L'Arche

L'Arche Preston Moor Fold

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which took place on 11 August 2015.

The last inspection of L'Arche Preston Moor Fold took place on 05 June 2013. At that time we found that the provider was fully compliant with all the regulations assessed.

L'Arche originated in France in 1964 and is now an international movement that builds faith based communities with people with learning disabilities. The L'Arche home in Preston is close to the city centre, next to a large park and with good access to community amenities and transport links.The house is a large detached property, with bedrooms on the ground and first floors. The home accommodates up to 6 adults with learning disabilities.

L'Arche Preston Moor Fold is part of an ecumenical Christian community which welcomes people of all faiths and those who have none. The community has a cycle of events throughout the year that provide a focus for spiritual development. These include an annual pilgrimage, monthly community gatherings, days of

Summary of findings

reflection and occasional retreats and gatherings. People who live and receive a service at L'Arche Preston Moor Fold are known as 'core members' and staff as 'assistants'. Most assistants live in the home alongside core members.

The registered manager resigned in June 2015, however a new manager has been appointed and is in the process of registration. The manager was on leave during our inspection, the team leader was on duty on our arrival and assisted throughout. The team leader received feedback throughout and at the end of the inspection.

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 who used the service and their representatives expressed high levels of satisfaction with their care and felt confident that staff understood their needs. We found that staff worked positively with community professionals such as learning disability nurses, psychologists and speech and language therapists to ensure that people's needs were met. Changes and recommendations by professionals were clearly communicated to people who lived at L'Arche in an easy to read format which helped them to understand the advice given.

We found that people were protected against avoidable harm and abuse. Good systems were in place for reporting accidents and incidents and we found that the service was responsive to people's individual needs.

Staff told us that they felt supported and had received training to enable them to understand about the needs of the people they care for.

L'Arche Preston Moor Fold met Mental Capacity Act 2005 legislation and associated requirements under the Deprivation of Liberty Safeguards (DoLS).

We found that people who lived at the service were supported to lead independent life styles and were encouraged to access the local community on a daily basis. People who lived at L'Arche Preston Moor Fold were supported to engage in vocational, educational and occupational activities. Relatives informed us that their loved ones enjoyed it so much that many would rather remain at the service on occasions than return home for breaks. Relatives felt reassured by this.

Staff were kind and caring. We saw that people who lived at the service were allocated key workers and we observed trusting friendships between people who lived at Larch Preston Moor Fold and staff members.

We looked at care records and found high standards of person centred care planning. Records showed that people who lived at the service were assessed against risk on an individual basis. Care plans represented people's needs, preferences and life stories to enable staff to fully understand people's needs and wishes.

People who lived at the service and staff were invited to weekly meetings. We found that people were encouraged to engage in the running of the service and involvement was clearly a key principle of care at the service.

We found that the service was extremely responsive to people's individual needs. The high level of person centred care meant that people could lead independent lifestyles, maintain relationships and be fully involved in the local community. People and relatives we spoke with all confirmed to us how impressed they were with the level of encouragement for independent living provided and the support received.

The service had robust systems in place for monitoring the quality of care and support. We looked at auditing systems and found that the provider was responsive to needs of people who live at the service.

We found, due to the age of the building that some areas of the environment were tired looking and in need of refurbishment. The team leader showed us maintenance plans which showed improvements to be made and these were on going.

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.

Good

People told us they felt safe and were able to raise any concerns.

People were protected against avoidable harm and abuse. The provider had systems in place for reporting and monitoring accidents and incidents.

Systems were in place to assess the risk to individuals. Risk assessments were personalised.

There were sufficient staff on duty to meet the needs of people who lived at the service.

The provider had systems in place to ensure people received their medicines safely.

Is the service effective?
The service was effective.

Good

People received effective care and support which enabled them to experience positive outcomes.

The service had systems in place for assessing a person's capacity prior to making a decision on their behalf. The team leader and staff showed substantial knowledge of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS).

Staff were provided with induction training and were encouraged to learn more about the needs of people who lived at the service.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People were encouraged to participate in preparing meals and snacks. A family meal service was available. People were provided with choice and control at meal times.

Is the service caring?
The service was caring.

Good

People who used the service and or their relatives told us that they were satisfied with the standard of care they received.

We observed kind and considerate care interventions.

People felt they were treated with kindness and respect and said that their privacy and dignity was always respected.

People who lived at the service had established trusting relationships with staff and this helped them to feel safe.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People who used the service and their representatives told us they were involved in care planning and the review of care. Relatives were enthusiastic about how the service had changed the quality of their loved ones life. Everything was communicated to people in an easy to read format.

We found that care records were person centred and these highlighted how to support people in a way that best met their needs and preferences. People and relatives alike were extremely positive about the skills and knowledge of the staff.

We found people were supported to lead independent life styles and were encouraged to access the community on a daily basis. People who lived at L'Arche Moor Fold were supported to engage in vocational, educational and occupational activities.

The service was responsive to complaints and maintained robust record keeping.

Is the service well-led?

Good

The service was well led.

We found the service had effective systems in place to monitor and review the quality of care and support for people who lived at L'Arche Preston Moor Fold.

There was an open culture that enabled people who lived at the service and staff to feel involved in the running of the service.

The management team undertook audits on a regular basis to assess safety, quality of care and support and record keeping.

L'Arche Preston Moor Fold

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 11 August 2015 and was unannounced.

The inspection team comprised of two adult social care inspectors and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for a relative who had accessed care home services.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection.

We contacted external health and social care professionals that the team leader told us people who lived at the service had engaged with. We received feedback from two professionals. Feedback was positive.

At the time of our inspection of this location there were five people who used the service. We spoke with three people who received care. Named workers helped the inspection team to understand individuals communication abilities which enabled engagement with people who lived at the service.

We spoke with four relatives and one visitor. This helped us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We observed how staff interacted with people who used the service. We viewed three people's care records. We spoke with five assistants and the team leader during the course of our inspection.

We also looked at a wide range of records. These included; the personal records of three staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems.

Good

Is the service safe?

Our findings

We spoke with three people who lived at the service. We asked them if they felt safe whist living at L'Arche. All people spoken with told us that that they did feel safe.

We asked relatives if they felt their loved ones were safe. Relatives told us "In the 13 years [name] has been in the home by and large there has been a very high standard of staff. It is a miracle there are people of such quality and ability who are so committed they are an exception. You would trust them with your life, they have such a vocation". And "The staff are marvellous we have a lot of confidence in them".

We looked at how the provider protected people from bullying, harassment, avoidable harm and abuse. We found that safeguarding procedures were in place and these were understood by all grades of staff.

We asked staff to tell us about their knowledge of abuse, and how they would report any safeguarding concerns. An assistant told us, "I would tell the team leader, any time of night or day". Another assistant told us, "safeguarding was the first thing I learnt about, I understand that it is very important and I think we have an open culture here so we can report our concerns". All staff spoken with told us that they felt confident to report any concerns.

We looked at the providers safeguarding policy and found that it identified definitions of abuse and reporting systems.

We looked at staff training records and found that all staff were provided safeguarding training. Senior staff also attended advanced training in safeguarding vulnerable adults.

We looked at three people's care records. We found that a very good standard of individualised risk assessments had been undertaken. Risk assessments included details of people's understanding of risk and step by step guides for staff to follow when supporting people who lived at the service with areas of care that were known to have associated risk factors.

For example, we looked at a person's care file and found risk assessments for; personal emergency evacuation planning, choking risk assessment, going up and down stairs, crossing the road and epilepsy. The risk assessments clearly defined how the person wanted to be supported and also enabled the reader to understand the best way to communicate with the individual.

Accidents, incidents and safeguarding concerns were investigated and recorded on an individual basis. Incidents were then audited by the management team to identify trends or themes. The monthly analysis was shared with the provider and discussed within the senior management meetings that took place to ensure that all appropriate action was taken to prevent future occurrence if possible.

We looked at the providers environmental and health and safety records. We found that safety testing for fire, water and electrics were undertaken as planned. The provider maintained robust record keeping for health and safety checks at the service.

We asked people who lived at the service if they felt the service was sufficiently staffed. People did not raise any concerns about staffing or the level of support they received. One person told us "There is an outer ring of volunteers who would step in and help if there was a staff shortage".

We looked at recruitment processes for three live in staff. We found that effective processes were undertaken to ensure that security checks were undertaken prior to assistants being appointed. Recruitment checks included; disclosure and baring service (DBS),a DBS check highlights any criminal offences and therefore helps to ensure that only fit and proper persons are appointed to work with vulnerable people, employment referencing, VISA and identification documents.

We saw that the majority of staff lived in at the service. They shared living space with people who received care and worked along side a rota system for key worker, night waking and domestic work within the house.

We looked at how the service managed people's medicines. We found that medicines were ordered, stored, administered and returned, as outlined in the providers medicines policy and procedure.

We found that people received their medicines as prescribed in a safe manner and staff were suitably trained in safe administration of medicines.

Good

Is the service safe?

We asked the team leader to consider individual storage for medicines that required storage at fridge temperature. At the time of inspection no medicines needed to be refrigerated, however it would be beneficial for a clinical fridge to be available should this be required in the future. This would also enable secure storage for refrigerated medicines.

Good

Is the service effective?

Our findings

We asked relatives if they felt the care provided at L'Arche Preston Moor Fold was effective in meeting their loved ones needs and preferences.

All relatives spoken with told us they were happy with the standard of care and they said staff communicated with them on a regular basis. Relatives told us, "If (name) has an accident or needs to go to hospital they ring up and tell us. (name) had a fall on a bus the other week, (name) was taken to hospital and we met her there and brought her back when she was found to be ok". "We get emails and phone calls every week. (Name) also rings us about twice a week herself". And "Over the last 9 months we have been in regular contact with staff by email and phone as (name) does not want to come home at the minute. We can keep in touch this way".

We looked at training records and found that staff were provided with multiple training courses to enable understanding of their role and responsibilities. The providers training matrix showed that staff had undertaken training in; load management, first aid, epilepsy, Mental Capacity Act 2005, safe swallowing, challenging behaviours, food safety, health and safety, fire awareness and person centred support.

Staff told us they had received training and were regularly provided refresher courses.

We looked at staff training files and found that supervisions were undertaken on a regular basis. Staff confirmed that they regularly received supervision. A staff member told us, "Yes we have supervision, we also have weekly meetings as a team". Staff personnel files showed evidence of annual appraisals. Staff were encouraged to discuss their personal training and development needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the team leader. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We looked at care records and found comprehensive mental capacity assessments had been undertaken prior to best interest decisions being made on a person's behalf. Care records showed that people who lived at the service were involved in decision making and reviews of their care.

We looked at a person's care file that showed comprehensive care planning around court of protection proceedings. Another person's care file detailed how they had received substantial support to understand about consent needed for treatment prior to them being deemed to lack capacity.

We found that people who lived at the service were facilitated to enable communication. The use of sign language, pictorial work and story telling was recorded throughout the care plans we viewed.

We looked at how the service maintained records of communication with people's representatives. The team leader agreed that evidence of frequent communications with people's representatives, with aids such as text message, Skype and email, were not always recorded.

We looked at a person's care records who was subject to an application under Deprivation of Liberty Safeguards (DoLS). The restrictions in place were clearly recorded with evidence of consideration for those least restrictive.

Staff told us that they received training on the Mental Capacity Act 2005 principles during their induction programme. We also found that staff had access to further online training, which they were scheduled to achieve. We found that all staff interviewed demonstrated adequate knowledge of implications under the Metal Capacity Act 2005.

We observed people were freely able to access food and drinks. There was a large kitchen set in the centre of the house and it was well designed to enable people with disabilities to access and use this area.

Relatives and people who lived at the service told us that they were happy with the quality of food provided. All people that live at the service, including staff, took part in preparing and cooking the evening meal. A family dining service was offered and enjoyed by most people.

We saw breakfast laid out in a buffet style for people to help themselves. We saw lots of fresh fruit on offer as well as a selection of snacks and drinks.

Good

Is the service effective?

People who lived at the service told us, "My favourite meal is corn beef hash, which I like to help prepare". And "I like burgers, sausage, chips and ketchup".

A member of staff told us that summer BBQ's were enjoyed by everyone.

We looked at people's care records and found that nutritional risk assessments were undertaken and people were weighed on a needs basis.

Eating and drinking care plans clearly indicated people's needs and preferences. We saw that referrals to external health care professionals, such as the dietician and speech and language teams were initiated as required. Two people's care records showed comprehensive care planning around the risk of choking.

We looked at people's care records and found that they had access to a wide variety of external health care services. Care records showed that people were facilitated to attend health care reviews and appointments were upheld as scheduled for services such as, psychology and neurology. We found that people were encouraged to access dental and optician services and a record of treatment provided was maintained in the care records we viewed.

We found that the environment was tired in places such as bathrooms, the lounge and kitchen area. The provider had a maintenance plan that showed proposed plans for updating decoration throughout the service.

Relatives told us "I don't like seeing the home looking a mess it needs a face lift". And "the home needs complete refurbishment".

We saw that the provider had plans in place to improve the environment at L'Arche Preston Moor Fold, we did not find that the environment posed a risk for those accessing the service.

Good

Is the service caring?

Our findings

People who lived at the service told us that they were treated in a kind and caring way. They told us, “I like living here it is my home. All the people here are my friends”. And "Yes it is good here".

We asked relatives if they thought the service provided was caring. Relatives told us, "Staff have endless patience. We all slow down to L’Arche time". "Staff interact well with (name). Sometimes she is hard to read". And "We are all part of the family. We are a community".

We observed staff engage with people who lived at the service in a person centred way. We saw that people enjoyed full and active lives and staff made every effort to appreciate their individual capabilities and preferences.

We observed staff recognise the rights of people who lived with learning difficulties and they encouraged people who lived at the service to maintain their talents and life vocations.

We found that the ambience at the service was calm and we heard people laugh on a regular basis. We gained feedback from a visiting community learning disability nurse, who told us, "L'Arche has a therapeutic and calming environment, they recognise the importance of a calming and safe environment".

People were encouraged to maintain their independence. Weekly meetings were held and people who lived at the service were invited to attend. We looked at minutes from weekly meetings and these showed a good standard of involvement and encouragement for people to be in control of their lives and make choices.

We saw that staff engaged with people who lived at the service in a respectful manner. They would ask the person for consent before engaging in care intervention and offered the individual choice and control. For example we observed an assistant ask a person who received care if they would mind if the inspector looked in their bedroom.

We saw that people had access to advocacy and voluntary support services. A support worker from an external charity visited during the inspection. They explained, "I have been visiting (name) for many years and I have only ever seen an excellent standard of care here, the assistants are so kind and caring".

We found that people were supported in a dignified way. Staff knocked on people's doors before entering and engaged with them in a compassionate way. We pathway tracked three people who lived at the service and found that care records were representative of the care we observed.

Good

Is the service responsive?

Our findings

We asked people who lived at the service if staff were responsive to their needs. People told us how impressed they were with the service, "Yes they know I like to feed the chickens. I go out morning and night". Another person told us about their love for trains and how they were facilitated to fulfil their hobby.

We saw that all people who lived at the service were encouraged to maintain their past times and interests. People's bedrooms were personalised and a homely environment had been created. We could see, and people told us that they were comfortable and enjoyed living at L'Arche.

We asked relatives if they thought the service was responsive to the needs of their loved ones. Relatives we spoke with were outspoken in their views on the service and told us, "The home is excellent everything you could wish for. She will be looked after for the rest of her life". "We are very lucky to have her here she is so happy, it is wonderful". And "Sometimes [name] won't come home at the weekend, because [name] they have had a better offer of activities at L'Arche".

We looked at people's care records and found a high standard of person centred care planning. Records informed the reader of people's assessed needs, how the person understood their needs and individualisation was included throughout care planning. Relatives confirmed that the staff had more than enough skill and knew the needs of their relative in minute detail. A relative told us "The staff are just fantastic, they know everyone's personality and treat them as individuals".

For example one person's care plan detailed their preferences around activities, family life, relationships, work and vocation, leisure, personal space and community involvement. It was confirmed to us by a relative that this was followed and enhanced the life of their relative. A relative told us "All the staff are fantastic. They take [name] jogging with them round the park and for rides on the tandem bike. The staff have helped [name] complete the Great Northern Run twice". Another relative told us "The list of social activities is endless, it happens daily".

Care plans enabled the reader to understand the person's daily routine and clearly identified risks associated with every day living. For example one person's care plan showed how staff were to support a person when making a cup of coffee. The assessment identified risk, history of spilling hot fluids and the best way to support the person to make coffee in a way that maintained their independence and safety. Another person's care plan showed how they were at risk when having a bath, the assessment identified known risks, how to reduce risk and the best way to communicate with the person.

The high level of effective risk assessment at the service enabled people to maintain an independent lifestyle.

We found that staff understood people's needs and preferences. Staff told us how the person they cared for preferred care and support. We checked staffs' knowledge of people's needs against care plans and found a high standard of person centred care was being delivered. Staff were able to tell us all about individuals who lived at L'Arche.

Care plans detailed people's physical and mental health needs. We looked at one person's care file and found detailed care planning around their epilepsy. The care plan identified triggers, signs of seizure and rescue remedies. We asked an assistant about their knowledge of the person's epilepsy and they clearly demonstrated understanding, as outlined in the person's care plan. This ensured that the person would be cared for in the safest possible way.

We looked at a care plan for a person who had been experiencing depression. We found that the service had considered the person's physical health before seeking help from the community learning disability team. We spoke with a community learning disability nurse, who had been supporting the person during their period of depression. They told us, "The team picked up on signs of mental health relapse. They understood historical symptoms and contacted us for help right away", "The named worker has been involved throughout and was always reliable for information taking" and "I gave easy read anxiety information".

We found that professionals advice had been care planned and easy read advice about anxiety had been implemented. This benefited people who lived there as they were able to fully understand the advice given by those professionals.

Good

Is the service responsive?

We looked at care reviews for three people who lived at the service. We found that three monthly care reviews were undertaken and people who lived at the service and their relatives were fully involved. Annual reviews were also undertaken and these showed a multi disciplinary team approach. For example, one person's annual care review involved their community nurse, psychologist and relatives. This meant that people had continual involvement in their care and opportunity to express their needs and wishes. We found this level of involvement helped people maintain their individuality.

Relatives told us that they were encouraged to contribute to the lives of people who lived at the service. We found that there was also an extended welcome to the wider community to get involved in the home and social events were organised on a regular basis.

We saw a poster inviting relatives and visitors to join the people and staff who lived at the service for lunch every Thursday. This event was held at the local church. People who lived at the service were supported to maintain their cultural and religious needs. There was a prayer room. People and their relatives told us that this was a place they enjoyed to spend time.

We observed people leave the service in the morning to attend scheduled activities that included shopping, organised voluntary work within the community and walking. People were being supported by staff to maintain independent life styles.

We saw that people were supported to create annual journals to help remind them of events and activities they had attended throughout the year. One person invited us to look at their journal that was kept In their bedroom. The journal was created by pictures of the person and showed how they had been involved in day trips, holidays, family life and daily activities. The journal enabled the person to talk about their experiences throughout the last year. We saw that the person had created annual journals for many years.

We looked at the providers complaints policy and procedure. We found that people who lived at the service, relatives and visitors had access to information about how to complain. The team leader explained that there had not been any complaints raised. We looked at the complaints file and found that no complaints had been recorded.

A relative told us, "The team leader talks to [name]. She has a wonderful way of asking the right questions if we think [name] is upset about something". And "The team leader councils parents too she is always ready to listen".

We looked at minutes from one to one meetings that were held once every month between the team leader and people who lived at the service. Minutes showed exceptional facilitation with people living with communication difficulties. The team leader used pictorial prompts and story telling theories to encourage people to engage with one to one meetings. One person's records showed how they expressed they were feeling sad and worried. For example we found that the team leader worked with a person who lived at the service on a weekly basis to help them recover from anxiety and depression. We found that this gave people the opportunity to express any concerns or wishes. This meant that everyone at L'Arche was fully engaged.

We checked if one to one meeting outcomes were then transferred to the person's care plan. We found that care planning for two people showed changes had been made following these meetings. For example one person's care plan showed changes made following review of their care that enabled them to independently manage their own finances. Which showed the service responded promptly to peoples changing needs.

Good

Is the service well-led?

Our findings

We asked relatives if they thought the service was well led. Relatives told us "the team leader does a wonderful job at running the home she is very caring". And "I can approach the team leader with any concerns or problems".

We observed the team leader engage with people who lived at the service in a kind and compassionate way. We saw that the team leader understood the needs of people who lived at the service and enjoyed spending time with them.

We looked at systems in place for assessing and improving the quality of the service. We found that the provider had effective systems in place to assess, monitor and review people's safety and welfare on a regular basis.

We saw audits for health and safety, environment, medicines, accidents and incidents, emergency contingency plans and care planning.

The manager was new in post and at the time of inspection was on annual leave. We made contact with the manager on return from their leave and they confirmed that an application for registered manager status has been commenced.

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.

We looked at staff meeting minutes. We found meetings were held in house on a weekly basis and minutes showed an open culture and effective systems of communication.

We saw that the service held 'local committee' meetings on a monthly basis. Minutes showed that this was a professionals forum to discuss individuals who received care, their needs and the overall provision of care at the service. The manager completed action plans after meetings and these showed that areas for improvement were being addressed.

We observed interventions between the staff team and found that a positive, friendly culture had been formed. Some assistants lived in at the service. We asked assistants if they felt their own privacy was protected. Assistants told us, "Yes definitely, it is a lovely place to live". And "It is a happy house, I feel at home".

We saw how staff encouraged people to engage in community life and staff understood the providers commitment to preserve the intrinsic value of each person by preserving their personhood.

We looked at the providers statement of purpose and found that the main principles of quality care were embedded throughout the service. For example, these included protecting peoples rights, privacy, dignity, independence, security, civil rights, choice, fulfilment and diversity.