

L'Arche

L'Arche Bognor Regis Zacchaeus

Inspection report

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Date of inspection visit:
16 August 2022

Date of publication:
06 September 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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

Zacchaeus is a residential care home providing personal care to three people with a learning disability at the time of the inspection. The service can support up to five people.

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

Right Support: The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff enabled people to access specialist health and social care support in the community. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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 received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. 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.

Right Culture: Staff knew and understood people well. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People and those important to them, were involved in planning their care.

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

Rating at last inspection

The last rating for this service was good (published 7 December 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the provider.

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.

As a result of concerns found during a recent CQC inspection of another of the providers services, we undertook a focused inspection at L'Arche Zacchaeus to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

L'Arche Bognor Regis Zacchaeus

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 two inspectors.

Service and service type

Zacchaeus 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. Zacchaeus 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 communicated with three people who lived at Zacchaeus about their experience of the care provided. People communicated with us using verbal communication, photos and their body language. We spoke with four members of staff including the registered manager and care support staff.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We sought clarification from the provider to validate evidence found. We sought feedback from families and professionals for their experiences of the care provided

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Records held in the service demonstrated that staff had considered and reported concerns appropriately and in line with the providers policy and local authority safeguarding guidance.
- People and those who matter to them told us they felt the service was safe. People told us they would tell staff if they were not happy or were worried about something. Information about keeping safe was provided in accessible formats. We observed people to be relaxed and at ease with staff.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they received safeguarding training during induction and undertook refresher training regularly. Relatives told us they had no concerns about their loved one's safety.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Risk management plans were in place to ensure people received safe support. This included risks associated with their physical health and when new risks were identified.
- For example, when a person banged their head, they were monitored for a period to ensure their health did not deteriorate. A person who was not keen on brushing their teeth was prescribed oral mouthwash by the dentist. The risk of the person swallowing the mouthwash was assessed and documented.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records about people's care and support and stored them securely. There was evidence that people were involved in reviewing their care. For example a person had participated in completing and signing an accident form after they had experienced a fall. A relative told us their loved one was fully involved in their annual review participating at a pace that was comfortable for them. Feedback from health and social care professionals informed us people were actively involved in reviewing their own care and support.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety. People had unrestricted access to all communal areas of their home. We observed people helping themselves to food and drink throughout the inspection and using equipment such as the television freely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Best interest meetings were held appropriately and included the relevant people to decide on a person's behalf. For example, records evidenced a person was supported by an advocate when a best interest decision was sought regarding medical treatment with anaesthetic.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. During the inspection people received one-to-one support with aspects of daily living and personal care and we observed people were busy.
- We observed there were enough staff to provide the support people required and the rota confirmed this. People showed us photographs of activities they had undertaken. Staff told us about a person who was supported on a 1-1 basis to participate in a community allotment each week.
- The numbers and skills of staff matched the needs of people using the service. Staff knew how to consider people's individual needs, wishes and goals. During the inspection a person asked to go to the local shops with a member of staff. We observed the person was provided with plenty of time to go through personal routines in preparedness for leaving the house.
- Staff recruitment and induction training processes promoted safety. Safe recruitment checks were undertaken on all staff including bank and live in staff to ensure they were safe to work and live at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. People's independence was promoted. For example a person was able to apply their own creams with verbal prompts. We observed a person getting a glass of water in readiness for taking their medicines.
- People could take their medicines in private. Staff told us one person would often prefer to have their evening medicines in their bedroom. During the inspection relaxed and discreet medicine practices were observed. The provider had ordered medicine cabinets so people could have their medicine stored safely in their bedrooms.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. For example, one person medicines were reviewed every six months by a consultant. Staff recorded the persons moods daily to ensure the consultant was provided with an accurate reflection of the effectiveness of the persons medicines.

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

Visiting was in line with current government guidelines. For example, visitors to the service told us they wore masks and had to show evidence of a negative of a negative lateral flow device (LFD) test.

Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong. For example, the registered manager told us they had reflected on the outcome of an inspection at another of the providers services. They had shared learning with staff in order to drive service improvement at Zacchaeus.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Action was taken to mitigate a further occurrence and lessons learned were shared.
 - For example, improved medicine checks were implemented in response to an incident where medicines were left in a person's bag following a visit to a relative's home. There was no negative impact to people, however the incident was used to ensure safer practice and mitigate the risk of a reoccurrence.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the service.
- Governance processes were effective. Quality monitoring processes and registered manager oversight kept people safe and provided good quality care and support. Quality assurance checks included medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and prompt action was taken to address these.
- The registered manager had oversight and knowledge of the day to day management of the service. The rota evidenced the registered manager worked directly with people every two weeks. The house leader worked in the service five days a week. This ensured managers led by example and were able to provide support, guidance and performance related feedback to staff.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. Lessons learnt were shared and used to drive service improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed people were valued and treated with compassion and kindness, dignity and respect by a committed staff team. People told us they were happy and the care they received was good. Staff were described as kind and caring. A person told us the staff were "Nice", another said the staff were "Good". We observed some very warm engagement between people and staff.
- Staff knew and understood the provider's vision and values and how to apply them. Staff told us the culture was "Completely unique". One staff said, "It's like an extended family, I think everyone here feels the same way". Another staff said "I can honestly say there is not one single day when I haven't wanted to come to work, it's like family and we the staff feel like a family as well. We have a brilliant team here, it's all for the core members to make every day the best it can be, to have fun".
- Staff worked hard to instil a culture of care in which staff valued and promoted people's individuality and enabled them to develop and flourish. For example, staff had applied consistent approaches to supporting a person with a community activity. The person's confidence had developed enabling them to engage in the activity for short periods of time without direct support from Zacchaeus staff.
- Staff were able to explain their role in respect of individual people without having to refer to

documentation. We observed staff provided good quality support consistently during the inspection. Staff were responsive to people's needs and were observed supporting a person's specific health care needs in a discreet and respectful way during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. People were supported to communicate and provide feedback using different communication methods. This included using verbal speech, Talking Mats, sign language and pictorial prompts. Talking Mats is an established communication tool which uses a mat with symbols attached as the basis for communication.
- The registered manager sought feedback from people and those important to them. Feedback received was used to develop the service. For example, records of house meetings demonstrated people's ideas were sought when planning the Queens Jubilee celebrations and when seeking new ideas for meals. Meeting minutes evidenced the meetings were very person led and reflected their ideas, feelings and experiences.
- Relatives told us they felt listened to and valued for their feedback and opinions. Staff told us they felt supported and were encouraged to share ideas and this made them feel valued by the management team.
- During the inspection we observed people were able to make choices about what they wanted to do. For example, one person decided not to go to the community garden because it had been thundering and they did not like thunderstorms. They still wanted to go out and chose to go to the local shopping centre instead.

Continuous learning and improving care; Working in partnership with others

- The registered manager participated in provider forums and registered manager network groups. This enabled them to keep up-to-date with national policy to inform improvements to the service. For example, during the inspection we observed the service to be following the most up to date government guidelines on infection control, visiting and undertaking activities in the local area.
- The service worked in partnership with other agencies. These included healthcare services as well as local community resources and advocacy services. This helped to give people living at Zacchaeus a voice and to improve their wellbeing.
- 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.
- The service participated in community opportunities and events. We saw a poster advertising a community music festival and some people had been provided the opportunity to perform. This promoted community connections and enabled people to actively participate in community activities.