

L'Arche

L'Arche Lambeth Supported Living

Inspection report

15 Norwood High Street
London
SE27 9JU
Tel: 020 8670 6714
Website: www.larche.org.uk

Date of inspection visit: 8 October 2015
Date of publication: 23/12/2015

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

L'Arche Lambeth Supported Living service provides support and personal care to adults with a learning disability in their own homes. At the time of this inspection there were 18 people using the service. There were eight separate accommodations for these people.

The service has met standards of quality and safety at the inspection carried out on 29 August 2015.

This inspection took place on 8 October 2015 and was unannounced.

The service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with the support they received. Staffs were provided with training and support they required to

Summary of findings

deliver effective care for people. There were sufficient staff to meet peoples' needs. Staff helped people to identify and manage any risks to their safety. Safe recruitment practices ensured that staff were suitable to care for vulnerable people and had knowledge and skills to undertake their duties.

People were given choices and were involved in making decisions about their care. Staff provided individual support ensuring that people had opportunities to plan their care. Staff supported people to make decisions for themselves on a daily basis. A Mental Capacity Act (MCA) 2005 was applied where people needed support to make some choices. The MCA provides protection for people who may lack capacity to make some decisions for themselves.

Staff supported people with their health needs. Staff regularly assessed their needs making sure that the support provided was in line with good practice. People had individual care plans which instructed staff on their health needs and how the care should be delivered in line with good practice. Staff were knowledgeable about people's health needs and asked for support from health professionals where appropriate. People had their nutritional needs identified and made choices about the food they wanted to eat.

People liked their supported workers. Staff used people's preferred communication methods making sure they were heard. People felt their privacy and dignity were respected. Staff supported people to attend activities of their choice and encouraged them to maintain friendships in the community. People were encouraged to learn new skills in order to maintain their independence.

People were provided with care that met their needs. Systems were in place to monitor people's care and changes were made to support plans if their needs changed. The provider had obtained people's feedback on the services they received and addressed the issues identified.

The management team checked on the quality of care provided and made changes to improve it when necessary. People knew the managers well and were happy with the leadership at the service. Systems were in place to ensure effective care for people. Staff received support from the management team when required. Staff were encouraged to make suggestions and be involved in developing the service.

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. There were safe staffing levels. Staff were aware about the safeguarding procedures and reported any concerns to their manager. Risk management plans were updated and followed as required.

Medicines were administered in line with people's prescriptions.

Good



Is the service effective?

The service was effective. Staff attended regular training and had knowledge and skills to support people with their needs. Staff liaised with any health professionals for support as required.

Staff were knowledgeable about A Mental Capacity Act (MCA) 2005 and supported people to make choices for themselves.

People were involved in their care planning. Staff supported people to make decisions for themselves on a daily basis.

Good



Is the service caring?

The service was caring. Staff used people's preferred communication methods making sure their wishes and preferences were obtained.

People's privacy and dignity was maintained.

People had support to access the community and develop relationships in the community.

Good



Is the service responsive?

The service was responsive. Care records were individualised and reflected people's choices and preferences. People were encouraged to maintain their independence and learn new skills.

People, and their relatives, were involved in care planning. People were encouraged to give a feedback about the care they received. Complaints made were investigated and managed appropriately.

Good



Is the service well-led?

The service was well-led. The quality of care was monitored and areas for improvement were identified. Staff were encouraged to take initiative and make suggestions about people's care needs.

Staff approached the management team for support and advice if required. There was good communication amongst the staff team.

Good



L'Arche Lambeth Supported Living

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 8 October 2015 and was unannounced.

This inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service including statutory notifications. A notification is information about important events which the service is required to send us by law.

We visited the service's office and two homes where people lived. We looked at three people's care records, three staff files, team meeting minutes and other records relating to the management of the service including complaints and training records.

We spoke with four people who used the service, four staff members and the registered manager for this service. We used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the day centre. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also made phone calls to three people's relatives and a health care professional.

Is the service safe?

Our findings

People told us they felt well supported and safe at the service. One person said, "Staff are good and helping with everything". One relative told us, "This is a safe home" and their relative's "life has changed for better in this service".

People were protected from the risk of abuse. Staff were knowledgeable and had skills to recognise signs of potential harm to people and described what actions they would take if an allegation of an abuse was made. Staff had reported their concerns to the management team to ensure that immediate support was provided. The registered manager put a protection plan in place and escalated concerns to a local authority ensuring people remained safe. This meant that actions were taken quickly and people were protected from harm and poor care.

Staff supported people to manage risks appropriately. Risk assessments were updated annually and when people's needs changed. Staff were aware about individual risks to people and followed guidelines to ensure their safety. For example, we found that people had individual risks and support identified when staff helped them to cook. People were encouraged to undertake tasks for themselves and with minimum support. For example, people used a house cleaning rota to remind them about their weekly tasks.

We also saw that people were included in making decisions around the risks they were willing to take. For example, a simple to read template was used to support a person to understand information about their finances and to plan their support. This ensured that people had control over their choices and their wishes were heard and acted on. One family member said, "Staff are managing risks well and provide more support [for their relative] when needed".

There were sufficient numbers of staff to meet people's needs. The management team assessed staffing levels based on people's needs. Staffing levels were increased if additional support was required for people, for example to look after their health needs. People told us that staff had time to respond to people's needs. One person said, "Staff are always there when I need them".

Some staff worked alone in the service and there were procedures to ensure safe working practices. Staff told us that they used phones to contact other services within the organisation for support if needed.

Safe recruitment practices were in place which ensured that staff had the knowledge and skills to support people with their needs. Staff records included information about interviews attended, copies of references and completion of disclosure and barring checks.

Staff supported people to take their medicines safely and as prescribed. We checked medicine administration records which showed that people received their medicines at the times they required them and the right dose. Staff completed medicine's checks daily to ensure that people received their medicines as prescribed. We saw that staff supported people with their medicines in line with their support plan. Medicine records had information about assistance people required to take their medicines, for example verbal reminder to take their medicines at the times they required. People were involved in managing their medicines. For example, one person used a list for packing their medicines before going out. Staff supported people to order their medicines monthly and kept it safe in a locked cabinet. The unused medicines were taken back to the pharmacy for safe disposal. A health professional said that staff were, "On top" of people's medicines".

Is the service effective?

Our findings

We found that the service was meeting peoples' care needs effectively. One person said, "Staff are good at what they are doing". A family member told us, "Staff are always available and in contact when needed".

Staff had skills and knowledge to support people with their individual care needs. Records showed that staff had attended training courses relevant to their role, such as health and safety, safe administration of medication and safeguarding adults. Staff told us the registered manager had encouraged them to undertake additional training courses, including Level 3 National Vocational Qualification in health and social care. This ensured that staff developed within the role and had knowledge to support people effectively. We also found that staff received regular one to one support through supervision and appraisal meetings. This meant that staff were supported to identify their professional goals for delivering effective care for people. Staff recorded peoples' daily activities, for example, food intake and physical health, and informed the management team about the concerns they had.

Newly appointed staff had completed a three months induction process before they started working with people. This ensured that staff had knowledge to support people in line with good practice. Staff shadowed more experienced team members in order to understand peoples' needs and to provide effective care. This also meant that people had time to get to know new staff before they started supporting them. The management team met with new staff regularly to support them in developing their skills.

Staff were aware about their responsibilities under the Mental Capacity Act (MCA) 2005. The MCA provides protection for people who may lack capacity to make some decisions for themselves. Staff have attended a MCA training course and had knowledge about the principles of the act. Staff supported people to make decisions for themselves on a daily basis, for example when making a decision to have a bath or a shower. Staff talked to their manager if they had any concerns about people that were not able to make some decisions. The registered manager

asked a local authority for support with more important decisions to ensure that peoples' best interests were considered. For example, we saw that a best interests process was applied to support a person to manage their money safely.

The registered manager was aware about their responsibilities under the deprivation of liberty safeguards. Deprivation of liberty safeguards are used to protect people who lack capacity to make decisions for themselves and to protect people from unlawful restrictions. The registered manager had identified people who could benefit from an assessment and completed application forms to request authorisation under the safeguards from the Court of Protection.

People had support to meet their nutritional needs and were involved in decisions about what to eat and drink. Care records identified peoples' needs around support required with eating their meals and special diets. For example, one person had guidelines in place to ensure that consistent support was provided around making healthy food choices. People received support to do own food shopping to ensure their involvement in daily tasks. For example, one person liked fresh food and received support to go shopping every two days.

People had support to make choices about the food they wanted to eat. People had weekly meetings to discuss menu options. One person received support to cook vegetarian meals. People told us that food was "good" and staff supported them to eat whenever they wanted. Equipment was provided to help people eat and drink independently, such as a non-spill cups.

People received support to have their health needs met. Contact details for health professionals were included in peoples' care records. This enabled staff to get in contact with the health professionals if they needed advice. Staff were aware about peoples' health needs and knew how to support them if their health was deteriorating. Staff obtained advice from person's GP or the ambulance service to ensure their wellbeing. We saw that staff supported people to book and attend their health appointments as required.

Is the service caring?

Our findings

People told us they liked their support workers. One person said, "I can talk to them [support workers] about my feelings". One other person liked living in their home because staff helped them to do things for themselves. A health professional told us, "Staff are caring, kind and attentive".

Peoples' privacy and dignity were respected. We observed staff speaking to people in a polite and friendly manner. Staff took time to listen to what people were saying. They also used simple and easy to understand language making sure that people understood what they said. One person said, "I like talking all the time and staff listen". We saw that people had keys to their front door and were encouraged to open doors for visitors by themselves.

People arranged their bedrooms to reflect their individual tastes and to display their personal belongings. In one of the rooms we saw lots of DVDs and family pictures. We saw that people's views were listened to and acted on as appropriate. For example, people had their room painted in their favourite colour.

People had friends and families visiting them in their homes. This ensured that the provider supported people to maintain important relationships to them. Staff provided support to people according to their wishes and choices. For example, one person said, "I have help to call my family when I want to".

People were assisted to access advocacy services. Information was provided to people about the support available to ensure their voices were heard and acted on. Staff assisted people to get in touch with advocates to help them to plan their care and make decisions. For example, an advocate was involved in supporting a person to choose where to live.

People were encouraged to take part in activities and maintain friendships in the community. People's care records had information on the activities they liked to attend. Staff said that some people had regular activities they went to. However, they also supported people who did not have a set time table and chose what they wanted to do on a daily basis. For example, one person said, "I chose when I want to go swimming during the week". A family member told us, their relative was "taking part in the community a lot more than them [parents]". Staff said they also encouraged people to try new activities by providing them with informed choices. A relative said that staff helped their family member to try different activities for exercising.

People received support to use their preferred communication styles. Care records had information on peoples' individual communication needs and outline what support people required to ensure their active involvement. Staff were aware about peoples' communication needs, they used peoples' preferred way of communicating. For example, one person used an iPad and pictures to express their wishes and make decisions.

Is the service responsive?

Our findings

People received care in line with their support needs. A relative said that their family member was, "Looked after very well" and received the "best support possible".

Staff regularly assessed people's care needs with the support from a relative or representative where required. Staff had monitored people's care and made changes to their support plan if their needs changed to ensure that people were looked after. People and their families used local authorities' review meetings to ensure that the support provided was in line with good practice. One relative thought that the review meeting was useful for discussing issues and agreeing on actions.

People were actively involved in making decisions about their care and support. Care plans were updated with people's personal information, including their preferences, likes and dislikes. People were also supported to have 'circle of support' meetings that ensured they were involved in making decisions about their care. A 'circle of support' is a group of people who meet together to give support to people to discuss and plan their care. People were provided with opportunities to discuss their achievements and set goals for the future. One of those meetings was used to plan a holiday to promote person's cultural needs.

People received support to learn new skills and to maintain their independence. Care records had information on what people were able to do for themselves and where they required support from staff. People told us that staff encouraged them to learn new skills and helped to maintain skills they already had. For example, packing their own lunch when they went out for the day. One relative said that their family member "had learnt to cook again".

Staff used a communication book to record any changes in people's care needs and actions required so people were

supported in line with their care needs. We saw guidelines in place to ensure staff provided consistent support for people. For example, a list of tasks to be done by people before they went out in the community.

Systems were in place to ensure that people were provided with opportunities to discuss their needs. People had one to one meetings with their key workers who supported them to plan their care. A key worker is a named staff member and main co-ordinator of support for a particular person. We saw that people knew their key workers and according to them received support to attend health appointments and identify social activities available to them in the community. This meant the support provided was focussed on how people wanted to be cared for.

People, their relatives and advocates were asked for feedback about the service. We saw the feedback surveys completed in 2015. The majority of responses suggested that L'Arche was a caring place and people were treated with dignity and respect. One relative said, "We can feel safe trusting our family members in L'Arche's care".

People, and their relatives, knew how to complain. People told us that they were able to make a complaint and were confident that staff would take action as required. People said they talked to their support worker if they were not happy about something. Staff were aware about the complaints procedure and supported people to talk about their concerns to ensure their views were heard. One relative told us, "The management team are very responsive to complaints and always give feedback about concerns raised". We saw that complaints received were recorded, investigated and acted on as appropriate. For example, the provider took a disciplinary action when this was shown to be necessary. The people we spoke with did not have any complaints or concerns about the support they received.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the leadership at the service. One person said, "I like the managers because they help me to plan my holidays".

Family members said they could talk to the management team about the improvements required to their relative's care and felt that the actions were taken as appropriate. A relative told us, "Management are very good and take families' views into account".

The service was managed by a registered manager, who was assisted by service co-ordinators and deputy service co-ordinators. Staff said they were well supported by the management team and could ask for support when required. There was also an out of office hours on call service for staff to get advice on urgent matters. Staff said the team worked together to ensure effective care for people. Team meetings were held for staff to discuss issues related to the service provision. Staff were encouraged to discuss any concerns they had and share experiences to improve the quality of care provided for people. For example, at one of the staff meetings it was agreed to complete a task checklist twice daily ensuring that all related to people's care tasks were undertaken in good time.

Staff were involved in developing the service. We saw the feedback surveys completed by staff in 2015. Staff felt 'heard' if they made any suggestions about peoples' care needs and suggestions made were acted on. Some service improvements were also identified, for example, staff having a clear understanding of what is expected of them. An action plan was in place to address the issues identified.

The provider has planned to recruit for additional senior support roles to ensure that staff received all support required. One relative said, "Managers do listen and they are very approachable".

We saw a good leadership in the service. Staff told us that the management team had encouraged them to take initiative and additional responsibilities in their roles. For example, undertaking medication audits. This enabled staff's on-going development and learning of new skills. However, some staff felt that their work load had increased recently. They had more responsibilities because of new team members who were less experienced and required support. The management team was aware and made some changes to the management structure to address this issue. A new deputy manager was employed to ensure that support was provided for staff as required. People felt free talking to their managers about their plans for the day and asked for support when required.

Systems were in place to monitor provision of care and identify actions for improvement. The management team undertook internal audits on the quality and support of the service. The registered manager had weekly meeting with the service co-ordinator to discuss service's needs and agree on actions. The management team also prepared monthly performance reports to monitor the provision of care. These included feedback on internal auditing systems, such as health and safety checks and care records reviews. The regular update on the service delivery ensured that people received care that was monitored and action taken to improve where required.

The registered manager was aware of their registration requirements with the Care Quality Commission. This included ensuring that statutory notifications were submitted as required by law.