Care In Style Limited

Lighthouse

Inspection report

403-405 Westborough Road Westcliff On Sea Essex
SS0 9TW
Tel: 01702 308 893
Website:www.lighthouseid.org

Date of inspection visit: 16 and 17 November 2015
Date of publication: 30/12/2015

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

Overall summary

This inspection took place on the 16 November 2015 and 17 November 2015 which was unannounced, the inspection team consisted of one inspector on both days.

Lighthouse is a residential care home registered to provide personal care and support for up to 14 people with learning disabilities and on the autism spectrum. In the last year the service has expanded from an eight [8] bedded service to a 14 bedded service with the addition of six [6] respite beds.

The service has a registered manager. '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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff

Summary of findings

had been recruited safely; they received opportunities for training and supervision. People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS). The manager was aware of how and when to make a referral. People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met.

People were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

Good

Is the service effective?
The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

The person had access to healthcare professionals as and when needed to meet their needs.

Good

Is the service caring?
The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Good

Is the service responsive?
The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Good

Is the service well-led?
The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good

Lighthouse

Detailed findings

Background to this inspection

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

This inspection took place on the 16 November and 17 November 2015 which was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with three of the people using the service and two of their relatives. We also spoke with the manager, two senior care co-ordinators and two support staff. We also spoke to two health and social care professionals. We reviewed three person's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for four members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe in Lighthouse. One person said, “Staff are nice, and they’re kind to me and they also make sure nothing bad happens to me.”

We found people living in the service to have clear trust of the staff to do their best for them. This was evidence by one person stating that, “Should I have a seizure I know the staff will make sure I am okay and I get all the help I need to be safe.” One relative told us they had total confidence in the service’s ability to look after their family member and ensure their safety. The relative went on to say, “I visit my family member every week and they always appear happy to be living in the service, after my visit I always have the reassurance that my relative is being well looked after and they are safe. Positive staff interaction with people in the service always gives us relatives’ confidence that this is a safe environment for our relatives.” Relative added, “when there has been an incident or accident the service put the safety and wellbeing of the person first by contacting healthcare professional and after they will inform us of the actions they would have taken.”

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The service had a policy for staff to follow on ‘whistle blowing’ and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. They showed us that there were posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected. Staff were certain that their concerns would be taken very seriously by their managers. One member of staff said, “We have received training on how to keep people safe. During our training we were informed how to raise a concern and who to contact if we think abuse has occurred.” The manager had a good understanding of their responsibility to safeguard people and dealing with safeguarding concerns appropriately. The provider’s policies and procedures were in line with local procedures and they worked closely with the local safeguarding team.

Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for one person in relation to them having seizures; this showed how to support the person and respected their freedom. There were robust systems in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and satisfying lives. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person’s activities and independence.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. In addition identified risks such low ceiling, loose flooring and uneven surfaces had been highlighted with black and yellow hazard tape to aid people using the service. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient staff on duty to meet people’s assessed needs and when people accessed the community additional staff were deployed. The manager adjusted staffing numbers as required to support people needs.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. We actively involve people who use the service in the recruitment process and that they are part of the final decision making process in recruiting staff. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medications as prescribed. All staff working in the service had received appropriate training in the administration of medication. We observed a person

Good

Is the service safe?

asking staff for their medication. In turn staff checked the medication administration records before they dispensed the medication; they also spoke with the person about their medication. We found staff knowledgeable about people's medicines and the effect they may have on the person. For example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects. This helped to ensure medicines were administered in a person centred way. When we spoke to people using the service they informed us the service spent time with people educating people about their health conditions and prescribed medication and also the side effects of the medication. One person told us, "I take one tablet three times a day to control my diabetes". We also found that some of the people in the service were well informed about what actions to take should another person in the service be at risk. One person informed us, "When my friend is having a seizure I know I need to go and get one of staff so they can call an ambulance." We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). The service carried out regular audits of the medication. This assured us that the service was checking people received medication safely.

Good

Is the service effective?

Our findings

Relatives were very confident that people's needs were being fully met by the staff at Lighthouse. They told us that staff were very well trained. One relative told us, "The care staff are very knowledgeable and very experienced in complex care." Another Relative added, "Care staff understand my family member's needs and staff are always willing to go the extra mile to help our relative."

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed that staff received reminders from the head office of training that was required or due. All the staff working in the service had attended training provided in house, by the Local Authority and other Healthcare training agencies. The service also encourages all staff to become training champions, 'Champions' are staff who promote best practice in within a chosen area is the service for example, Medication Management. The Medication Champion would ensure the safe, appropriate and legal use of medicines by promoting adherence to medicines-related policies and procedures within the team and being the eyes and ears of the team to help inform policy or training needs.

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff then worked 'shadowing' the manager or another member of staff in the service or the other 'sister' service. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period of time.

Staff told us that they received regular one-to-one supervision from a senior member of staff. Senior staff were supervised by the manager and the manager/provider paid for supervision from an external organisation to ensure she was supported in her role as the manager and provider. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims that had been set out from the previous supervision. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) governs decision-making on behalf of adults who may not be able to make particular decisions because they do not have capacity to do so. Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. Details on how to involve the person in decision-making according to their

Individual levels of understanding and preferred communication methods were included in each person's care plan. In addition an Independent Mental Capacity Advocate (IMCA) was available to advocate for people, to ensure that people's rights in this area of their care were protected.

The manager and staff had a good understanding of the Mental Capacity Act and confirmed their awareness of how to make an application if deemed necessary. The manager went on to say that they had recently attended training offered by the local authority as this ensured that they were up to date with the changes in legislation. The manager and senior staff knew how to make an application should one be required.

People had enough to eat and drink and appeared well nourished. Support plans contained risk assessments regarding dietary and healthy eating specific to individuals' needs and identified the importance of monitoring weight and encouragement of consuming healthier foods. Support plans also contained monthly weight monitoring records; no gaps or adverse changes were identified in the monitoring records. Staff also supported people to be independent with the preparation of their food. Staff supported people to be independent with the purchasing of their food and making an informed choice. Where appropriate people were allocated a budget weekly to buy their own food. One person informed us that every week one person from the service will be accompanied to the local supermarket by staff to carry out food shopping for the whole service. People also had their own allocated space in the kitchen cupboards, fridges and freezers.

Good

Is the service effective?

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people liaised with their GP, mental health professionals and community mental health services, in addition people were supported to obtain dental care and vision tests in the community. An external healthcare professional informed us, "I have been working with the care providers at The Lighthouse and the people they support for two years. They ensure that dignity and respect is given at all times. The staff have always been very open and willing to listen to and try different approaches and strategies to help the people they support. They also requested and received some training regarding Behavioural Approaches".

Good

Is the service caring?

Our findings

We found staff to be friendly and caring towards people living in the service. Staff made people feel that they mattered. For example, staff always greeted each person whenever they met them, even just in passing in the corridor. Staff made eye contact with the person and always waited for the person to have time to respond.

Staff had positive relationships with people. One person was able to tell us that they liked living at the service. The person went on to say, "It is good here I really enjoy living here and the staff and manager are very nice to us. It's a good place to live. I have been here for a long time now.

The service had a very strong, person-centred culture that was remarked on by everyone we spoke with. Care plans were totally personalised to each individual. One relative we spoke to told us that the way staff had worked to make each of their family member's reviews as person-centred and as inclusive as the person wanted it to be. One external professional told us, "I have been going into The Lighthouse for the past two years. The service has been asked to work very closely with all professionals and to undertake specific ways of providing care for the person I support and in all circumstances they have worked closely and competently in everything they have been asked to do."

People were supported to be as independent as they chose to be as this was documented in their support plans; the manager also added how they supported people to be independent. People and staff were really relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people's well-being. Independence was promoted and people and staff respected each other's choices, for example ensuring each other's privacy. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

The interaction was a display of respecting people's privacy whilst ensuring their safety and wellbeing. Staff knew people well, their preferences for care and their personal histories. Staff said, "We can give a lot of one-to-one time with people especially when we take people out into the community." This demonstrated that staff understood how to care for and support people as individuals. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People and their relatives were aware of their support plans and had regular meetings with their key worker and manager to identify any needs or wants they may have, along with their overall well-being. Details of these regular meetings were verified within the support plans.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person confirmed people's relatives and friends could visit whenever they wanted, "My family visit me most weeks and some weeks staff will take me to visit my relatives who do not live locally." Daily notes confirmed this.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annually reviews and support planning. Advocates were mostly involved in decisions changes to care provision. People were given the opportunity to attend self-advocacy groups.

Good

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. They used the information they gathered to make changes to people's support plans. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. An externally professional informed us, "Written reports are also always available and any information required can be quickly found."The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service recently expanded its premises by adding an addition six respite bedrooms, Video game, Art rooms and also special updated kitchen to teach people to become independent with cooking and meal provision. The manager also identified that people living in the service could benefit from assistive technology to communicate with friends and family so the service purchased electronic tablets to aid communication and as a learning tool. The service also encouraged people to access activities in the community. One person informed us, "I used to go to exercise class at the gym but I haven't been for a few weeks as the gym has been closed." Another person informed us that they went swimming at least once a week and at least one member of staff always goes with them. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. One Relative informed us, "The manager and care staff are always approachable and we can raise any complaints or issues with them." The relative went on to say, "There is always someone we can speak to."

Good

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in the absence of the manager there were two senior care coordinators that looked after the service and kept them up-dated of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist the person and helped to maintain their independence and also showed that the person were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and her staff. They informed us the service had a family feeling and this was due the service being a family run business. One relative informed us that their family member asks to return as soon as they have finished their respite because they enjoy it so much and told us, "This gives us assurances that our relative is happy in the home and they are getting all the support they need."

The manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that she held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service. One relative added that during the expansion of the building, the service regularly communicated with family members to get their suggestions on decisions such as bedroom themes for the respite rooms and furniture for the gaming and art room.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.