

L'Arche

L'Arche Kent The Rainbow

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 ●

Summary of findings

Overall summary

About the service

L'Arche Kent The Rainbow is a residential care home providing personal care to five people with a learning disability. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a domestic property and could not be distinguished from its neighbours. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported by staff who treated them with kindness and compassion. People told us staff were nice and helped them to do the things they enjoyed doing. People took part in a range of activities which were tailored to each person. People were supported to maintain relationships with their loved ones and be part of communities which were important to them such as, local churches. People were supported to stay safe and understand positive relationships. People were involved in managing their own risks where possible.

The philosophy of L'Arche is that people with and without disabilities live together in a community, so some of the staff, called assistants also lived in the service and other staff worked different shifts. People were supported to stay healthy and staff worked with health professionals to meet people's health needs. People were involved in choosing and preparing their meals. When people were at risk of losing weight, staff followed professional guidance to prevent this.

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. People were encouraged to plan their support with staff. Care plans recorded both people's needs and preferences. People were given information in a range of formats and were supported by staff to understand information using communication tools such as, Makaton.

There was a shared set of values which was shared by all staff, this focussed on people having a fulfilled life in a home which was theirs for life if they wished. The registered manager completed a range of audits to monitor the quality of the service. People and staff told us their views and ideas were listened to. People

were supported by enough staff who were recruited safely.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 27 September 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

L'Arche Kent The Rainbow

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

L'Arche Kent The Rainbow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including registered manager, assistant manager and three care workers. We observed

the care and support of people who could not tell us about their experience.

We reviewed a range of records. This included two people's care records and multiple medicines 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, were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities in relation to safeguarding people. They told us about the types of abuse they may encounter and the actions they would take to address concerns.
- People were supported to understand when they were vulnerable and how to stay safe. For example, people had cards which they carried when away from the service, which explained they may need support and had contact details for staff.
- People were supported to manage relationships with their peers and friends. Staff helped people to communicate effectively and resolve any conflicts.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to give staff the guidance they needed to keep people safe. For example, some people needed support to move using a hoist. Risk assessments gave step by step guidance to staff about how to move people safely.
- People were supported to understand and manage risk when possible. For example, when people were making their own hot drinks, they spoke to staff about how they would do this in a safe way.
- Risks to the environment were assessed and a number of checks were in place to ensure risks were minimised. Each person had a person emergency evacuation plan (PEEP). The PEEPs gave detailed information about the support each person would need, physically and emotionally to leave the service in the event of an emergency such as a fire.

Staffing and recruitment

- Staffing levels were based on people's needs and activities. For example, there was additional staff on a Sunday as people attended three different churches.
- The philosophy of L'Arche is that people with and without disabilities live together in a community, so some of the staff, called assistants also lived in the service and other staff worked different shifts. Staff told us that everyone in the service lived together as equals.
- Staff were recruited using safe processes. Checks were completed to ensure staff were suitable for their role such as references from previous employers and checks of criminal histories. When staff were from outside the UK additional checks were completed including criminal history checks from their country of origin and proof of their right to work in the UK.

Using medicines safely

- People were supported to have their medicines by staff who were trained and assessed as competent. Two staff members were involved in administering all medicines to minimise the risk of errors.

- Some people had 'as and when required' (PRN) medicines. There was a PRN protocol in place for each medicine, which stated when the medicine should be offered, the dose and how often it could be taken.
- Some people had prescribed toothpastes or mouthwashes. They were supported by staff to get these from the medicine's cabinet themselves, staff then recorded their use.

Preventing and controlling infection

- Staff understood the need for infection control and used personal protective equipment such as gloves or aprons when appropriate.
- The service was clean throughout with no bad odours.

Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and themes.
- Action was taken to minimise reoccurrence. For example, people were referred to the falls team or occupational therapy referrals were made to ascertain if the person would benefit from mobility aids.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had lived at the service for a long time, their needs were reviewed and reassessed on a monthly basis. This was done using recognised tools such as Waterlow scores for skin integrity and MUST scores for those at risk of undernutrition.
- People's assessments also took into account any protected characteristics under the Equality Act (2010), such as religion, or sexuality.

Staff support: induction, training, skills and experience

- Staff told us they had the training and support needed to carry out their roles and support people effectively.
- Staff completed an induction when starting to work at the service this included basic training and working alongside experienced staff to get to know people.
- Staff then had a schedule of training related to both core subjects and related to specific needs for example, autism and Makaton. One member of staff at the service was a Makaton trainer, enabling staff to get extra support or training when required. Makaton is a form of sign language used by people with learning disabilities.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan their meals and take part in preparing them if they wished. People could access the kitchen at all times to get a drink or a snack.
- Some people chose to have a restrictive diet which could cause them to lose weight. Staff had worked with speech and language therapists to identify the best way to support people to maintain their weight. This included the use of high calorie supplements and ensuring the person always had access to their favourite foods.
- Staff sat with people to eat their meals and make meals times a social event. They chatted to people about their plans with only occasional prompts for people to eat a little more. This worked well and people ate the majority of their meals.
- When people needed food at a soft consistency due to choking risks there was clear guidance for staff about the consistency and how people should be supported to eat to reduce risks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with health professionals to manage people's health needs. Referrals had been made to a range of professionals including physiotherapists, district nurses and speech and language therapists.

- When advice was given by professionals this had been recorded in people's care plans and followed by staff. For example, one person was living with epilepsy, their care plan recorded things that could trigger seizures such as, disturbed sleep. It also gave staff guidance about how to support the person in the event of a seizure.
- One person had a condition which affected their digestive system. Staff told us and their care plan recorded the signs the person would show when they were in pain, actions to take and when to request a visit from the district nursing team.
- When one person was suspected of living with dementia, staff challenged professionals in order to get a diagnosis and access to the support they needed.

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

- People had personalised their bedrooms and told us they liked the service as it was close to town.
- There were a range of communal areas for people to spend time in. There had been sometimes when people had disagreed about what TV channel to watch in the lounge. Staff had created another area to watch TV in an upstairs room to enable people to watch what they liked.
- Corridors and doorways were wide enough for people to access in wheelchairs and communal areas were designed allowing space for the use of hoists.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions had been assessed. People were supported by staff whenever possible to understand and make decisions for themselves.
- When people lacked capacity to make a decision, this was made in their best interest by people who knew them well. For example, best interest decisions had been made about whether a person should undergo an invasive medical procedure.
- The registered manager had applied for DoLS as required and a system was in place to prompt another application when the DoLS came to an end.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well and treated them with kindness and compassion. One person said, "The staff are nice here, I like them."
- People were supported to be part of local church groups which were important to them and were supported to have prayer times by staff.
- Staff encouraged people to talk about their achievements and things they enjoyed doing. They also spoke to people about plans they had coming up, people were excited to talk about these plans.

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

- People and their loved ones were involved in planning their care. People's care plans detailed their preferences and staff took these into account when supporting people.
- People were encouraged to make decisions on a daily basis about where they wanted to go and which staff they would like to support them. One person told us, "One member of staff always helps me with my activity, they know how I like to do it."
- People's preferences relating to the gender of staff providing intimate personal care were recorded and respected by staff. When people were unable to state their preferences discussions had taken place with people who knew them well to identify what they would prefer.

Respecting and promoting people's privacy, dignity and independence

- People were treated in a way which prompted their dignity and privacy. For example, one person needed to be supported to move with the hoist. Staff requested any visitors leave the area to give the person privacy.
- People were encouraged to be as independent as possible. People were supported to take care of their own home by working with staff on domestic tasks such as laundry or cooking meals.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which was designed around their needs and preferences.
- People were supported to maintain relationships with people who were important to them, this included friends, family and community groups. For example, one person had a friend who visited regularly to do baking sessions with the person.
- People took part in a range of activities which they enjoyed. One person told us, "I am off to a gardening project today, I go for the whole day and really like it."
- Another person told us about an upcoming 'swim-a-thon' which they were taking part in to raise money for charity.
- The provider arranged get togethers for all the people in their service's in Kent. People had a chance to meet up with friends some they had known for many years. People were informed about these events through newsletters from the provider. Newsletters also celebrated people's achievements and birthdays.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could access information in a range of formats. Newsletters and posters displayed in the service included pictures and symbols to help people understand them.
- Staff used Makaton to explain to people an information they could not understand from documents.

Improving care quality in response to complaints or concerns

- People were encouraged to raise any concerns on a regular basis and told us they would tell staff if they were unhappy.
- The service had not received any complaints since the last inspection. There was a complaint process in place, and this was available in an easy read format.

End of life care and support

- No one at the service was in receipt of end of life care at the time of inspection.
- People had plans in place which detailed their wishes in relation to end of life care. People had also been supported to plan their funerals.

- The registered manager told us, "This is a home for life, one person has lived here for over 25 years, it is really important that they have the choice to stay here until their last day if that is their wish."

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff had a shared vision for the service and a shared set of values. These focussed on people having a home for life and being supported to live fulfilled and positive lives.
- The registered manager had worked for the organisation for a number of years and had long standing relationships with people. They used their knowledge to support staff to build positive relationships with people.

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

- People and staff told us the registered manager was approachable and open to their suggestions.
- The registered manager and senior staff completed a range of audits to monitor the quality of the service. Any shortfalls identified formed the basis of an action plan, this was then used to record when actions were completed.
- The provider also allocated staff to complete additional audits. The national policy manager completed overall audits and a member of the finance team audited people's finance records to ensure they were being managed well.
- The provider was open and honest when things had gone wrong. Some historic information had been identified about a previous senior person in the organisation. The provider had ensured that all people supported by the service and their loved ones had been informed and made aware of the actions the provider was taking as a result. This information was also available in an easy read format.

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

- People were invited to give their views of the service through surveys, meetings and regular one to one sessions with staff. People could also give feedback to the provider through events and group activities.
- Staff and professionals were asked to give views through surveys. Feedback was positive and included comments about staff's willingness to learn and the person-centred approach at the service.
- When people were a part of local community groups such as, churches feedback was sought from the members and staff worked closely with them to enable people to feel an equal member of the group.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us there was a drive to continually improve the support given to people. They had attended a range of conferences and had used learning to create training for staff on a range of subjects including supporting people from the LGBT community and supporting people to understand healthy relationships.
- The provider also shared learning and good practice from its services in other countries. People were supported to visit the providers other services and attend conferences.
- Staff worked with a range of professionals to meet people's needs, this included GPs, occupational therapists and district nurses.
- People were also able to access other therapies, on the day of the inspection a therapist visited the service to give a person reflexology which they enjoyed and visibly made them more relaxed.