Associated Wellbeing Limited

The Lighthouse

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that could provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Medicines were not always ordered in a timely way.
- Staff did not fully understand and discharge their roles and responsibilities under the Mental Capacity Act 2005. They were unsure of good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- Internal meetings did not have set agendas and it was unclear whether previous actions had been completed.
- Children felt that some agency staff and some new staff were not always keen to engage with them and were too hasty to apply restraint before fully utilising de-escalation techniques.
- The service recently discharged a child to a service that was not fully OFSTED registered.
- The service lacked adequate transport so that children could access community activities easily.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Child and adolescent mental health wards	Good 	See overall summary

Summary of findings

Contents

Summary of this inspection

Background to The Lighthouse

The Lighthouse is a 4 bedded child and adolescent mental health unit based in Darwen, Lancashire. The service is an independent hospital delivered by Associated Wellbeing. The service aims to provide step-down from child and adolescent mental health inpatient units as well as a placement for children to be admitted during a crisis to avoid hospital admission. Young people are not detained under the Mental Health Act at the service.

The service is registered to provide the following regulated activities:

- Treatment for disease, disorder, or injury
- Accommodation for persons who require personal and/or nursing care.

At the time of inspection, an acting registered manager was in place and going through the application process.

The service was last inspected In June 2023 and found to be good in all key questions.

In February 2022 the service was rated as Requires Improvement overall. The service was rated

Good for Effective, Caring and Responsive. Safe and Well Led were rated as Requires Improvement.

In November 2021 there was a warning notice issued in relation to the safe domain.

What people who use the service say

Children described The Lighthouse as being a good experience overall. They said that staff were excellent at engaging with families and keeping relationships going. They felt that keyworkers were respectful and that they were matched well with the children, being able to easily establish a rapport with them. They also said there was a good mix of male and female staff to meet the needs of the children.

However, children also commented that they felt there was not enough vehicles to facilitate leave and that this was postponed at times. Children felt that medication was not managed well and that medicines were not given and ordered late. Children reflected that they felt agency staff and new staff did not always use a calm approach and would utilise restraint too soon without attempting de-escalation first.

Carers said that overall, the service was good and that their children were progressing well. Carers commented that the staff displayed caring attitudes and that their children felt safe. Incidents were dealt with appropriately and the correct actions taken such as de-escalation and wound treatment.

However, carers commented that they did not have copies of their child's care plan and that they were not always kept informed of incidents or changes to care plans. One carer strongly felt that The Lighthouse did not communicate well with other external services which had a detrimental impact on their child and their own wellbeing.

Summary of this inspection

How we carried out this inspection

This was a comprehensive inspection focussing on all elements of the following key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

This comprehensive inspection was due to whistle blower concerns relating to the safety of the service.

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service and observed how staff were caring for children and young people
- spoke with three children who were using the service
- spoke with the acting registered manager, clinical director and director of clinical services
- spoke with two other staff members
- received feedback about the service from two local authorities and a substance misuse service
- looked at two care and treatment records of children and young people
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service
- spoke to two carers of children using the service
- spoke to the advocate

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that medicines are ordered in a timely manner
- The service should ensure that staff understand the Mental Capacity Act and the law relating to Gillick competence.
- The service should ensure that all staff are confident and skilled at de-escalating children who are distressed.
- The service should ensure that they discharge children to services that are fully OFSTED registered.
- The service should ensure that internal meetings have set agendas and that meetings are able to demonstrate whether previous actions had been completed.
- The service should ensure that there are adequate transport options so that children can access community activities easily.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Child and adolescent mental health wards

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. There was a fire risk assessment completed on 15 January 2024 with some actions for the provider to carry out. This included ensuring escape routes were free from hazards. There was a general risk assessment for other risks within the building dated March 2023.

Staff could not easily observe children and young people in all parts of the building. There was CCTV in the bedroom corridor to observe children leaving their rooms. Staff completed observational checks of children at regular intervals dependant on their needs.

The ward complied with guidance on mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep children and young people safe. Staff had completed a ligature risk assessment in November 2023 which was comprehensive with appropriate mitigation in place.

Staff had easy access to alarms and children and young people had easy access to nurse call systems. There were nurse call alarms in the bedroom areas and staff had alarms and radios to communicate with each other.

Maintenance, cleanliness and infection control

Good

Child and adolescent mental health wards

Ward areas were clean, well maintained, well furnished and fit for purpose. There was a cleaning schedule in place and a maintenance employee to ensure any repairs were addressed quickly. All furniture appeared in good order.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. There were hand washing facilities and hand gel available.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. There was a defibrillator machine that had been checked and was charged. There was a grab bag containing emergency equipment that was checked monthly. There was a fridge that contained build up drinks and the fridge temperature had been checked daily. There were nightly checks of the clinic that were up to date. Medicines stored in the clinic room were documented correctly.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the children and young people and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep children and young people safe, however there was a shortfall of support workers. Overall, the service had a vacancy rate of 28%, however 5 posts had been recruited into and staff were waiting to start work.

The service had the following vacancies:

Registered nurse: 0.9

Support workers: 7 (5 posts recruited into)

Clinical lead: 1 (this post has been newly created to enhance the quality of the service)

The service used regular bank and agency nurses and bank or agency support workers. Over the last 12 months 376 shifts were covered by agency staff to cover for staff sickness, annual leave, vacancies and increased observations. On average there was an agency staff member on shift most days. Children stated that agency staff were used to cover night shifts which made them feel unsafe due to them being unfamiliar. We reviewed the staffing rota and noted that agency usage had increased during December 2023. Managers stated that staff from the service were utilised at another service run by the provider to support the skill and experience mix.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service requested familiar staff wherever possible. There was a nursing on-call rota which could be utilised in the event of a registered nurse shortage.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. The service had a comprehensive induction pack for all staff to complete prior to starting work. This included any bank or agency staff.

The service had a steady turnover rate. 19 staff had left over the last 12 months. This included 10 permanent staff and 9 bank staff. The largest turnover was amongst support worker posts which accounted for 13 staff leavers.

The service supported staff who needed time off for ill health.

Levels of sickness were low. Over the last 12 months there were 54 episodes of sickness over 106 days. This was mostly due to short term illnesses.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. There was always a qualified nurse on shift working alongside support workers. The number of support workers on shift depended on the needs of the children. Additional staff were requested if needed.

The ward manager could adjust staffing levels according to the needs of the children and young people. The service had access to a pool of bank staff who could fulfil shifts at short notice. The service could also request agency staff if required.

Children and young people had regular one to one sessions with their named nurse. Children confirmed that they did have one to one sessions with their named nurse and this was documented in the care records. Children commented that they found these useful and said they would prefer more one to one time.

Children and young people rarely had their escorted leave, or activities cancelled, even when the service was short staffed. Staffing records show that there were enough staff on shift to escort children on leave. Leave was at times restricted due to lack of transport. The service was considering ways to improve this.

The service had enough staff on each shift to carry out any physical interventions safely. We examined the staffing rotas and noted there were at least five members of staff on shift at any time.

Staff shared key information to keep children and young people safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There was a part-time consultant psychiatrist and a part-time junior doctor available to the team. The doctors were available to attend multidisciplinary meetings and provide telephone on call cover.

For general medical cover the service had access to community facilities such as GP and local hospitals. All children and young people were either registered with a local GP practice or remained at their former GP depending on preference. Children and young people had access to local hospitals and community services to meet any emergency medical needs.

There were no arrangements for locum cover. The service did not admit any new children during times of absence of the consultant psychiatrist.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall, mandatory training compliance was 94%. This consisted of 21 modules that were appropriate for the service user group. All modules were 90% compliant or above.

The service did not provide any training figures for restraint training within the mandatory training data set. However, this was provided following the inspection demonstrating compliance at 100%.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. There was a mandatory training tracker that managers could monitor and review. Staff were prompted to complete any training that was due. To support this staff were allocated specific time on shift on dedicate to training.

Assessing and managing risk to children and young people and staff

Staff assessed and managed risks to children, young people and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each child and young person on admission, using a recognised tool based on NICE guidance, and reviewed this regularly, including after any incident. We reviewed two risk assessments. These were comprehensive and there was evidence of incidents being clearly documented.

Staff used a risk assessment tool based on NICE guidance. This was the Salford Tool for Assessment of Risk.

Management of patient risk

Staff knew about any risks to each child and young person and acted to prevent or reduce risks. Managers and staff clearly knew the children well and appropriate risk mitigation was in place.

Staff identified and responded to any changes in risks to, or posed by, children and young people. Staff were aware of new issues relating to risk and could give clear examples of how they were responding or options they were considering.

Staff followed procedures to minimise risks where they could not easily observe children and young people. Children were observed at intervals dependant on their needs and risks. There was also CCTV in communal areas.

Staff followed policies and procedures when they needed to search children and young people or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Children, managers and staff described using arm holds and other lower level holds to restraint children during incidents of self-harm. However, data provided to CQC following this inspection stated that there have been no restraints in the last 12 months. During the factual accuracy process, the service provided detailed figures showing there had been 99 incidents of restraint in the last 12 months. The service was able to analyse the data for themes and trends.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The service had a dedicated lead for reducing restrictive practice and staff were starting to use the Safewards initiative. Safewards is an organisational approach to delivering inpatient mental health services. The aim of Safewards is to minimise the number of situations in which conflict arises between healthcare workers and patients that lead to the use of restrictive interventions.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained children and young people only when these failed and when necessary to keep the child, young person or others safe. Managers and staff stated that they only used physical restraint once verbal de-escalation had not worked. Staff said one child preferred to be held to prevent self-harming and to support emotional regulation. This was clearly care planned. Children stated that staff mostly use de-escalation to good effect but that new, inexperienced staff will restrain at an earlier point.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff demonstrated a good understanding of how to avoid restraint and how to use the least restrictive options.

The service did not use rapid tranquilisation, seclusion or long term segregation.

Safeguarding

Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. Staff received both safeguarding adults and safeguarding children training. Both modules were compliant at 100%.

Staff could give clear examples of how to protect children and young people from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff contacted the children's individual social worker following any safeguarding incident. There was a weekly safeguarding meeting where each

safeguarding case was discussed and actions were reviewed. If necessary, further actions were added by the management team. Safeguarding incidents were captured on the incident reporting system. There had been 208 safeguarding incidents in the last 12 months. There was only 1 incident that needed to be raised directly to the local authority which was an out of hours alert regarding a child. There was a safeguarding policy in place for staff to follow.

There had not been any serious case reviews for the service to be involved in.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily. Children's care records were easy to locate within the electronic care record. Staff could easily access them on the electronic care record system.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Electronic care records were password protected. Any paper records were stored within locked filing cabinets in offices only accessed by staff.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each child or young person's mental and physical health. However, medicines were not ordered in a timely way.

Staff mostly followed systems and processes when safely prescribing, administering, recording and storing medicines. There were only two children prescribed regular medicines. One child had recently missed a dose of medicine due to the medicine not being ordered in time. On another occasion a medicine had not been signed for by the nurse. The child told us this medicine had not been administered to them.

Staff reviewed children and young people's medicines regularly and provided specific advice to children, young people and carers about their medicines. The doctor attended every week to review children's medicines. The doctor and other staff were available to explain to children the rationale and purpose of medicines they were prescribed.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We reviewed the medicines stored at the service. The medicines were documented correctly and matched the figures noted.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so children and young people received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each child or young person's medication on their physical health according to NICE guidance. We saw evidence of physical health monitoring taking place for all children.

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed patient 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. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

Staff knew what incidents to report and how to report them. There was an electronic incident reporting system that staff could access and input into.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. There was evidence of a multitude of incidents being reported of differing categories.

There were 187 incidents reported in the last six months of 2023.

Incident reporting categories included safeguarding, substance misuse, self-harm, behaviour, damage to property, mental health and verbal abuse to peer.

We requested from the provider the number of restraint incidents. The provider stated there had not been any. However, this was not in keeping with what staff and patients told us. During the factual accuracy process, the service provided detailed figures showing there had been 99 incidents of restraint in the last 12 months. The service was able to analyse the data for themes and trends.

Staff reported serious incidents clearly and in line with policy.

The service had no never events.

Staff understood the duty of candour. They were open and transparent, and gave children, young people and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. We examined four incidents on the incident reporting system. There were clear actions in place which included conducting debriefs with those involved.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations. There was a clear process to review incidents. Managers had oversight of each incident stage and these were reviewed each week. Managers met on a weekly basic to check the quality of the incident process.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

Good

Child and adolescent mental health wards

There was evidence that changes had been made as a result of feedback.

Managers shared learning with their staff about never events that happened elsewhere.

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all children and young people on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected children and young people's assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each child or young person either on admission or soon after. Assessments were constructed using the five P formulation which focuses on presenting problem, predisposing factors, precipitating factors, perpetuating factors, and protective factors. The assessment and formulation incorporated trauma history and attachment needs. We reviewed in detail two children's assessments which we found to be detailed and completed in a timely way.

Children and young people had their physical health assessed soon after admission and regularly reviewed.

Staff developed a comprehensive care plan for each child or young person that met their mental and physical health needs. We reviewed two care plans and PBS (positive behaviour support) plans. Plans were of good quality with a range of escalation measures to manage self-harm or other behaviours. Care plans were consistent with each child's DBT (dialectical behaviour therapy) clinical planning. Children had any physical interventions required detailed within their PBS plan. Any physical health need was addressed individually within each child's care plan.

Staff regularly reviewed and updated care plans when children and young people's needs changed. Care plans were updated regularly or following any change in needs.

Care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for children and young people based on national guidance and best practice. They ensured that children and young people had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Good

Child and adolescent mental health wards

Staff provided a range of care and treatment suitable for the children and young people in the service. Children were admitted for a 12 week assessment period. The model of care for most children was to utilise a DBT approach to children. PBS methods were also used. Children had access to an occupational therapist.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. NICE)

Staff identified children and young people's physical health needs and recorded them in their care plans. We reviewed two children's care plans and noted that physical health needs were well documented.

Staff made sure children and young people had access to physical health care, including specialists as required. Children had access to GPs and other primary care facilities. Children utilised accident and emergency departments for injuries that required further treatment. Children were supported to attend specialist outpatient departments if they required this.

Staff met children and young people's dietary needs, and assessed those needing specialist care for nutrition and hydration. Children were encouraged to make healthy choices when meal planning for the week.

Staff helped children and young people live healthier lives by supporting them to take part in programmes or giving advice. Children were encouraged to take part in hobbies and activities to increase their activity levels. Children had activity planners for staff and children to follow.

Staff used recognised rating scales to assess and record the severity of children and young people's conditions and care and treatment outcomes. Health of the Nation Outcome Scores were used to measure children's progress throughout their admission and assessment.

Staff used technology to support children and young people.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. There were many audits in place such as the employment tracker audit, clinical/non clinical audit, weekly audit, agency staff tracker audit and a supervision and training tracker audit. These were completed on either a weekly on monthly basis. The service was attempting to introduce Safewards initiatives which focused on improving patient and staff relationships.

Managers used results from audits to make improvements. Managers monitored audits for changes in themes and trends which could be addressed. From the incident audit, staff were able to identify that a child had predominantly behavioural needs and this was fed into the child's assessment.

Skilled staff to deliver care

The ward team(s) included or had access to the full range of specialists required to meet the needs of children and young people on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the children and young people on the ward. The service employed staff of the following specialisms:

Consultant psychiatrist

Junior doctor

Consultant psychologist

Consultant occupational therapist

DBT therapist

Teacher

Registered manager

Clinical lead

Registered nurses

Nurse associates

Senior support workers

Support workers

Administrator

The above staff contributed to the assessment and treatment of children. Their specialist input helped to develop individualised care plans for children.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the children and young people in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. There was a robust induction process for staff to follow prior to starting work. Staff were allocated to a staff member to support them with any queries they had. There was a set of training modules to complete as well as being shown around the building. Managers checked that inductions had been fully completed on a weekly and monthly basis.

Managers supported staff through regular, constructive appraisals of their work. There was an appraisal policy for staff to follow. All staff who were due an appraisal had received one. Newer staff had had probationary meetings and appraisals were planned for later in the year.

Managers supported staff through regular, constructive clinical supervision of their work. There was a supervision policy in place dated April 2023 for staff to follow. Supervision rates for the last 12 months were 91%. Staff confirmed they felt supported.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. There were monthly team meetings for staff and managers to attend. There was no set agenda for each meeting and meetings did not demonstrate completed actions.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff had completed additional training which included further boundaries training, overcontrolled DBT training and trauma training.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers were able to describe circumstances which had led staff to be suspended from employment or had failed their probationary period.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss children and young people and improve their care. There were weekly multidisciplinary meetings for each child. Staff attending included the consultant psychiatrist, consultant psychologist, occupational therapist and nurses. Other external staff were invited to attend if necessary. Children were also expected to attend. Feedback from external agencies reflected that the service were good at ensure multidisciplinary meetings were effective and were attended by all professionals involved.

Staff made sure they shared clear information about children and young people and any changes in their care, including during handover meetings. There were comprehensive handover meetings held twice a day that were attended by all staff on shift.

Good practice in applying the Mental Capacity Act

Staff supported children and young people to make decisions on their care for themselves. However, staff did not fully understand the provider's policy on the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to children under 16. Staff assessed and recorded consent and capacity or competence clearly for children and young people who might have impaired mental capacity or competence.

Staff received and kept up to date with training in the Mental Capacity Act and but they lacked an understanding of the five principles. Mental Capacity Act training was mandatory for all staff. There was good compliance with this module with 95% of staffing completing it. Staff we spoke to did not have a clear understanding of the basic principles.

There was one child subject to a Court of Protection order. This order placed specific restrictions on the child. This was clearly documented in the child's care plan. There was evidence of staff following the Court of Protection order from reviewing the child's case notes.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. There was a policy on the Mental Capacity Act dated April 2023 but this did not include information about the Gillick competence principles for children's consent. We spoke with staff who did not demonstrate good knowledge of capacity and children's competence to consent to medical treatment.

Good

Child and adolescent mental health wards

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. There was a policy in place for staff to refer to but this did not contain all the relevant information.

Staff gave children and young people all possible support to make specific decisions for themselves before deciding a child or young person did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a child or young person needed to make an important decision.

When staff assessed a child or young person as not having capacity, they made decisions in the best interest of the child or young person and considered their wishes, feelings, culture and history.

Staff had not made any applications for a Deprivation of Liberty Safeguards orders as children had these in place prior to admission. The service monitored the progress of these orders and feedback to social workers and other professionals on whether the orders continued to be suitable.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Staff did not fully understood how to support children under 16 wishing to make their own decisions under Gillick competency regulations.

Some staff were vague about how to apply the Mental Capacity Act to young people aged 16 to 18 and where to get information and support on this. Staff's knowledge in this area was limited.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated children and young people with compassion and kindness. They respected children and young people's privacy and dignity. They understood the individual needs of children and young people and supported them to understand and manage their care, treatment or condition.

Staff were mostly discreet, respectful, and responsive when caring for children and young people. Children described regular and experienced staff as supportive and professional. However, agency staff and some new staff were lacking in the skills required. This included not engaging with children early enough when they were distressed and using restraint too soon.

Staff gave children and young people help, emotional support and advice when they needed it. Children confirmed that staff were usually approachable and that there were enough staff to speak to when needed.

Good

Child and adolescent mental health wards

Staff supported children and young people to understand and manage their own care treatment or condition.

Staff directed children and young people to other services and supported them to access those services if they needed help. Children attended specialist services in the community if necessary.

Children and young people said staff treated them well and behaved kindly. Children said staff were caring and compassionate. However, children felt that agency staff were unapproachable due to not knowing them.

Staff understood and respected the individual needs of each child or young person.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards children and young people.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved children, young people and their families in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that children and young people had easy access to independent advocates and to child helplines.**

Involvement of children and young people

Staff introduced children and young people to the ward and the service as part of their admission. Children were shown pictures of the service prior to their admission. Children were also offered to visit the service prior to admission. On admission children were given a tour of the building to familiarise themselves with their surroundings. Children were given welcome packs that explained the service and any rules in place.

Staff involved children and young people and gave them access to their care planning and risk assessments.

Staff made sure children and young people understood their care and treatment and found ways to communicate with children and young people who had communication difficulties. Current children were able to communicate verbally and in writing. However, previous children admitted were supported by utilising easy read and pictorial documents to support the child's understanding.

Staff involved children and young people in decisions about the service, when appropriate.

Children and young people could give feedback on the service and their treatment and staff supported them to do this. There were weekly community meetings for children to express any concerns or changes they felt were required to the service. These meetings were not always well attended. Children could also give feedback directly to staff or by using the complaints process. Children had access to advocates who could assist them to navigate the complaints process. There was also a patient survey for children to complete and a suggestions box.

Staff supported children and young people to make decisions on their care. Children were involved in their care planning and had one to one time with staff to complete this.

Good

Child and adolescent mental health wards

Staff made sure children and young people could access advocacy services. A local advocacy service regularly visited the service to engage with children and to offer to support them if required.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. There was evidence in the care records that families were involved with their children's care and that there was ongoing liaison with families to discuss any incidents or progress. The service was planning carers and family open days and coffee mornings in the near future.

Staff helped families to give feedback on the service. Families could give feedback via the formal complaints and compliments processes.

Staff gave carers information on how to find the carer's assessment. Carers were signposted to organisations that could offer support and carers assessments.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed the discharge of children and young people well. They worked well with services providing aftercare and managed children and young people's move out of hospital. As a result, children and young people did not have to stay in hospital when they were well enough to leave.

At the time of the inspection bed occupancy was 100%. This was due to the service only having four beds. The service did not exceed this occupancy.

Managers regularly reviewed length of stay for children and young people to ensure they did not stay longer than they needed to. Children's progress and length of stay was reviewed in weekly meetings. The service liaised with social work teams to ensure children's next placements were being considered. The provider had developed two new services that were OFSTED registered as step-down provision should this be required.

One child had recently been discharged from the Lighthouse to accommodation and support provided by the provider. The provider was unable to demonstrate that this accommodation had been registered with OFSTED.

The service accepted referrals for children within the North West of England to ensure children had easy access to their usual environment, family and services.

Managers and staff worked to make sure they did not discharge children and young people before they were ready.

When children and young people went on leave there was always a bed available when they returned.

Staff did not move or discharge children and young people at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of children and young people whose discharge was delayed, and took action to reduce them. Managers liaised with social work teams and commissioners to ensure that children had a prompt discharge when they were ready. The service had developed their own step down facilities that children could move to if required. The service also had accommodation locally for children to move to. This accommodation was not OFSTED registered.

Children and young people did not have to stay in hospital when they were well enough to leave.

Staff carefully planned children and young people's discharge and worked with care managers and coordinators to make sure this went well. There were clear plans in place for children's discharge and transition.

Staff supported children and young people when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported children and young people's treatment, privacy and dignity. Each child and young person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and children and young people could make hot drinks and snacks at any time.

Each or young person had their own bedroom, which they could personalise. All bedrooms were individual with ensuite bathrooms. Children were encouraged to personalise their rooms to make them more homely.

Children and young people had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. Children had access to a large communal lounge, a sensory room, a dining room and a games room. Other rooms in the building included a kitchen, a clinic room and staff offices. Staff regularly assessed the needs of the children and adjusted the function of the rooms to suit the needs of current children.

The service had quiet areas and a room where children and young people could meet with visitors in private. Children could meet with visitors in either the games room or the dining room.

Children and young people could make phone calls in private. Children had access to mobile phones which they could use in their bedrooms. Children could also access the landline phone if there was a problem with the mobile phone.

The service had an outside space that children and young people could access easily. There was a small courtyard for children to access fresh air.

Children and young people could make their own hot drinks and snacks and were not dependent on staff. Children could access the kitchen for any hot drinks. There was also a fridge in the lounge where children could easily access snacks and cold drinks.

The service offered a variety of good quality food. Children were included in the weekly food and meal planning. Children were escorted by staff to go shopping for their own individualised food.

Children and young people's engagement with the wider community

Staff supported children and young people with activities outside the service and made sure children and young people had access to high quality education throughout their time on the ward.

Staff made sure children and young people had access to opportunities for education and work, and supported them. Children were encouraged to attend mainstream school wherever possible. The service was able to support children to access online education if this was required.

Staff helped children and young people to stay in contact with families and carers. Children were supported to access home leave to visit families on a regular basis where this was appropriate. Families and carers were invited to relevant meetings and updated on their child's progress. Where necessary, families were offered family therapy to help support children and families have better relationships.

Staff encouraged children and young people to develop and maintain relationships both in the service and the wider community.

The service had access to two cars and a taxi account to promote children's community activities.

Meeting the needs of all people who use the service

The service met the needs of all children and young people – including those with a protected characteristic. Staff helped children and young people with communication, advocacy and cultural and spiritual support.

The service could only make a limited number of adjustments for disabled people due to the layout of the building. The service was over three floors and there was no lift access. Referrals were screened to ensure the building met the needs of the child.

Adjustments could be made for those with communication needs or other specific needs. Staff had completed the Oliver McGowan training and other training modules on learning disabilities and autism.

Staff made sure children and young people could access age appropriate information on treatment, local service, their rights and how to complain. There were useful leaflets available in the games room which gave information on topics such as advocacy and safeguarding. Children received welcome packs on their admission which outlined how to complain and the purpose of the service.

The service could access information leaflets in languages spoken by children, young people and the local community.

Managers made sure staff, children and young people could get help from interpreters or signers when needed.

Good

Child and adolescent mental health wards

The service provided a variety of food to meet the dietary and cultural needs of individual children and young people. Children were able to develop their own individual weekly meal plan and were supported by staff to shop for these items.

Children and young people had access to spiritual, religious and cultural support. Children could be supported to access churches or other religious groups in the local community if this was required.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Children, young people, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. There were information leaflets and posters about how to complain in the games room.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The service had a process in place to investigate complaints. The service had only received one formal complaint in the last 6 months. We were unable to review this complaint as it was in the initial stages. Managers had a clear plan of next steps to progress the complaint.

Staff protected children and young people who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. There was a policy and process in place for staff to follow. Managers and staff were able to describe this process well.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for children, young people, families and staff.

Good

Child and adolescent mental health wards

There was a manager in place who was applying to be the registered manager. This manager understood their role and responsibilities well. They had a clear and in depth knowledge of the children and their complex needs. There was also a clinical lead to support the staff team and manage the daily running of the service.

Managers and other senior staff based themselves on the ground floor of the building so that they were easily accessible to staff and children. Staff and children stated that managers were approachable and available to them when needed.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

The providers vision and values were covered as part of the induction process and revisited during supervision sessions. Staff were motivated to ensure children were given opportunities to recover from their mental health difficulties.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

All staff told us they felt supported and valued. Staff said that there were times when acuity was higher but that this was manageable and morale was good.

Staff told us equality and diversity was promoted within their work and that training regarding this was ongoing.

Staff felt there were opportunities for career progression such as senior support worker roles, however, additional specialist training was minimal.

All staff said they felt they could raise any compliant or concern without fear of retribution. Staff said they felt confident to speak to the acting registered manager or other members of the leadership team.

A staff survey was completed in August 2023 with positive result.

Feedback from the advocacy service suggested the service had an open culture. Advocacy referrals were made promptly and the service was very proactive to respond and support children with any issues raised. The advocacy service felt that The Lighthouse promoted each child's voice in their work and that they could attend meetings alongside children if necessary.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Good

Child and adolescent mental health wards

Governance at the service had continued to improve. There were robust audits for employment checks, clinical and non-clinical aspects, weekly audits and weekly action logs, agency tracker and a supervision and training tracker. These audits gave clear assurance that the service was functioning well.

There were a series of meetings where information could be shared between staff and senior leaders to drive improvement and ensure systems and processes ran smoothly. There were staff team meetings, manager meetings and senior leadership meetings. We reviewed the minutes for these meeting and noted there was no set agenda and it was not clear how issues raised were escalated and resolved.

Staff had access to policies and procedures in a shared electronic drive. All relevant information was stored in the shared drive and available to staff when needed.

However, there were a few gaps in processes that required attention. This included:

- restraint data not being clear
- Medicines not being ordered in a timely way
- Lack of reference and knowledge of Gillick competence
- Lack of OFSTED registration for a child placement

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

There was a risk register in place that captured relevant and current service level risks. The risk register was updated and reviewed on a regular basis. There were actions in place to mitigate these risks and timeframes for completion. Items on the risk register were appropriate for the nature of the service.

There was a key performance indicator framework that had been developed to measure the services effectiveness. This included looking at measures such as number of staff in post, supervision data, mandatory training, restraint figures and bed occupancy.

Information collated within this framework was shared within board meetings and other committee meetings to highlight any areas for improvement.

Information management

Staff engaged actively in local and national quality improvement activities.

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Information was stored within a secure electronic care record system that was password protected. Paper documents were stored within a locked cabinet in a locked room only accessible to staff.

Managers had access to data such as mandatory training, clinical supervision rates, incident reports, and care plan audits. Managers used this information to target any areas of concern.

Good

Child and adolescent mental health wards

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Managers engaged actively with other local health and social care providers. This included the local authority children's services and the safeguarding teams. The service engaged with commissioners and local mental health services to ensure joint delivery of care and treatment to young people. Staff engaged with local policing teams and officers had visited the service to talk to young people and build relationships.

The service had also linked in with a local young people's drug service. This service spoke highly of the Lighthouse staff team and the good rapport established with the young person they were supporting. The service was also complimentary about the progress the young person had made while being at The Lighthouse.

The service worked closely with local authority social workers of each child. Social workers described the service as a good placement who were able to meet the complex needs of children and that at times go above and beyond their remit to support children.

Learning, continuous improvement and innovation

The service was in the process of introducing the Safewards protocol. This involves minimising conflict by having clear mutual expectations, using soft words, talk down, positive words, bad news migration, knowing each other, mutual help meetings, calm down methods, reassurance and discharge messages.