L'Arche

L'Arche Bognor Regis Bethany

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
L'Arche Bethany is a residential care home providing personal care to 6 people at the time of the inspection. The service can support up to 6 people.

People's experience of using this service and what we found

Right Culture: The provider did not always support the delivery of high-quality, person-centred care. Quality assurance systems and processes to maintain and develop the safety and quality of care were not always operating effectively. The provider had not done all of the things we had asked them to after the last inspection. People told us they liked the staff and liked the support they received. They enjoyed living at Bethany and their equality and diversity was respected.

Right Support: Staff supported people to take part in some activities and interests in their local area. People told us they were not doing some of the things they would like to do. This is an area that needs to improve. Staff supported people with their medicines in a way they wanted but we found some medicines were not managed well. People lived in shared accommodation. They had their own bedrooms which they were able to personalise. Staff carried out daily living tasks, such as cooking and cleaning, whilst actively supporting people to take part.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People did not always receive the right support to keep them safe or well. People told us they received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 September 2022) and there were

breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected
We undertook this inspection to follow up on action we told the provider to take at a previous inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook an unannounced comprehensive inspection of the service on 26 and 27 May 2022. There were multiple breaches of legal requirements. Warning Notices were served in relation to the following regulations of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014;

Regulation 9 (Person-centred care) Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 17 (Good governance). The provider was required to be compliant with these regulations by 5 September 2022.

We undertook this comprehensive inspection to check whether the Warning Notice we previously served in relation to Regulations 9, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We have found the provider had not met the requirements of the Warning Notice for Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the safe, effective and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for L'Arche Bognor Regis Bethany on our website at www.cqc.org.uk.

Enforcement
We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person centred care and good governance.

In response to the serious concerns found during inspection we have imposed conditions on the providers registration for L'Arche Bethany.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two

consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Please see the safe section of this report.

Is the service effective?

Requires Improvement

The service was not always effective.

Please see the safe section of this report.

Is the service caring?

Requires Improvement

The service was not always caring

Please see the caring section of this report

Is the service responsive?

Requires Improvement

The service was not always responsive

Please see the responsive section of this report.

Is the service well-led?

Inadequate

The service was not well-led

Please see the well led section of this report.

L'Arche Bognor Regis Bethany

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by 1 inspector.

Service and service type
L'Arche Bethany is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. L'Arche Bethany is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced on the first day. We announced the inspection on day 2.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with 4 people who used the service and 6 members of staff including the registered manager and care policy and quality manager.

We reviewed the care and medicine records for 5 people. We looked at a range of records. This included information about staffing, policies and procedures, environmental safety and information relating to the governance of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

We inspected this service on the 26 and 27 May 2022. The provider had failed to do all that is reasonably practicable to mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following the inspection, the provider was issued with a Warning Notice for regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to become compliant with this Regulation by 5 September 2022.

At this inspection we found that not enough improvement had been made. The provider had not met the requirement of the Warning Notice and was still in breach of this regulation.

- There was a continued failure to manage risks. This included a failure to robustly mitigate risks identified at the last inspection relating to people's medical conditions such as epilepsy and diabetes. For example, a person's epilepsy risk assessment was incomplete and there was no corresponding care plan to manage their epilepsy safely. Two people had diabetes, they did not have diabetes risk management plans and there was an absence of guidance to recognise unstable blood sugars or the action to take.
- Information was not robust to guide staff to provide safe care or to recognise and act upon changes in people's health and wellbeing. For example, a person with a known allergy to food colouring did not have effective care planning to mitigate their risk of consuming food that may contain this ingredient. A person who was prescribed medicines for osteoporosis, a condition that increases the risk of bone fractures, did not have a risk assessment to mitigate their risk of falls or injury. The lack of risk management processes placed people at increased risk of harm.
- Some people being supported were at risk of constipation. People with a learning disability may be prone to constipation and at risk from the effects of poor bowel care. Where there was an identified risk of constipation people did not have care plans to guide staff on how to safely care for their bowels.
- A person's risk assessment for constipation recorded their risk of bowel rupture as being serious or fatal due to a secondary health condition. The person did not have a care plan or effective monitoring processes to support their bowel health or their secondary medical condition. There was was no evidence to suggest this had impacted negatively on the persons health however there was a risk staff would not recognise the signs of the person's health deteriorating or know what action to take.
- Where risk management plans were in place these were not robust to ensure the risk was appropriately assessed and mitigated. For example, a person's epilepsy risk assessment sign posted staff to guidance that

could not be found. A person's mobility risk assessment advised staff to ensure the person got in and out of their wheelchair safely. There was no guidance about the support the person required to do this, or any reference to the specific equipment the person used to support their mobility. This meant people could not be assured of receiving safe support.

There was a continued failure by the provider to do all that is reasonably practicable to mitigate risks. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

We inspected the service on the 26 and 27 May 2022. The provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider was issued with a Warning Notice for regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to become compliant with this Regulation by 5 September 2022.

At this inspection we found that not enough improvement had been made. The provider had not met the requirement of the Warning Notice and was still in breach of this regulation.

● There was a continued failure to ensure robust processes for administering 'as required'(PRN) medicines for occasional use. PRN protocols were not in place to direct staff to administer medicines safely. This exposed people to the risk of harm.
● We reviewed the daily notes and medicine administration records (MARs) of 2 people prescribed PRN medicines to treat the signs and symptoms of constipation. One person had been administered PRN laxative on 3 occasions over a 9 day period. The person's daily notes evidenced it was not required. For both people there was an absence of effective checking processes prior to administering laxatives and there was no record of why the prescribed medicines were given. This meant people could not be assured of receiving PRN medicines in line with the prescriber's instructions.
● We were not assured people received their medicines safely. We reviewed MARs where changes had been made by hand. Handwritten instruction occurs when a person's medicine is changed part way through a cycle, or they require a short course of medicines, such as antibiotics. National good practice guidance requires MAR's to be clear, indelible and contain the product name, strength, dose and frequency. The MAR's we reviewed were not in line with this guidance.
● For example, a person's handwritten MAR recorded the name of their prescribed medicine but not the dosage. Another's person handwritten instructions for antibiotics was written in pencil. Processes were not in place to check information recorded on MAR's was accurate and in line with national good practice guidance. This meant people were at risk of not receiving their medicines safely or as intended by the prescriber.

There was a continued failure to ensure the safe and proper management of medicines. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Concerns identified at the last inspection regarding returning medicine stock had been addressed. Medicines were stored in line with National Institute of Health and Care Excellence (NICE) guidance.

● People told us they received appropriate support with their medicines. A person told us 'Staff do my tablet's they give them to me with a drink". This was in line with the persons medicine care plan. Medicine care plans guided staff about how people preferred to receive their medicines and how people were supported to maintain their independence, such as applying topical creams independently.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure the right level of scrutiny and oversight to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● Systems and processes were in place to protect people from the risk of abuse. Concerns identified at the last inspection around restrictive practices had been addressed. These restrictions were no longer in place. We have written more about this is the effective section of this report.
● Staff had undertaken training on how to recognise and report abuse. Staff demonstrated an understanding of the types of abuse and knew how to address and report any concerns they might have.
● People told us they would tell staff or the registered manager if they did not feel safe or were being treated unkindly. A person told us "I would tell the police, call 999". Another person told us about a concern they had. There was evidence they had been listened to and appropriate action had been taken to ensure their safety and wellbeing.

Staffing and recruitment
● People were involved in the recruitment of new staff. Safe recruitment processes and checks protected people from the recruitment of unsuitable staff. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● People told us there were enough staff to support them in the way that they wanted. Our observations and a review of the staff rota confirmed this. During the inspection people went out to the local shops and cafés. We observed staff had time to talk with people, prepare meals together and ensured people's individual care needs were met in a timely way.
● People shared their home with 'live-in' staff. These staff were mainly recruited from overseas and lived alongside people, sharing communal facilities as well as mealtimes, activities and spiritual reflection. This was in line with the L'Arche ethos of sharing lives and valuing diversity. People told us they were happy to share their home and felt comfortable with the staff who were currently living there.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
The service supported visits for people living in the home in line with current national guidance. A person told us their relative was visiting in a few weeks' time and they were very much looking forward to this.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

We inspected this service on the 26 and 27 May 2022. The provider had failed to ensure people received person centred care that that was appropriate to their needs and reflected their personal preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider was issued with a Warning Notice for regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to become compliant with this Regulation by 5 September 2022.

At this inspection we found that not enough improvement had been made. The provider had not met the requirement of the warning notice and was still in breach of this regulation.

● There was a continued lack of effective and cohesive care planning. Care plans failed to reflect accurate information about people's needs or appropriate guidance to support the person well. Information about the level and type of support people required was not consistently recorded across people's care documents.
● For example, a person with known risks relating to their skin integrity, had conflicting information about the level and type of support they required to maintain good skin health. A person's eating and drinking risk assessment failed to record their need for a gluten-free diet or prescribed food supplements to mitigate their risk of weight loss and malnutrition. However, we observed that food products for this person were gluten free. People could not be assured of receiving consistent and effective care to meet their needs.
● The delivery and planning of care was not consistently person-centred and did not always promote good outcomes for people. For example, 2 people's care records reflected a need for them to be weighed monthly, 1 person also required blood pressure checks. These were not taking place and there was an absence of monitoring processes in relation to people's weight, and blood pressure. Following the inspection we were advised that a full health review for 1 of the people had been arranged.
● People had support plans that were named 'positive behaviour support plans' (PBS). A positive behaviour support plan is a care plan to help understand and support people who are perceived to display behaviour they or others find challenging. We reviewed 3 PBS plans. These were not in line with best practice guidelines for PBS.
● For example, these did not include detailed interventions to proactively change the persons behaviour

and improve their quality of life. There was an absence of effective monitoring and review of people's behaviour. PBS plans were not supported by functional assessment of people's behaviour. This meant staff did not have effective strategies to support people to express their needs in a safe and effective way..

● Staff knowledge was not enough to keep people safe. 3 people living at the service had very specific dietary requirements including diabetes, food allergies and intolerances. Robust and effective monitoring was not in place to ensure people's dietary intake supported their health and wellbeing. Where a person's MAR's gave specific instructions for a person not to have grapefruit this was not recorded in any of their care records. For a person with a food allergy, processes were not in place to check food being cooked for communal consumption contained this ingredient. The absence of monitoring and effective care records meant people could not be assured of having their nutritional and dietary needs met in a safe way.

● Where a person's MAR recorded their refusal of prescribed food supplement daily for several months there had been a failure to explore the reason for this or seek alternative food supplements that might be more palatable for the person. The persons health in relation to this was not being monitored. There was a failure to ensure effective processes to monitor the persons nutritional health and wellbeing.

There was a continued failure to ensure people received person centred care that that was appropriate to their needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since the last inspection action had been taken to mitigate the risk of people choking. Guidance from speech and language therapy (SaLT) assessments was reflected in people's care records and we observed staff followed this guidance when supporting people to eat and drink. A person who had difficulty swallowing tablets was in the process of having their medicine changed to mitigate their risk of choking.

● People told us they had enough to eat and drink. A person told us the meals were good another said the food was "Tasty". People told us they were involved in menu planning and were able to suggest ideas and include their favourite food. We asked a person what they liked to eat, and they said, "I like it all".

Staff support: induction, training, skills and experience

● People were supported by trained staff. The providers training matrix evidenced staff had received a comprehensive range of training since the last inspection. Oliver McGowan training is for staff that require general awareness of the support autistic people or people with a learning disability might need and is recommended by the government. Staff were trained to support autistic people and people with a learning disability.

● Staff new to care undertook the Care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We spoke with a new member of staff. They told us they had a comprehensive induction and felt supported in their new role.

● The provider had an induction programme for staff to prepare them for their role. This included spending time with people who they would be supporting. This enabled people to get to know new staff and help shape the way they received their support. People told us they thought their staff were competent and knew what they were doing. A person told us they had a new staff member called [Name]. They said, "He is nice". Another person's comments included, "He is learning what to do". And, "He comes with us when we go out".

Adapting service, design, decoration to meet people's needs

● At the last inspection people were not supported in a safe, well equipped or well-furnished environment. At this inspection improvements had been made to the safety of the environment. There was new flooring in

communal areas to mitigate the risk of trips and falls, furnishings were easier to keep clean and sanitise and the front door was secure on both inspection days to protect people from intruders.
● The house reflected a living environment that valued the people living within in it. A person showed us around their home which had been totally refurbished and redecorated. They said they liked the new bathroom and kitchen and coloured bedroom doors which people had chosen themselves.
● Staff said the home reflected the personalities of the people who lived there, and this had been achieved by involving people in choosing new furnishings, pictures and decorations. A person told us about the fish tank in the dining area. They said, "I help to look after them, I feed them." People told us they had not enjoyed the disruption whilst the work was being undertaken, but they were really pleased with the outcome. A person said" It's lovely now".

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● At the last inspection staff had failed to recognise and address restrictive practices which were embedded into the culture of the care home. At this inspection improvements had been made and concerns identified at the last inspection had been addressed.
● For example, the lock on the fridge and food cupboard were no longer in place. We observed people helping themselves to food and drink throughout the inspection. A person told us they were able to watch television when they wanted as the TV remote control was no longer locked away. Staff told us unrestricted access to the TV remote control and television had led to a significant reduction in a person's anxieties and behaviours.
● The service was working within the principles of the MCA. Staff empowered people to make their own decisions about their care and support. We saw examples where people had capacity to decide and were supported to make decisions for themselves.
● Staff demonstrated an improved understanding of applying the principles of the MCA. This was supported by good practice and best interest decisions. Where restrictions had been placed on people's liberty to keep them safe, these were lawful and authorised by the local authority.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People were supported to attend annual health checks, screening and primary care services. Outcomes of medical consultations were recorded in people's care documents.
●People were supported to maintain good oral health and had access to dental products and equipment as well as regular dental check-ups.
● Records demonstrated people had access to health and social care professionals from different

disciplines. People received support from community learning disability nurses and community health professionals. This included a referral to speech and language therapy when a choking risks had been identified.

● People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed. These helped to ensure other professionals would have the information they required if the person was admitted to hospital.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care;

At the last inspection the provider had failed to ensure people were enabled and supported to participate in making decisions about their care. There was a lack of collaboration with relevant people to design care and treatment that ensured people's preferences and needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that not enough improvement had been made. The provider had not met the requirement of the warning notice and was still in breach of this regulation.

● There was an absence of person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Consideration was not always given to people's' skills, achievements, interests or hobbies.
● Care records did not always demonstrate how people's needs were listened to, considered and planned for. People told us they had not been involved in updating their care records. There was no evidence to demonstrate people and those important to them had been involved in reviewing their care following the last inspection. Where care records had been changed these were not signed or dated and failed to reflect people's involvement, voice, agreement or decisions made in their best interests. The registered manager told us this was an area they planned to improve.

There was a continued failure to ensure people were enabled and supported to participate in making decisions about their care. There was a lack of collaboration with relevant people to design care and treatment that ensured people's preferences and needs were met. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● We observed people making choices about their day including, independently preparing food, and deciding how to spend their time. During the inspection a person said they wanted to go to a local café for lunch and they were supported to achieve this. When they came home, they told us they had, "A nice time".
● Staff supported people to express their views using their preferred method of communication. People were given time to process information and respond to staff. We observed staff used appropriate styles of interaction with people and explained things at a level and pace that supported their understanding.
● People participated in house meetings and meetings arranged by the wider L'Arche community. This provided people the opportunity to participate in local and organisational planning, decision making, and

sharing of information.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

● People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Throughout the inspection we observed warm and positive engagements between staff and people.

● People spoke positively about the staff and felt they were treated with dignity and respect. One person told us about their favourite staff member who they described as, "Kind", adding "I like them very much". They told us this was because, "They help me with a lot with things".

● People were being supported to achieve and maintain as much independence as they wanted. People had person centred plans which emphasised where people could be independent and how they should be supported to achieve this.

● For example, aspects of personal care people could manage themselves and where they might need physical support or prompting. These plans also promoted people's independence to go out alone and undertake domestic and household tasks without supervision. A person's plan reflected they could prepare their own breakfast, lunch and supper but needed support when cooking a hot meal.

● Staff supported people in a way that was respectful of their dignity and protected their privacy. People's confidentiality was maintained, and personal information was stored securely. Information was protected in line with General Data Protection Regulations (GDPR).

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection the provider had failed to ensure people received person centred care that was appropriate to their needs and reflected their personal preferences and interests. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider remained in breach of regulation 9. We have reported on this in the effective and caring key questions.

● At the last inspection the provider had failed to ensure people received person centred care that was appropriate to their needs and reflected their personal preferences and interests. At this inspection some improvements had been made. People told us there were going out more but had not had the opportunity to do some of the things they told us they would like to do at the last inspection such as bowling and swimming. This is an area that requires further improvement. The registered manager told us the opportunity for meaningful activities was an area for continued development and they were seeking to appoint a member of staff to co-ordinate this.
● People's activity plans reflected going to local café's, attending church services in person, and participating in activities arranged for people with learning disabilities and autistic people. This included a monthly nightclub and a choir. A person told us about a church service they had recently enjoyed and about the singing. One person had joined a cookery class locally and another person had returned to their job at a nearby care home.
● Person centred plans and one page profiles contained information about people's preferences and what was important to them. Information about people's personal histories enabled staff to get to know people and provided a means for positive engagement and communication.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People had their communication methods recorded in their support plans. This ensured people were able

to make their needs known. Throughout the inspection we observed people engaging in conversations with staff who were fully proficient in each person's communication needs.
● Information was routinely provided to people in a way they could read or understand. We observed information around the service in pictorial formats.

Improving care quality in response to complaints or concerns
● There was a complaints policy and process for responding to complaints. The complaints process was given to people when they began using the service. This was available in pictorial form. People told us they knew how to raise a complaint and felt they would be listened to. There was a process for responding to complaints and concerns. This ensured concerns were responded to in an open, honest and timely way.
● Staff treated people with compassion and encouraged people to speak about any matters that maybe of concern to them. People told us they would tell the staff or the registered manager if they were unhappy about something. There was also the opportunity to raise concerns within house meetings.

End of life care and support
● People were not receiving end of life care.
● Some people had shared their preferences as to arrangements for the end of their life including, funeral arrangements, prayers and music. This was captured in their care records.

Inadequate

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

We inspected the service on 26 and 27 May 2022. The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider was issued with a Warning Notice for regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to become compliant with this regulation by 5 September 2022.

At this inspection we found that not enough improvement had been made. The provider had not met the requirement of the Warning Notice and was still in breach of this regulation.

- There was a continued failure to ensure effective governance processes to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider did not have effective systems that ensured service delivery was person-centred and met best practice for supporting autistic people and people with a learning disability.
- Care records did not always demonstrate how people's needs were listened to, considered and planned for. There was an absence of person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Consideration was not always given to their skills, achievements, interests or hobbies. The registered manager told us this was an area they planned to improve.
- There was a failure to ensure proactive strategies for behaviour support including an absence of monitoring their effectiveness. Behaviour incidents were not audited, and processes were not in place to assess staff responses to these. Staff implementing the PBS plans had not been adequately trained or supervised, although it is acknowledged PBS training was taking place during day 2 of the inspection. There was an absence of provider led PBS coaching and practitioner oversight. This meant the provider could not be assured PBS plans were effective and written by a suitably competent and skilled person.
- There was a lack of robust oversight of quality monitoring and audit. The provider did not have oversight

of medicines and had failed to implement a robust process to audit and monitor these. Incidents were not robustly analysed and did not include lessons learnt to inform practice development and drive service improvement. Risk management processes were not robust to effectively measure or mitigate identified risks This meant the provider could not be assured all reasonably practicable actions were considered and taken to mitigate risks to people.
● The provider had not ensured managers and staff understood the principles of good quality assurance. There was a continued failure to identify the lack of accurate and contemporaneous information in people's care records. Some information contained within care records was not up to date. Records were not always sufficient to monitor the effectiveness of people's support or to ensure safe care.

There was a continued failure to ensure adequate systems to assess, monitor and improve the quality and safety of services provided. Accurate and contemporaneous records were not always maintained regarding people's care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibility to be open in the event of anything going wrong. Records showed that all safeguarding concerns had been reported to the local authority and CQC in line with guidance. This is so we can be assured that events and incidents have been appropriately reported and managed.
● The registered manager was visible in the service. Staff told us they felt able to speak to the registered manager and felt listened to. Staff knew how to blow the whistle and knew how to raise concerns with the local authority and CQC.
● The previous inspection report had been shared with people and their families. People were able to discuss the report with staff or in house meetings. People were kept up to date with how the provider was addressing some of the concerns raised at the last inspection. The provider had let relatives know when incidents had occurred, or things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider sought feedback from people and those important to them. This was used to develop the service. A person told us that since the last CQC inspection the house had been decorated and they were going to church. They told us they were happy about these changes.
● There was a positive workplace culture at the service. Regular meetings took place. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas. People contributed to monthly newsletters. These shared stories and experiences and provided opportunities to join forthcoming events.
● People were able to connect with other people being supported by L'Arche around the country to share ideas and experiences. One person represented the house in the national L'Arche community core members' council where they got to discuss topics that were important to them and help drive change within the organisation.

Working in partnership with others
● The service worked in partnership with other agencies. These included health care services as well as local community resources. Staff were aware of the importance of working with other agencies and sought their input and advice. Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their

continued needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person centred care that that was appropriate to their needs. Care plans failed to reflect accurate information about people's needs or appropriate guidance to support people well. There was a failure to ensure people had their nutritional and dietary needs met in a safe way

The enforcement action we took:

Conditions were imposed on the providers registration for L'Arche Bognor Regis Bethany

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure the safe and proper management of medicines. There was a failure to do all that was reasonably practicable to mitigate risks. Information was not sufficient to guide staff to provide safe care or to recognise and act upon changes in people's health and wellbeing.

The enforcement action we took:

Conditions were imposed on the providers registration for L'Arche Bethany

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure adequate systems to assess, monitor and improve the quality and safety of services provided.

The provider did not have effective systems that ensured service delivery was person-centred and met best practice for supporting autistic people and people with a learning disability.

There was a lack of robust oversight of quality monitoring and audit.

There was a continued failure to identify the lack of accurate and contemporaneous information in people's care records.

Records were not always sufficient to monitor the effectiveness of people's support or to ensure safe care.

The enforcement action we took:

Conditions were imposed on the providers registration for L'Arche Bognor Regis Bethany