, and reintegrate. To this end, they placed emphasis on recovery, and used the recovery star model to good effect. The Lighthouse definition of recovery was “Equipping you with living skills and social inclusion skills towards your journey to independent living”. Executive staff were reported to have visited regularly, and senior staff used a mobile application to keep in contact each day.

### Good governance

The registered manager stated that key performance indicators were not used to gauge performance at the time of inspection. However, a monthly management report document had been created and was to be put in place after the inspection: the document clearly audited condition of accommodation, monthly health and safety inspections, cleanliness, gas safety, security, comments by clients, tenant meeting feedback, carer or family feedback, concerns and complaints. The information from this audit would be fed back to the service and used to improve the service.

The employee handbook was an in-depth framework of policies and procedures relating to working for the provider, updated in January 2016. It contained information about absence from work, company facilities

and amenities, procedures and policies. Policies covered included equal opportunity and discrimination policy, harassment policy, training policy, appraisal policy, and drug and alcohol policy.

Staff sickness was monitored. At the time of the inspection, there was only one staff member on long-term sickness. There were no bullying or harassment cases reported at the Lighthouse for the 12 months prior to the inspection. There was a whistleblowing policy in the employee handbook, staff were aware of it. Staff were not compliant in some aspects of mandatory training but the service was taking action to improve compliance and the training available.

### Leadership, morale and staff engagement

The registered manager for the Lighthouse was knowledgeable in the field of substance misuse, having a post graduate degree in care and education in the community, and experience as a social worker. This, coupled with the experience of staff employed at the Lighthouse, meant that the service adapted to the needs of clients.

Staff reported that morale was high, with one staff member stating that morale was high “about 95%” of the time at the Lighthouse. All staff we spoke to were highly motivated and talked positively about their work at the service and said that morale was good, despite the potentially stressful environment they worked in. Staff felt confident in approaching the registered manager to discuss issues, and they could access support from their colleagues if needed.

During the inspection, we attended a discharge planning review in which team members from a review team spoke highly of the service their clients received at the Lighthouse. They spoke of the success stories related to clients who had flourished at the Lighthouse, and spoke highly of the staff.

Minutes of a staff meeting on 20 June 2016 showed consideration of an overview of the service, client concerns, medication, safeguarding, recovery group work, health and safety, complaints, activities, training and annual leave. The information in the minutes was related to the safe running of the service.

A carer told us that on admission of her son under a community treatment order, she was allowed to stay the

# Substance misuse services

night with him in order to ensure he felt safe in the new environment. The carer felt that her opinion was considered by staff, and she felt that her input into the care of her son was appreciated.

## **Commitment to quality improvement and innovation**

The Lighthouse used group feedback after activities and meetings, and then used the feedback to identify themes of what was working well and not so well. This enabled staff to make changes to service delivery that would improve the service.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that mandatory training is monitored, and staff are compliant in respect of equality and diversity, manual handling and effective behaviour management.
- The provider should ensure that key performance indicators or other indicators are fully utilised to gauge the performance of the service.