

Dignity Group Limited

The Lighthouse Selsey

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was unannounced and took place on 11 and 20 November 2014.

The Lighthouse Selsey is a nine bed residential care home that provides support to adults with learning disabilities and autism. People have different communication needs; however, everyone was able to verbalise their thoughts and feelings. The main ethos of the home is to support people to gain further independence and social skills. A domiciliary care agency is also operated from the same address as the care home, but has separate office facilities to avoid encroaching on

the lives of people who live in the care home. At the time of this inspection, there were six people living at the home and one person who was receiving personal care from the domiciliary care agency.

During our inspection the manager was present. The manager had been in post for a month prior to our inspection. We were informed that the manager would not be registering with the Care Quality Commission and that a new person who had been recruited to manage the home would be submitting an application. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had good systems in place to keep people safe. People told us they felt safe. Staff were aware of their responsibilities in relation to safeguarding. The manager was clear about when to report concerns and the processes to be followed in order to keep people safe.

People were able to make choices, to take control of their lives and be supported to increase their independent living skills. Risk assessments and support plans were in place that considered potential risks to people. Strategies to minimise these risks were recorded and acted upon. People were safely supported to manage their medicines independently or with support if needed. People were supported to access healthcare services and to maintain good health.

There were enough staff on duty to support people and meet their needs. Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to effectively care and support people to have a good quality of life. People told us that they were happy with the support they received from staff. Staff received training, supervision and appraisal that supported them to undertake their roles and to meet the needs of people.

The Lighthouse Selsey met the requirements of the Deprivation of Liberty Safeguards (DoLS) and people confirmed that they had consented to the care they received. Staff were kind and caring and people were treated with respect. Staff were attentive to people and we saw high levels of engagement with them. Staff knew what people could do for themselves and areas where support was needed.

People were supported to express their views and to be actively involved in making decisions about their care

and support. Everyone had a key worker who they met with on a monthly basis to discuss the previous month's events and also to plan the next months. Staff knew in detail each person's individual needs, traits and personalities. People were supported to access and maintain links with their local community. The importance of community links and social inclusion was reinforced in people's support plans. Support plans were in place that provided detailed information for staff on how to deliver people's care. The files were well-organised, containing current and useful information about people.

The Lighthouse Selsey was well-led by a manager who encouraged people to work collaboratively to provide an holistic approach. Care was personalised and empowering, enabling people to take control of their lives and make decisions and choices. The manager was committed to providing a good service that benefited everyone.

Regular meetings were held with people, staff and relatives and friends of people which encouraged open and transparent communications between them and management. In addition, quarterly newsletters and annual questionnaires were used to find out people's views, and where necessary make changes to the service and drive improvements. People were routinely listened to and their comments acted upon. Monthly meetings took place where people could raise issues and a pictorial complaints procedure was in place that supported people to understand formal complaint processes.

Quality assurance audits were completed for both the care home and the domiciliary care agency which helped ensure quality standards were maintained and legislation complied with. Accidents and incidents were acted upon and reviewed to prevent or minimise re-occurrence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Some areas of the premises needed attention to ensure they did not pose a health or safety risk to people.

Potential risks were identified and managed that allowed people to make choices and to take control of their lives. People told us that there were enough staff on duty to support them and meet their needs.

Staff knew how to recognise and report abuse correctly. People received their medicines safely. However, medication records were not always legible and accurate and therefore could not be used to monitor that people received their medicines safely.

Requires Improvement



Is the service effective?

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received. The Lighthouse Selsey was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health. Peoples healthcare needs were met.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion by dedicated and committed staff.

People were supported to express their views and to be actively involved in making decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community.

Staff supported people to develop and maintain relationships that mattered to them and to increase their independent living skills.

Comments, compliments and complaints were acted upon promptly and people felt that they were listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The manager was committed to providing a good service that benefited everyone. People were encouraged to be actively involved in developing the service.

Staff were motivated and there was an open and inclusive culture that empowered people.

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

Good



The Lighthouse Selsey

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 20 November 2014 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of caring for a person with learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important

events which the provider is required to tell us about by law. We also reviewed information that we received from a health care professional who was involved in monitoring the care that one person receives.

We spoke with all six people who lived at The Lighthouse Selsey, three support workers, the manager and the nominated individual. The nominated individual is the registered provider's representative authorised to act and speak on behalf of the provider. We also visited a person who was receiving a service from the domiciliary care agency in their own home.

With people's consent, we observed care and support being provided in the lounge, dining area and four people's bedrooms on the first day of our inspection. We also spent time observing the lunchtime experience people had.

We reviewed a range of records about people's care and how the care home and domiciliary care agency was managed. These included care records for four people, four medicine administration record (MAR) sheets and other records relating to the management of the home and domiciliary care agency. These included three staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, menus and incident reports.

The Lighthouse Selsey was last inspected on 18 November 2013 and there were no concerns.

Is the service safe?

Our findings

People told us they felt safe from harm and abuse. One person said, “I would tell staff if I was worried but all the staff are nice. I know it is wrong to be bullied and I would speak out”. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff had received safeguarding training as part of their induction and that this was refreshed regularly. The manager was clear about when to report concerns and the processes to be followed to inform the local authority and the Care Quality Commission (CQC).

People made choices and took control of their lives. Risks were identified and managed that supported this process. Everyone who lived at the care home had their own set of keys to the front door and were able to access all areas of the home freely. Some people were able to go out into the community independently which helped them retain control of their lives. Risk assessments and support plans were in place that considered any potential risks and strategies to minimise these. People entered and left the home, some with assistance from staff and others independently. People signed a record when they entered and left the home in order that their whereabouts were known in the event of a fire or emergency.

Staff described the ways they supported people with any behaviour that challenged. These included distraction techniques, observation from a distance and allowing outbursts of anger in a safe and controlled environment to protect others. No forms of physical restraint were used with people.

Equipment such as sensor mats were in place next to people’s beds in order that staff were alerted if they had a seizure that resulted in them falling out of bed. This equipment also reduced the need for staff to enter people’s personal space unnecessarily. One person told us, “This makes me feel safe”.

We saw one person had hung a decoration on their door handle and that this stopped the door from closing fully. A member of staff quickly removed the decoration and confirmed this should not have been in place due to it being a fire door. We observed that in order to open the door you needed to pull the main door handle and a snub handle at the same time. The person whose room this was

told us that they put the decoration on the door handle every time they were in their room as they had difficulty opening the door due to it having two mechanisms in place that required turning at the same time. The dual-mechanism door handle had not been assessed to ensure the person could have free and easy use of the door that allowed them to retain their independence. We drew this to the manager’s attention and they assured us this would be reviewed so that the person would be able to retain their independence and still be safe.

Checks and risk assessments had been undertaken on the care home environment and at the person’s home who received a service from the domiciliary care agency. These checks and assessments were in place to ensure people and staff were safe. Equipment had also been checked to ensure it was safe for people. These included electrical portable appliance testing (PAT), emergency lighting and fire alarm systems.

People accessed and used all areas of the care home which included the kitchen and laundry room. One person was particularly proud of the home and volunteered to show us around. They told us how the laundry room had recently been decorated and new sofas purchased in the lounge. When being shown the kitchen we saw that a sign warned people of danger and the risk of shock on a cupboard that contained the main electricity board. Although there were two bins blocking access, the cupboard door was open with no lock or way of securing it. This posed a risk of shock if someone was to attempt to place an item in the cupboard. We drew this to the manager’s attention and she made arrangements for this to be attended to.

Accidents, incidents and safeguarding concerns were investigated and recorded on an individual basis and then reviewed and audited monthly by the manager to identify trends or themes. The monthly analysis was shared with the nominated individual who acted on behalf of the provider who then completed their own review. This was then discussed within the senior management meetings that took place to ensure that all appropriate action was taken to prevent future occurrence at The Lighthouse Selsey.

People told us there were enough staff on duty to support them and meet their needs which was confirmed by our observations. Staff were available for people when they needed support both in the home and in the community. Two care staff were on duty at the home during the day and

Is the service safe?

an additional member of staff was on duty from 10am until 4pm specifically to support a person on a one to one basis. The manager was on duty from 8am until 4pm during the week and also covered weekend shifts if required. At night a member of staff 'slept in' at the home. Staff that we spoke with told us that they had enough time to support people in a safe and timely way. We looked at the staff rotas for the three months previous to our inspection. These demonstrated that staffing levels had been maintained to the assessed levels required for each person.

The person who received a service from the domiciliary care agency had a team of five staff to ensure consistency of service. Each week, in advance of visits, the person received written details of which staff would be visiting them. This kept them informed of staff that would be giving support. The person told us, "I've got a regular group who come here. They are all nice".

Robust recruitment checks were in place to ensure staff were safe to support people. Four staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

People were supported to manage their own medicines using a monitored dosage system (MDS). People had assessments completed with regard to their levels of capacity and if they were able to administer their medicines independently or needed support. People's bedrooms included secure storage facilities for their medicines. People told us that staff had helped them to

become more independent with regard to looking after and taking their medicines. One person told us, "I am happy, I get to control my own medication and then I fill in the MAR sheet".

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been safely stored and administered, audited, and reviewed appropriately. The manager was able to describe how they ordered people's medicines and how unwanted or out of date medicines were disposed of and records confirmed this. Records showed that staff had been trained in the administration of medicines and that their competency was assessed, and staff we spoke with confirmed this.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Controlled medicines were stored safely and separate records maintained. The stock of controlled medicines reflected the amount recorded in the controlled drugs book. Records in the controlled drugs book were not always legible and easy to follow. Pages had not always been completed in full before a new page was started, without any obvious explanation. We found no evidence to suggest that people had been given controlled drugs incorrectly. However, there was a risk that this could happen if staff could not read and easily follow the records.

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person told us, “He is a new staff. Other staff showed him what to do and now he helps me by himself”. Throughout our inspection staff demonstrated knowledge and understanding of people’s individual needs. Staff were sufficiently skilled and experienced to effectively care and support people to have a good quality of life.

All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing other staff and spending time with people before working independently. Training was then provided on an ongoing basis. Staff were trained in areas that included health and safety, fire safety, food hygiene, infection control, equality and diversity and diabetes.

Staff told us that they had not received training on Autism despite providing care for two people with autism. We found no evidence that the lack of formal training in this area affected the support people received. The manager told us that Autism training would be sourced for staff. Guidance about Autism was available for staff to refer to in people’s care records and at the home. We spoke with one person using Makaton (The use of signs and symbols to support speech) as it helped support them to communicate. They told us, “I use Makaton and it helps me to understand”. Staff told us that they had learnt some signs from the person who used this to communicate. We explored this further with the person concerned and they told us that they were able to communicate with all staff and were happy with the support they received. They said that in their opinion, staff were suitably trained.

One person had epilepsy. The manager had organised for an epilepsy nurse to visit the home and they had talked to staff about what they should do if the person had a seizure. Staff had also been shown how to use a seizure sensor pad in order that they supported this person correctly during a seizure.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions every six to eight weeks and group staff meetings on a monthly basis. The manager completed monthly spot

checks on staff who worked within the domiciliary care agency. This was so that she could observe and assess how staff conducted themselves and supported a person in their own home to ensure the person received support that met their needs.

The Lighthouse Selsey was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Whilst no-one was currently subject to a DoLS, we found that the manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

Everyone who lived at the care home and received a service from the domiciliary care agency had the capacity to make their own decisions. Mental capacity assessments were completed for people and capacity had been assumed by staff unless there was an assessment to show otherwise. This was in line with the Mental Capacity Act (2005). Mental Capacity training was included as a core training requirement for all staff, with nine of the 12 staff employed having completed this at the time of our inspection.

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. During our inspection we observed staff seeking people’s agreement before supporting them and then waiting for a response before acting on their wishes. Staff maximised people’s decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People played an active role in planning their meals and had enough to eat and drink throughout the day. People were happy with the support they received and had a balanced diet that promoted healthy eating. One person showed us their communication book which explained about healthy eating. They told us it helped them think about what they ate. We sat with people when they were having lunch. People talked about the vegetable patch in the garden. They told us that there had been a good crop of different vegetables this year which they had enjoyed growing and eating. People said that at the end of each week they got together as a group and chose the next

Is the service effective?

week's meals with a focus on healthy eating. Pictorial aids were on display in the kitchen to assist people to make healthy eating options. They were supported to help cook meals in the kitchen and some were able to prepare food independently.

People were observed preparing and eating a variety of light meals of their choosing. Some people chose to sit at the dining table while others sat on the sofa in the lounge. People told us that as they were out in the day, the main hot meal was usually of an evening. This was seen as a social event when everyone got together to discuss their day.

People were supported to access healthcare services and to maintain good health. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported

them to stay healthy and described help they could get. People told us that they were happy with the support they received to maintain good health. A health care professional involved with the care of one person told us, "I have no concerns about the appropriateness of the placement". People told us that staff supported them to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews at their local surgeries and that females were supported to attend breast and cervical cancer screening clinics. There were a number of men who lived at the care home. There were no arrangements in place with regard to male screening or health advice services such as prostate or testicular cancer screening. The manager said that she would explore the opportunities for men at the home to receive advice about these areas at their next annual health checks to ensure everyone had access to health services regardless of their gender.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day to day care. One person told us, “I like staff, they are nice and kind”. Another person said of their key worker, “I Love her, she’s lovely and I miss her when she is not here”. A key worker is someone who co-ordinates all aspects of a person’s care at the home.

Positive, caring relationships had been developed with people. Staff were attentive to people and we saw frequent, positive engagement with them. They patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was very relaxed with lots of laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people’s appearance and their personal hygiene needs had been supported. One person was going to a remembrance service to honour those who died in wars. Staff had supported the person to ensure they were very smartly dressed. They had a tie on and a poppy in their overcoat collar; both of which the person proudly showed to us.

Staff on duty appeared very dedicated and committed. They knew, in detail, each person’s individual needs, traits and personalities. They were able to talk about these without referring to the records that were in place that contained this information. People were being supported by staff to hold a ‘Pudsey bear pyjama party’ on the following Friday after our inspection to raise money for Children in Need. Both people and staff would be wearing nightclothes as part of the planned event. One person showed us a new onesie that staff had helped them to purchase which they would be wearing. The person was really excited about wearing it. Staff explained that the person loved textures and they had looked around until they had found a onesie with a fleece lining.

The manager told us that she spent time sitting with people on a daily basis in order to build relationships of trust and to monitor how staff treated people. She also discussed staff practices within supervision and at staff meetings. The manager said that she would not hesitate to follow the provider’s disciplinary procedures if staff practice was not appropriate. We observed people approaching the manager and vice a versa. It was apparent that people felt relaxed in the manager’s company and that they were used to spending time with her.

People were supported to express their views and to be actively involved in making decisions about their care and support. Some people had communication books that helped them express their views in their own, individual ways. One person was particularly keen to show us their communication book and said they were very pleased with it. The book contained lots of information about the person’s needs, likes and dislikes. It had pride of place on the person’s dressing table. Everyone had a key worker who they met with on a monthly basis to discuss the previous month’s events and also to plan the next month’s. Keyworkers were knowledgeable about the people they supported and their current needs. In addition, each person had an annual service review that they attended along with important people in their lives.

The minutes from monthly residents meetings were produced in an easy to read format to aid communication for people. These were on display in the care home for people to read at their leisure. The minutes showed that people were regularly asked how they got on with staff and if they were happy with their key workers. The manager told us that that people were asked this to make sure they understood that their views were important and mattered.

People’s care plans were written in the first person to show that they should be at the heart of everything that staff do. For example, one person’s plan stated, ‘This is how I like to spend my week: Sunday I like to go independently to church and visit my mum for Sunday lunch’.

Is the service responsive?

Our findings

Care records were written from the person's point of view. For example, we read, 'I am working on gaining more independence. I am working really hard at clearing out my room on a regular basis but need some staff support with this'.

People were supported to develop and maintain relationships that mattered to them. One person told us that staff helped them to visit their girlfriend at home and out in the community. The care home had also arranged for a community nurse to visit in order to give advice about relationships. We also had the opportunity to talk to a person who, until recently, used to live at the care home. They confirmed that they had been supported to gain independence and as a result had moved from the home. They explained that they still visited the home on a regular basis and were included in events held there. Staff understood the importance for this person and those who lived at the care home to maintain a friendship, as some had known each other for over ten years.

People received personalised care that was responsive to their needs. One person invited us to their room and showed us their 'About Me' book. This detailed their preferences, friends, interests and hobbies. They confirmed that they were supported to participate in activities they had an interest in such as a trip to London and to maintain contact with a friend who they regularly met for a drink and a chat. Another person told us that when they had been ill recently additional staff had been arranged to provide extra support and to attend hospital appointments.

People were supported to access and maintain links with their local community. Two people at the home had voluntary jobs in the local village. On the day of our inspection one person told us that they had visited the local library that morning to explore getting another job. Another person was seen preparing to attend a remembrance service that was being held. They explained that this was very important to them as their father had been in the war. A third person spent part of the day swimming at the local pool which they told us they really enjoyed. All the people who lived at the home were taking part in a drama production locally. Everyone appeared very happy to be involved in this when talking to us about it. One person told us, "It's a lot of fun".

The importance of community links and social inclusion were reinforced in people's care plans. As one stated, 'I have lived in Selsey since I was a small child and know the village well. I need to go into Selsey to do my shopping and to buy my newspaper from the local shop. I like to shop locally as people know me in the village. I like to walk into the village every morning. I like to have lunch on my own on Tuesday'.

People were supported to increase their independent living skills. One person showed us the laundry room and explained how they did their own washing. We could see on the notice board a washing procedure for soiled items but the person was not able to understand which washing machine the procedure related to. As a result, they had been putting their normal washing in a machine that should only be used for heavily soiled laundry. We drew this to the manager's attention in order that the information could be made clearer to support the person to wash their clothes hygienically. The manager immediately made arrangements for clearer information to be displayed.

Support plans were in place that provided detailed information for staff on how to deliver people's care. The files were well-organised, containing current and useful information about people. Care records were person-centred, meaning the needs and preferences of people or those acting on their behalf were central to care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes and places and activities they valued.

Once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future. Records evidenced that everyone of importance involved in a person's life were invited to attend, including the person and their keyworker, who knew them well and co-ordinated every aspect of their care.

People told us, and records confirmed that monthly residents meetings took place where people talked about anything relevant to the smooth running of the home and communal living. Where people raised points or made requests, these were acted upon. For example, at the September 2014 meeting new curtains had been requested

Is the service responsive?

for the lounge at the home. A discussion then took place where different colours were discussed before people agreed that green and cream would be purchased. These were in place when we inspected the home.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. The Lighthouse Selsey did not have high numbers of formal complaints raised. The manager said that this was due to the informal structures such as daily chats with people which addressed things straight away. With regard to complaints the manager said they were, "Proactive instead of reactive". Complaints and issues were a set item on the agenda at monthly residents meetings. Records confirmed that when issues were raised, actions were taken to address these.

A laminated, pictorial guidance of what to do in the event of needing to make a complaint was on display in the care home. We sat with one person who was able to explain each stage of the process and who confirmed they were happy to use if needed. Another person eagerly showed us a suggestion box that was located at the front door of the home. They explained how it was used for sharing any thoughts or issues that people wanted to raise with management. The person who received a service from the domiciliary care agency told us that they had the telephone numbers for the manager and their key worker and could call them at any time if they were unhappy or wanted to make a complaint. They told us, "If I was unhappy I would probably call the manager first, but I'm happy". Records showed that comments and compliments were monitored and acted upon in line with the contents of the provider's complaints procedure.

Is the service well-led?

Our findings

One person told us, “I’m happy with life”. Another said, “It is definitely good, effective, responsive and well led”.

The manager told us that her greatest achievement since working at The Lighthouse Selsey was, “I’ve empowered people to achieve their goals”. She then went on to give an example of how one person who wanted to go horse riding for some time was enabled to do this activity.

There was a positive culture at The Lighthouse Selsey that was open, inclusive and empowering. Regular residents meetings took place where people were encouraged to be actively involved in developing the service. For example, as a result of people’s input at these meetings, new furniture that reflected people’s preferences had been purchased for the lounge. Before the meetings an agenda was displayed and discussed with people to encourage open communication and to ensure people were actively involved. The manager told us that recently she had arranged for another member of staff to take the minutes of the meetings in order that she could give people eye contact and engage more to ensure people understood that what said was of value. The manager told us that she maintained a high visual presence at The Lighthouse Selsey and people that we spoke with confirmed this.

We were shown a quarterly newsletter that the manager said was used to promote an inclusive culture. This included photographs and stories and events that had occurred at the service. The newsletters also celebrated people’s achievements. For example, the summer edition included information about one person who had gained a certificate of achievement in horticulture and computer skills. The manager said that everyone received a copy of these including people’s families.

Staff were motivated and told us that management of The Lighthouse Selsey was good. They told us that they felt supported by the manager and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities. One member of staff told us, “They are a good company to work for and are really flexible”. The manager told us that they were fully supported by the nominated individual who acted on behalf of the provider and supervised the manager.

Records showed that regular staff meetings took place where the values of the service and visions for the future

were discussed. For example, during the October 2014 meeting the manager and a representative of the provider discussed with staff changes that were going to take place and explained, ‘management are really excited about the future, and want the staff at the lighthouse to embrace this opportunity of devising the services that the lighthouse can offer to the community and people and consider people with more health complex needs’. The minutes then went on to explain about support staff would receive to achieve the changes.

In addition to the regular staff meetings, ‘virtual meetings’ had been introduced in 2014 for staff who worked in the domiciliary care agency and who, due to other commitments, were unable to attend the regular staff meetings. The aim of these was to ensure all staff had the opportunity to inform management how they were feeling, what was working well, what could be improved and for management to share information with staff. Staff received notice of these meetings via email in order that they could raise points to be added to the agenda. They then received minutes of the meetings via email. This demonstrated a commitment to open and transparent communication.

The manager completed monthly quality assurance audits for both the care home and the domiciliary care agency which helped ensure quality standards were maintained and legislation complied with. These included audits of medication, care records and risk assessments and review meetings. Accidents and incidents had been recorded and outcomes clearly defined, to prevent or minimise re-occurrence. The findings from the audits were collated and shared with the nominated individual who acted on behalf of the provider. The nominated individual then carried out separate quality and safety audits. The findings from these were discussed with staff during staff meetings in order that they knew of changes and or of potential risks that could compromise quality.

The manager said she had an ‘open door’ management approach. Staff were encouraged to stop by whenever they felt the need to meet and ask questions, discuss suggestions and address problems or concerns. There were clear whistle blowing procedures in place which the manager said were discussed with staff during supervision and at staff meetings. Discussions with staff and records

Is the service well-led?

confirmed this. Staff said they would have no hesitation in reporting any concerns they had; they felt that the manager would support them to do this in line with the provider's policy.

Three stakeholder meetings took place each year where relatives and friends of people were encouraged to provide feedback about the quality of service people received. In addition, people who received a service, relatives and health and social care professionals were sent annual questionnaires where they were asked for their views. At

the time of this inspection the responses from the 2014 questionnaires were in the process of being analysed. People were asked for their views on the quality of care people received, staffing, management and administration, the environment and complaints and protection. Although the analysis had not yet been completed in full, steps had already been taken to address any issues raised. This showed a commitment to use information to drive quality improvements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.