

Dignity Group Limited

# The Lighthouse Selsey

## Inspection report

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

The inspection took place on 1 February 2017 and was unannounced.

The Lighthouse Selsey provides care and accommodation for up to nine people and there were six people living at the home when we inspected whose ages ranged from 20 to 62 years. People had needs associated with learning disability and mental health. The service promoted people to be independent and to access community facilities. The service is also registered to provide personal care to people who live in the community in their own homes; at the time of the inspection there were no people in receipt of personal care in their own homes.

All bedrooms were single. Six bedrooms had an en suite toilet and one had an en suite shower and toilet. Communal toilets and bathroom s were also provided on each floor. There was a communal lounge and dining area which people used.

The Lighthouse Selsey was last inspected in November 2014 and was rated "Good" overall. At this inspection we found that the service remained "Good" overall. At the last inspection there was a concern raised with the provider about the safety of the premises which has now been resolved.

The service did not have a registered manager at the time of the inspection but there was a manager in post who had applied for registration with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Staff were trained in adult safeguarding procedures and had a good awareness of what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures were adequate and ensured only suitable staff were employed.

Medicines were safely managed. People were supported and monitored to handle their own medicines where this was assessed as safe.

Staff were trained and supervised so they provided effective care to people.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the

Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and treatment was assessed and applications made to the local authority where people's liberty needed to be restricted for their own safety.

People were involved in choosing and preparing meals with the support of staff.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular checks such as dental and eyesight checks.

People said they were treated well by the staff and were fully involved in planning their care and lifestyle. The service promoted people to develop independence and to access community facilities.

Care plans were individualised and showed people received person centred care. Person centred care ensures the person is at the centre of arrangements for their support taking account of their individual wishes, needs, circumstances and health choices. People attended a range of activities based on what they wanted. The service promoted to people to access employment and support groups.

People said they had opportunities to express their views or concerns. There was a record to show complaints were looked into and any actions taken as a result of the complaint.

The culture of the service was person centred. Staff demonstrated values of treating people as individuals and promoting people having a fulfilled lifestyle. People's views about the quality of the service were sought. Staff views were also sought and staff were able to contribute to decision making in the home.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

This domain was previously rated as Requires Improvement but is now rated Good due to improvements made to ensure the premises were safe.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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. The 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.

The inspection took place on 1 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with three people who lived at the home. We spoke with three staff, the manager and the provider's operations manager.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints.

This service was last inspected on 11 November 2014 when no breaches of Regulation were identified.

# Is the service safe?

## Our findings

People told us they liked living at the service and that there were enough staff available. People were able to access community facilities on their own or with staff support if they needed it. The service promoted people to be independent if assessed safe to do this.

The premises were clean and well maintained. The previous report referred to an unlocked cupboard where there was a sign which warned people of electric shock. The provider had taken action to address this.

Staff were trained in procedures for reporting any suspected abuse or concerns. Staff said they would report any concerns to their line manager and knew the procedures for contacting the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults, which were displayed in the office.

Risks to people were assessed and recorded. These included details about how people were assessed regarding safety whilst exercising independence, such as accessing areas of the home, going out and managing their finances safely. Other needs were also assessed such as behaviour, self-harm and mental health. Care plans were of a good standard and gave staff clear guidance on how to safely manage identified risks. Charts used to monitor care needs so action could be taken if any patterns were identified which might require further action to keep people safe. Risks of malnutrition and possible damage to skin from prolonged immobility were assessed. Care plans included instructions to ensure people bathed safely.

Staff were provided so people's needs were met. For example, one person had 'one to one' care with staff throughout the day. Other people's needs were relatively low and these people were able, in many cases, to look after themselves with staff support. Staffing was provided as follows: at least three care staff from 8am to 4pm each day plus the hours worked by the manager. The staff rota showed these hours were maintained and were exceeded in some days. For example, the rota showed four care staff plus the manager on duty on one day from 8am to 4pm plus another staff member from 10am to 4pm. Night time staffing consisted of two staff: one on a 'sleep in' and the other a 'waking' duty. The staff considered there were enough staff to meet people's needs.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post.

We looked at the service's medicines' procedures. People were able to administer their own medicines with staff support and where assessments showed this was safe. Staff supported people by monitoring those who administered their own medicines. Where people needed 'medicines on an 'as required' basis guidelines were included in care plans which gave staff clear instructions on what to do. Staff were trained in the handling and administration of medicines and this included a competency assessment before staff were deemed able to do this safely.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment, alarms, electrical wiring, gas heating and electrical appliances. The risk of Legionnaire's disease was checked by a suitably qualified contractor. Hot water was controlled by specialist mixer valves so people did not get scalded by hot water. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises.

# Is the service effective?

## Our findings

People said the staff provided them with the right support. People said they were supported well by their named staff keyworker and had regular meetings with them to discuss their needs and preferences. For example, one person said, "The staff are very good. I discuss what I need with my keyworker." Another person said, "I can go to the staff for help whenever I need it."

Newly appointed staff received an induction to prepare them for their role. Staff said this was of a good standard and included a period of 'shadowing' more experienced staff and observing how people should be supported. Records of staff induction were maintained. Newly appointed staff registered for the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Staff told us they had access to a range of training courses such as in first aid, the Mental Capacity Act 2005, mental health, challenging behaviour and epilepsy. Staff said they were able to suggest training courses to increase their knowledge and skills. Records showed staff completed a range of relevant training. Staff also completed nationally recognised training in care such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. The manager confirmed five of the eight staff were either trained to NVQ level 2 or 3 or were studying to obtain these qualifications. The manager had completed NVQ level 3 and was studying NVQ level 5. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff told us they received regular supervision from their line manager and felt supported in their work. Staff supervision was well organised by the manager with a schedule of supervision sessions planned for the year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had policies and procedures regarding the Mental Capacity Act 2005 and the associated Code of Practice. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The service used an assessment tool for determining if people had capacity to consent to their care and treatment. There was also a diagram with each person's care records which showed areas of people's lives where people had capacity to make decisions and where they did not. At the time of the inspection two people were subject to a DoLS authorisation. Records and discussions with people showed they fully involved in any decisions about their care.



People's nutritional needs were assessed and referrals were made to a dietician for advice where this was needed. People were involved in the menu planning with the input of staff and also prepared food with the support of staff. Staff were observed offering people advice on healthy eating and food stocks included fresh fruit which was available to people.

People said they were supported to attend appointments with their dentist, GP and specialist medical practitioners. Records showed people's health care needs were comprehensively assessed and that people received checks and treatment regarding mental health, eyesight dental, hearing and any other relevant health care needs.

## Is the service caring?

### Our findings

People told us how much they liked living at the service. For example, one person said, "I'm happy here." Another person said, "I like the atmosphere. All my friends are here. The staff are kind and friendly." People told us they discussed their needs and preferences with their keyworker. For example, one person said, "I had my monthly review yesterday. I can say what I want." Staff had a good knowledge of people's needs and preferences and knew the importance of communicating with people. For example, a keyboard was used to communicate with one person who had limited verbal ability. Staff were observed to communicate well with people.

Staff demonstrated they provided care based on what people needed and preferred. For example one staff member said, "Choices – they (people) are not told what to do. They tell us and we support them to do it."

People said they were supported to be independent and said they could make choices in how they spent their time and in what they ate. Care plans also showed where people could do personal care tasks for themselves and where they needed support so that independence was promoted.

Each person's care plan was personalised to reflect how people's needs were to be met. These included details about how to identify and manage people's behaviour, mood and anxiety. Details about personal and family relationships were recorded. People had signed their care plans to acknowledge they were consulted and had agreed to the contents.

People were supported to attend religious services and one person was supported to attend a site of religious faith abroad. Religious and cultural needs were included in people's care plans.

Each person had their own bedroom and said their privacy was respected and we observed staff knocked on bedroom doors before entering.

## Is the service responsive?

### Our findings

People were consulted about how they wanted to be helped and took part in their care reviews. People said they got the support they needed and enjoyed living at the service. People told us how they were supported to attend a range of social and occupational activities of their choice. for example, one person said, "We like cooking our own cakes." People said they liked to go on holiday and one person spoke fondly of a trip they made abroad supported by staff.

People's needs were comprehensively assessed and reviewed at regular intervals. Care plans were person centred and placed people's individual needs and preferences as the focus of any support. The care plans included guidance on how to meet people's needs as well as full details on needs such as mental health. Care plans reflected person centred care with heading such as, 'My Personal Development,' and, 'Relationships Which are Important To Me.' Care plans included pictorial diagrams so people could understand them more easily. Staff described the standard of care as good.

Details about personal development, education, leisure and occupation were included in care plans. People told us they attended social events, work, holidays abroad supported by staff, and arts and crafts. Staff were observed engaged with people in arts and crafts at the time of the inspection. Care plans included a section on 'community inclusion' and people told us they accessed the local village facilities. Two people said they had jobs in local shops and that they enjoyed this. one person said they enjoyed working in a shop and attended discos.

A staff member said of the care people received, "It's fantastic, it really is," and another said, "We support people to make decisions by providing person centred care. People are looked after well. They have a good standard of life choosing outings, how to celebrate birthday, food and what they do each week." Two people said they had jobs in local shops and that they enjoyed this.

People said they felt able to raise any concerns with the staff or at the regular house meetings.

The complaints procedure was displayed in the home. The provider informed us two complaints had been made in the last 12 months. A record was kept of these along with details of how each complaint was looked into and the outcome. There was a written response to the complainant.

## Is the service well-led?

### Our findings

People said they were able to express their views to staff at either their care reviews or the at the house meetings. They said they were consulted about menu planning and how the service ran. Records of house meetings were maintained.

The service used satisfaction surveys to check what people, their relatives and staff thought of the service. The survey results showed people were generally satisfied with the service they received; people said they were listened to and were happy with the staff.

The culture of the service was person centred and inclusive reflecting people's preferences. These values were demonstrated by the manager and staff. Staff described the service as, "A lovely family home."

The service had a new manager who had applied to register with the commission. We found the manager was methodical in ensuring the service ran well and reflected a person centred culture. Staff said they felt supported and were able to express their views or any concerns either at the staff meetings or directly to the manager. One staff member, for example, said, "It makes the whole place better if we can air our views."

There were a number of systems of audit to check the safety and quality of the service. These were comprehensive and showed care needs were monitored as well as health and safety at the service. The results of these audits were monitored by the provider's Operations Manager who reviewed them to identify if any action needed to be taken. Records of accidents and incidents were maintained. These included errors in the handling of medicines along with an action plan to prevent a reoccurrence. The Operations Manager described how any incidents and complaints were looked into so any changes in practice could be made. The Operations Manager also carried out a monthly audit and accompanying report.