

L'Arche

# L'Arche Bognor Regis

## Inspection report

51 Aldwick Road  
Bognor Regis  
West Sussex  
PO21 2NJ

Website: [www.larche.org.uk](http://www.larche.org.uk)

Date of inspection visit:  
16 January 2018

Date of publication:  
21 February 2018

### 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

The inspection took place on the 16 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a supported living service. We wanted to be sure that someone would be in to speak with us.

This service provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

L'Arche Bognor Regis is registered to provide personal care to people living with a learning disability and other complex needs, including autism. At the time of our inspection, the service was supporting five people. The provider offers care and support to people who require help with day-to-day routines including personal care, meal preparation, housework, accessing the community and companionship.

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.

The service was last inspected on the 6 September 2016, where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified the provider did not always assess the risks to the health and safety of people receiving care and did not do all that is reasonable to mitigate such risks. There was no robust system and processes to assess, monitor and mitigate risks or, monitor and improve the quality and safety. The service received an overall rating of 'Requires Improvement', and after our inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

Staff had a firm understanding of how to keep people safe and there were appropriate arrangements in place to manage risks. People were protected from the risk of abuse because staff understood how to identify and report it.

Quality assurance audits completed by the registered manager and provider were embedded to ensure a good level of quality was maintained. We saw audit activity for areas such as accidents and incidents, care planning and training.

People were supported to receive their medicines safely. The provider had arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported at mealtimes to access food and drink of their choice. Some people's food preparation at mealtimes was supported by staff or themselves, staff ensured meals were accessible to people.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment when required.

People and relatives felt staff were kind and caring. Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care.

Staff felt supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. Staff spoke positively about training and supervisions they received from the management and provider and commented on how they found they could ask questions freely.

## 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.

Detailed assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

People were supported to receive their medicines safely when required. There were appropriate staffing levels to meet the needs of people who used the service.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures and how to report any concerns.

### Is the service effective?

Good ●

The service was effective.

The registered manager and staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and provide effective care.

People were supported at mealtimes to access and prepare food and drink of their choice in their homes if required.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring.

People's privacy and dignity were respected and their independence fully promoted.

People and their relatives were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and detailed care and support plans developed to identify people's health and support needs.

Staff were knowledgeable and aware of people's preferences and how best to meet those needs.

There was a system in place to manage complaints and comments. People and relatives felt able to make a complaint and were confident that complaints would be listened to and acted on.

### Is the service well-led?

Good ●

The service was well- led

The values of the service were embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

# L'Arche Bognor Regis

## **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.

The inspection took place on the 16 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a supported living service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with two people and three relatives over the telephone, two care staff, a team leader, assistant co-ordinator, community leader and the registered manager. We observed the manager and staff working in the office dealing with issues and speaking with people and staff over the telephone and in the office.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, three staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

At the previous inspection on 10 August 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Provider did not always assess the risks to the health and safety of people receiving care and did not do all that is reasonable to mitigate such risks. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the registered manager was meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had an individual care and support plan which included a system to identify risks and help to protect people from harm. Risk assessments were in place for areas such as behaviours that may challenge, nutritional needs and health. Where risks were identified, risk management plans were put in place for staff to follow, these provided information on how to keep people safe. For example for people who had behaviours which could challenge others, a detailed risk management plan gave details of warning signs and what staff would need to do to reassure the person and calm the situation down. Another person was at risk of self neglect and measures were in place for staff to monitor and support this person. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example, in one care plan it described how one person who was partially sighted required to have their walking aid with them and what staff needed to be aware of and the safest way to assist the person in and out of their home. Staff we spoke with were fully aware of the risks to people and provided us with details on how they ensured people were safe in and out of their home. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

People and relatives told us they felt safe using the service. One person told us "Yes I do feel safe and we've got a fire alarm system". Another person said "I do feel safe, yes. We lock the door at night and I feel safe after the staff have left". A relative told us "I am absolutely thrilled with L'arche, any emergencies they would help my relative".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff were able to identify the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us "If I noticed anything like a bruise on someone or if they had a change in character I would report it to my manager. I have faith they would react and deal with any issue".

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us "We ensure we recruit enough staff and also have our own

bank staff that support us". People were sent rotas in advance so they knew what staff were coming to support them. A relative told us "They have efficient rotas and if you need to know what's what, you can ask. They provide these a month in advance. It works well."

Safe recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Staff told us that once they had received their induction they shadowed an experienced member of staff until they felt competent in their role.

Staff took appropriate action following any accident and incident concerns. These were investigated and recorded and then reviewed and audited by the registered manager 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.

People were supported to receive their medicines safely. Some people self-administered or had support by staff to take their medicines. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff clearly told us the process they would take to support people with their medicines. One member of staff told us "I had any worries over someone's medication I would contact the office for support or dial 111 and seek professional advice". Audits of medicine administration (MAR) were undertaken to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

People were protected by the prevention of infection control. Staff had good knowledge in this area and attended regular training in this area. PPE (personal protective equipment) were available when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. One member of staff told us "Washing hands is very important for us all and I will gently remind people when we are cooking in the kitchen we need to ensure hands are clean and when they have been to the toilet".



# Is the service effective?

## Our findings

At the last inspection we found that L'arche Bognor Regis was not always effective. Staff understood their responsibilities to support people to make decisions about their care but improvements in record keeping were needed to demonstrate people's rights were being upheld. At this inspection we saw the provider had taken action to improve.

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. We checked whether the provider was still working within the principles of the MCA. People experienced the ability to make decisions and where necessary decisions were made in people's best interests to protect their rights. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and this was clearly evident in people's care and support plans and clearly recorded. Staff had good knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. The registered manager had attended various training courses in this area and told us how this had helped in their understanding and enabling them to support the staff. One member of staff told us "People have capacity and we need to support them with their decisions. We also need to guide them and make sure they know any potential impact of any decisions. If I have concern around this I will report straight away. We have one person we were concerned about and I know that is being sorted out by health professionals".

People and their relatives felt confident in the skills of the staff and felt they were trained well. One person told us "They are very nice people, I am being looked after properly". A relative told us "Staff are trained and seem are very nice, our relative mentions people they like. The team leader is very experienced as they have worked there a long time".

People received care responsive to their needs. Initial assessments were undertaken prior to a person moving into the service then a care plan was produced around the needs of the person. The records were accessible, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and well-being. The registered manager confirmed that staff liaised with professionals such as GP's and social workers to support people to maintain good health. A relative told us "Usually I go to health appointments with my relative, but they will do that if needed. It's our choice". Another relative said "My relative goes to the dentist on her own, and to the doctor. I didn't think that was right going alone and I raised it. Staff now go with them".

People were supported to have sufficient to eat and drink and encouraged to maintain a healthy diet. People were supported to cook meals for themselves, with staff assisting and encouraging them. Staff told us how they supported people with meal planning, shopping and preparing meals together. One member

of staff told us "One person we plan the shopping for the week and prepare meals together to make sure they are safe in the kitchen and we really promote them to do things for themselves with support when needed". Details of peoples nutritional needs, likes and dislikes were recorded in their care and support plans to enable staff to have a full understanding. People if required were supported and monitored with their diet to encourage weight loss. One person told us "I love the food I cook, we eat healthily". Another person said "Staff help me with the cooking. I do it, but they are there to support me. I'm quite independent, I go into town". A relative told us "Staff make sure my relative doesn't eat out of date food and that it's stored properly".

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. A detailed induction for new staff was in place that included working towards the care certificate and courses that were relevant to the needs of people who lived at the service. These included autism, resolving conflict, equality and inclusion. Staff were provided with training that enabled them to support people appropriately. One member of staff told us "We get lots of training and updates. I can ask for training and they will source for me or I can source it myself". A member of staff went on to tell us about various training courses booked for the coming year. This was held on a Tuesday called 'Tuesday Topics' for staff to attend. Planned courses included supporting people with learning disabilities and their sexuality, person centred planning and resolving conflict.

Staff had regular supervisions and meetings with their manager throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff told us they met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with consistently said how they felt supported by the management team and worked alongside them. One member of staff told "My manager will come and work with me if required and advice and support when needed. Yes I feel supported in my role".

# Is the service caring?

## Our findings

People and relatives told staff were caring and promoted independence. One person told us "They are all nice people". A relative told us "Staff do their best and are caring and not just doing their job". Another relative said "She's become more independent since being where they are, I feel she's reached her full potential".

Staff were knowledgeable about people's needs and spoke about them fondly. It was clear that relationships had been developed between staff and people. One member of staff told us "We visit the same people and relationships build. We get to know how they like to be involved in their care and we know when to step back and build their independence". All staff we spoke with told us passionately about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care and support.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records for people, showed that people were able to maintain their religion if they wanted to. One person attended a local church weekly with support from staff when required. One member of staff told us "I help with pray in the morning with one person I see and sometimes take the lead to support them with this".

People told us they could express their views and were involved in making decisions about the support they received. People and their relatives confirmed they had been involved in designing their support plans and felt involved in decisions about their care and support. One relative told us "Yes I'm involved, I don't think the next review is due until about May". People were also able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service. Care plans were reviewed regularly or when a person's care needs changed. Reviews involved the person, family members and health care professionals if required. This also encouraged people to give feedback on the care they received.

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. People's religion and preferences were sort on the initial assessment and recorded into people's care plans. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Staff told us that wherever possible and needed people were encouraged to maintain their independence such as undertaking their own personal care and building on their life skills. Staff had a good understanding of the importance of promoting independence. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves, records confirmed this. This included supporting people to maintain life skills such as cooking, cleaning and promote independence on living alone. One person told us "I do the food shopping on a Monday. I choose what I am going to buy, we make a shopping list together. I feel that I am supported to stay independent".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. One person told us ""If I need privacy I go to my room. They would knock on my door". Staff told us they took care to give privacy to people when needed. They also said they closed doors to ensure people's privacy was respected. One member of staff said "I assist one person in the bathroom and I will encourage them with personal care. I will always ask if they are happy for me to be there and if they would like the door closed". People's confidentiality was respected. Staff understood not to talk about people outside of the service or to discuss other people whilst providing care for others. The providers policy on confidentiality was covered during staff induction and training.

## Is the service responsive?

### Our findings

People and their relatives told us that staff were responsive to their needs. One person told us "They help me cook. I do a little bit of cooking and they are there to help me". One relative told us "My relative is certainly in the right place. She's happy there and has a full life. A very positive place".

Information for people and their relatives if required were created in a way to meet their needs in accessible formats to help them understand the care available to them. This included information and care plans in an easy read and pictorial format for people. People also if required could have their care plans produced in a large format.

Care and support was planned and delivered in line with the people's needs. People had a detailed pictorial care plan, which set out their needs, the support required by staff and how the support should be provided. Care plans included information regarding the support people needed to maintain their independence such as assistance with personal care and living skills, while allowing the person to do as much as possible for themselves. The care plans contained information on the level of support required. People and relatives told us they were involved in the compilation of their care plans and on going reviews. Staff used the care plans to guide them when providing care and support and we found them to be knowledgeable on working in a person centred way. One member of staff told us "The care plans are detailed and have the right information in. We encourage people to be independent and support them in daily living. It is great they can move on in their life and support themselves".

Care and support plans were updated to reflect changes in people's needs. Staff told us they received updates on people's health and support, which enabled them to provide care that was responsive to their needs. Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns.

People were supported to access and maintain links with their local community, for some people this included going to work locally. This supported people to increase their independent living skills based on their individual capabilities. One person told "I'm quite independent and I go into town. I am meeting my keyworker in the office today and we'll probably go into town. I would normally go swimming on a Wednesday with support and they help me with budgeting". A relative told us "Staff support my relative with shopping. They take her out occasionally to social things like discos, for coffee, go for a walk with her. When she has spare hours they take her to London and to the Harry Potter Experience, theatre's, whatever and help her socialize. She's interested in history and is a good painter. She's exhibited her paintings in lots of places. She goes to an art class (independently) and does some at home and they help her clean up".

The complaints procedure was displayed in written and pictorial format to ensure it could be understood and met people's individual communication needs. People and relatives we spoke with were aware how to make a complaint or concern and all felt they would have no problem raising any issues. One person said "If I'm worried I would talk to one of the staff, they would help me. I've nothing to worry about now". A relative said "If I needed to raise concerns I would ring the keyworker in the first instance and I would elevate it to

the manager and other people in L'arche if needed. They would listen absolutely, I haven't found anything negative".

## Is the service well-led?

### Our findings

At the previous inspection on 10 August 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no robust system and processes to assess, monitor and mitigate risks or, monitor and improve the quality and safety. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the registered manager was meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance audits ensured a good level of quality was maintained. We saw audit activity which included care plans, medication and accident and incidents. The results of which were comprehensive and analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The registered manager also completed monthly audits for the provider and these were discussed at a monthly meeting on what actions needed to be taken as a result of the audits.

We saw that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. Feedback from the surveys was on the whole positive. Any suggestions made were taken on board by the registered manager and acted on. One relative told us "Countless surveys and annual reviews, that goes pretty well and my relative takes an active part".

People and relatives all told us that they were happy with the service provided and the way it was managed. One person told us "Yes, the manager is friendly". Relatives comments included "The manager's very good", "I have great admiration for the way L'arche works and am grateful my relative has found a place there" and "I'm absolutely happy with the service"

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management. Management were visible within the service and the registered manager took an active approach and worked closely with staff. A member of staff told us "Any problem I can talk to my manager, we sometime work closely together and can discuss any issues or support needed". Another member of staff said "I would say we have good management. I can call anytime and get support if needed or talk something through with someone".

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed

the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required. The registered manager told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required. They said "We currently have some concerns over one person and working closely with professionals to ensure we can meet their needs".