

# Lighthouse

## Quality Report

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

Date of inspection visit: 24 September 2019 and 8 October 2019  
Date of publication: 19/11/2019

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

### Overall summary

We did not rate Lighthouse at this inspection as it was a focused inspection of the safe key question. We carried out this inspection after receiving information of concern about how the service was managing a mixed gender environment and the assessment and management of risks associated with individual clients supported by Lighthouse.

We inspected Lighthouse on two dates: 24 September 2019 and 8 October 2019.

After the initial visit we issued a letter of intent to the service on 27 September 2019. We did this under Section 31 of the Health and Social Care Act 2008 to notify the provider of the serious concerns that had been identified during the inspection. The letter of intent detailed that we would take enforcement action if the provider did not take immediate action to address concerns raised. We then returned to check the actions had taken place.

By the end of this inspection the provider had taken most of the steps needed to ensure the risks posed by mixed gender care had been mitigated. However, some further work was needed including the completion of environmental risk assessments. At the inspection on 24 September 2019, we found the service was not safe. Staff were not assessing and managing the risk posed by the service being mixed gender. Staff were not doing all that was possible to mitigate the risk. On the ground floor, there were three males who passed two female's

bedrooms to access the toilet, bath or shower. There had been an incident where a male and a female client had spent time in each other's bedrooms. However, by the time we revisited the service on the 8 October 2019 clients had moved bedrooms and there was a female only corridor, with two female's bedrooms on it and another female was moving to this corridor during the inspection. The service confirmed that the further two females had moved to the female only corridor by 10 October 2019. The female only corridor had a different keycode which only females and staff had the access code. All female clients had a documented risk assessment considering their potential risks of staying in a mixed gender environment and how these could be mitigated. However, environmental risk assessments needed further work to ensure they clarified how staff should promote the client's safety throughout the whole building and mitigate potential risks.

The provider still had further work to complete to ensure client risks were appropriately assessed and managed. At the inspection on 24 September 2019, we found records did not reflect the risks posed by clients to themselves and others, including historic risks and staff were not provided with information on how to mitigate the risks. The documentation had changed since the last inspection and was more suitable for services caring for older people. When we returned on 8 October 2019, one client's risks had been carefully considered and this

# Summary of findings

person was on one to one observation. In addition staff working at night as waking nights had increased from two to three to allow for the increased observations, eight out of 14 of these shifts included male members of staff. Mitigation was in place for the shifts when there was three female members of staff, including the use of personal safety alarms and carrying a mobile phone with them to summon assistance if required. However, further work was needed to ensure all clients had comprehensive risk assessments in place.

However, the environment was clean and well maintained. Clients we spoke with, told us they were happy in the service and felt safe there.

Staff had a good understanding in safeguarding and had received training. Incidents were reported, and actions taken were shared with staff via team meetings.

There were still requirement notices from the previous inspection, that will be followed up at a later date.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Lighthouse	4
Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	4
What people who use the service say	5
The five questions we ask about services and what we found	6

### Detailed findings from this inspection

Outstanding practice	10
Areas for improvement	10

# Summary of this inspection

## Background to Lighthouse

Lighthouse provides accommodation and support to adults with a substance misuse need and associated needs including mental health.

Lighthouse is based in a residential area of Manchester and has 44 bedrooms over two floors. Forty of the bedrooms were used as bedrooms, the four other rooms had been converted into a gym, arts room and other spaces for clients. At the time of the inspection there were 19 clients living there.

Lighthouse has been registered with CQC since 27 May 2015. It is registered for the following regulated activity:

- Accommodation for persons who require treatment for substance misuse

However; it was clear during our inspection and through speaking with staff, that the service focused on supporting people primarily with long term mental health needs rather than people with a current substance misuse need. Following a review of the service by the

provider and discussions with commissioners the directors have decided to apply to be registered for the regulated activity accommodation for persons who require nursing or personal care, as the service believes there are providing this regulated activity, and it better reflects the service they are delivering and commissioners want to purchase.

Since the last inspection, the manager had left the service in August 2019. There was no registered manager of the service.

This is the fourth inspection of Lighthouse. This inspection was unannounced. Lighthouse was last inspected in May 2019. At the last inspection Lighthouse was rated as Requires Improvement overall, with ratings of Requires Improvement in safe, effective, responsive and well led, and Good in caring. We issued four requirement notices for Regulations 9 Person Centred Care, 11 Need for Consent, 12 Safe Care and Treatment and 17 Good Governance.

## Our inspection team

The team that inspected the service comprised two CQC inspectors and a CQC inspection manager.

## Why we carried out this inspection

We carried out this inspection after receiving information of concern about how the service was managing a mixed gender environment and the assessment and management of risks associated with individual clients supported by Lighthouse.

The inspection was unannounced.

## How we carried out this inspection

To explore the concerns raised with us, we carried out two visits to the service. Following the first visit we served a letter of intent and then this was followed up at the second visit. We asked the following question of the service:

- Is it safe?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

# Summary of this inspection

- toured Lighthouse and looked at the quality of the environment and observed how staff were caring for clients;
- spoke with four clients who were using the service on 24 September 2019;
- spoke with five project workers;
- spoke with the deputy manager and group operations manager;
- attended and observed a hand-over meeting;
- looked at eight care and treatment records of clients; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with four clients on our first visit. All said Lighthouse was clean and well maintained. Clients told us they felt safe and they knew the rules of not going into other client's rooms.

In the past, clients said there were two other clients who were using substances, being aggressive to others and not respecting the rules and expectations of the service. However; the service had taken actions and they had since left the service and clients told us Lighthouse was calmer now.

Clients told us at night, they had waking staff who were usually female.

Clients were happy at the service, were pleased about the groups which were taking place and were focusing on their recovery.

# 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 have not rated this key question as this was a focused inspection. We found:

- Whilst work had taken place to provide a safe mixed gender environment, there was some further action needed. The risk assessment of the environment did not reflect the risks of a mixed gender environment and the control measures to mitigate the risk.
- Individual client risk assessments and risk management plans did not include risks clients presented to themselves and others, including historic risks. This meant staff were not provided with accurate information of the risks that clients presented and how to mitigate these.

However:

- Lighthouse was clean and well maintained.
- Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

# Residential substance misuse services

## Safe

### Are residential substance misuse services safe?

#### Safe and clean environment

Our tour of Lighthouse environment and clients told us that Lighthouse was clean.

At the visit on 24 September 2019, we saw a lock missing on a downstairs toilet door, a light was not working in another downstairs toilet and the carpet was wet and smelt stale outside a shower room. Staff reported this on the electronic maintenance log during the inspection. These repairs had been completed at the follow up visit on 8 October 2019.

Lighthouse was a large building over two floors with 20 bedrooms on the ground floor and 20 bedrooms on the first floor. All bedrooms had a sink in them and some bedrooms had a toilet and a sink. No bedrooms had en suite shower or bath facilities. All clients used communal bathrooms and shower rooms.

Prior to this inspection we had been informed of an incident where a male and a female client had spent time in each other's bedrooms. Lighthouse had house rules which were shared with clients and discussed in community meetings. One of the rules was that clients should not go into other client's bedrooms.

At the May 2019 inspection, closed circuit television had been installed in communal areas including bedroom corridors however; staff could not view the footage which went to head office.

At this inspection, staff had access to live footage of the closed circuit television images. This was in the staff office however; staff were not permanently in the office and viewing the footage. The positioning of the cameras meant that you could see the doorways to the beginning of the bedroom corridors, but they did not have the full view of the bedroom corridors. This meant staff would not be able to see if clients were going in other clients' bedrooms.

At the visit on 24 September 2019, we reviewed three care records of female clients; one had an individual risk assessment regarding being a female in a mixed gender

environment. The others did not. This meant records did not include the decision-making process for females sharing bedroom corridors with males and their individual risks and vulnerabilities. Of the 19 clients Lighthouse were supporting, six were female and 13 were male. On the ground floor, there were three males who needed to pass two female's bedrooms to access the toilet, bath or shower. The previous manager had completed an environmental risk assessment, dated 26 June 2019. However; the control measures were not being implemented including a thorough risk assessment for each client, specific to risks from and to them. The designated female corridor only had one female allocated to a bedroom and there was not a separate code for the key-pad which meant all clients could access all areas. This meant the environment was not being safely managed in relation to it being a mixed gender environment. At the visit on 8 October 2019, improvements had been made. One client had left the service. There were five female and 13 male clients. We reviewed the records of the five females and found they all had risk assessments regarding living in a mixed gender environment. The key code for the female corridor had been changed and only the females and staff had the code. There were two females in the corridor, one was moving there during the inspection and the remaining two were due to move by 10 October 2019. Managers confirmed all females had moved to the female only corridor by 10 October 2019. This meant the service were managing a mixed gender environment safely.

The facilities manager was in the process of completing an environmental risk assessment including the mixed gender environment during the inspection.

#### Safe staffing

At the visit on 24 September 2019, one of the records we reviewed, identified a client who had a historical offence of sexual assault. In the risk assessment dated 17 June 2019, the risk was that he had appeared naked to staff and had a history of sexual incidents. The control measure was that female staff were not to be on their own with him in his room and male staff were to go in and female staff were not to be alone in isolated areas of Lighthouse. At the visit on 24 September 2019, we reviewed the rotas from July to September 2019 for the night shifts which recorded that there were two staff working and when staff were on breaks

# Residential substance misuse services

or completing tasks, the other staff would be on their own. We found 64 occasions where the night staff working were both females, therefore staff would not be able to follow the management plan for the client. At the visit on 8 October 2019, we found from 27 September 2019, there were three staff working at night as waking nights to allow for the increased observations, rotas confirmed eight out of 14 of these shifts included male members of staff. Mitigation was in place for the shifts when there was three female members of staff, including the use of personal safety alarms and carrying a mobile phone with them to summon assistance if required. This meant the service had safer staffing arrangements.

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

At the inspection in May 2019, all records included risk management plans which had actions to the client, Lighthouse staff and noted involvement with other organisations and their role, e.g. the mental health team and local community drug service.

At this inspection, the content of the care records had changed. Lighthouse had adopted the provider's documentation which was more aimed at services for older people. At the visit on 24 September 2019, of the five records reviewed, five did not have risk assessments that were overarching and did not explore risks to self and others. They were individual documents and included headings such as, "impact of being non-concordant with medicines or physically unwell", "financial exploitation", "weight and food consumption" and "moving and handling, falls and mobility on stairs". There was no risk assessment section to the files, information was included in general care needs, mental health needs and additional recovery needs sections. In the record for the client with a historical offence of sexual assault, there was no risk assessment or management plan to identify the risks they posed to other clients and how staff should manage this. This meant staff were not provided with accurate information of the risks that clients presented to themselves and others and how to mitigate these. At the visit on 8 October 2019 there was a risk assessment in place for the client with a historical offence of sexual assault, this included historical risks and the mitigation that the service had put in place since the visit on 24 September 2019, including changing bedrooms, increasing observations and having more male staff working. Records confirmed observations were taking place however; there was no

record in individual client files of the activities that they were involved in with the activities worker and what happened during those times. This meant records were not complete and contemporaneous.

At the visit on 8 October 2019 other clients risk assessment and management documentation had not been changed, they did not explore risks to self and others and were still on the provider's documentation which was more aimed at services for older people. We fed this back to the managers at the end of the inspection on 8 October 2019, who advised the new manager starting on 14 October 2019 would take forward the changes to documentation to ensure they reflected the client group.

## **Safeguarding**

Twenty six out of 28 (93%) of staff had completed safeguarding adults training.

We spoke with six staff regarding safeguarding, they understood what safeguarding was and told us this was explored in supervision. Staff were aware of a recent safeguarding incident and the actions taken to safeguard the clients, including one client staying with family on a temporary basis and another client being on observations in an evening and overnight. Senior staff told us, and minutes confirmed they attend strategy meetings. Team meeting minutes confirmed actions following safeguarding incidents and strategy meetings were shared with the staff team.

Support staff discussed safeguarding concerns with senior staff, either a team leader or manager. Senior staff submitted safeguarding alerts and CQC notifications.

## **Staff access to essential information**

Not explored at this inspection.

## **Medicines management**

Not explored at this inspection.

## **Track record on safety**

Not explored at this inspection.

## **Reporting incidents and learning from when things go wrong**

Staff we spoke with, understood the incident reporting process.



# Residential substance misuse services

Records confirmed incident forms were completed. These included actions taken following the incident and cross referenced to notifications to CQC and safeguarding involvement.

Team meeting minutes confirmed the incident reporting process was discussed. Incidents that had occurred and actions taken were shared with staff in team meetings.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that the environment is assessed for the risk posed to clients of it being mixed gender. Staff must implement recommendations from the assessment. (Regulation 12 Safe Care and Treatment)

- Records must include detailed risk assessments and management plans that incorporate historic as well as current risks of clients and how to mitigate these. (Regulation 12 Safe Care and Treatment)

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

- The provider should review the record keeping arrangements for the activities taking place to ensure there is a contemporaneous record for each client.