

L'Arche

L'Arche Kent Cana

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

L'Arche Cana is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. L'Arche Kent Cana provides accommodation and personal care to five people with learning disabilities. There were five people living at the service when we inspected.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Rating at last inspection

At the last inspection, the service was rated 'Good.'

Rating at this inspection

At this inspection we found the service remained 'Good'.

Why the service is rated Good

People had lived at the service for some considerable time and continued to feel safe and well looked after. Staff were aware of how to protect people from abuse and had received training to keep people safe. The service was clean and everyone was supported to help with the domestic tasks. Checks were made on the premises to make sure it was safe, including fire and health and safety checks. Adaptations were made to the service to support people with their mobility such as additional hand rails and a walk in shower.

People were supported to do what they wanted to do and staff helped them in the least restrictive ways to take risks and enjoy their lives.

People enjoyed varied activities of their choice and were able to access the community when they wanted. People were at the centre of the service and encouraged to follow their goals and dreams; they went out regularly, participated in day activities and met their friends and family.

There was enough staff on duty to ensure people received the care they needed. Staff were trained and checked before they started to work at the service to ensure they were safe to work with people. People told us the staff were good and they knew them well.

There was an emphasis on person centred care and people were treated with dignity, respect and compassion. People's support and care plans were reviewed regularly and staff responded to people's

changing needs. Support plans were clear with detailed information to make sure people received the right support.

Everyone had a health care plan and information to take with them should they need to go to hospital. People were supported to keep healthy and received their medicines safely.

The registered manager told us that they were in the process of asking people how they wanted to be cared for at the end of their lives. People's records were stored securely to ensure confidential information was protected.

Staff treated people with mutual respect and equality making sure that everyone had choices and was involved in their care. Everyone was given the opportunity to voice their opinions on the service and to be involved in the service. People, staff and visitors told us about the L'Arche community and how they met up with old friends and staff who used to work at the service. They described how the community enriched people's lives and form lasting friendships.

The service had a registered manager who was supported by a very experience senior manager in the service. Staff told us that the management were always available for guidance and support. Regular staff meetings and supervision ensured staff received the support they needed to carry out their roles. The management team carried out audits regularly to assess the quality of the care being provided and took any required action to continuously improve the service.

Everyone was treated as an individual and there was an atmosphere of equality throughout the service. Staff told us how the service celebrated different faiths and encouraged people to follow their own beliefs. The culture of the service was open and inclusive and there were strong links with the community, such as the local church, people in the village and the neighbours.

Incidents or accidents were recorded and were reviewed and action taken to reduce the risks to people living at the service. People were able to express if they were unhappy but there had been no complaints since the last inspection. The complaints procedure was clear with pictures to help people to understand how they could raise any issues.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

L'Arche Kent Cana

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 comprehensive inspection took place on 16 January 2018 and was announced. We let the service know that we were coming the day before. Some people needed time to prepare for unfamiliar people being in the house, and we wanted to give them the opportunity to speak with us and participate in the inspection. The inspection was carried out by one inspector as the service was small.

Before the inspection the registered manager completed a Provider Information Return. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We met and spoke with five people. We spoke with four members of staff, the registered manager and one visitor. We sampled various records including three care plans, medicine records, audits, checks and handover sheets. We observed how people were supported and how staff interacted with people. We requested feedback from two health care professionals but no response was received at time of writing this report.

Is the service safe?

Our findings

People were relaxed and comfortable with staff and told us they felt safe.

Staff had a good knowledge of how to protect people from abuse. They had received training on keeping people safe and were aware of how to raise any issues with the managers and outside agencies. Staff were confident appropriate action would be taken if they observed any staff poor practice and said they would not hesitate to report any incidents. They were aware of the local safeguarding teams if any alerts needed to be raised. The registered manager told us how the local safeguarding team had visited the service and talked to staff about safeguarding procedures.

People were able to access their money when they wanted to and there were systems in place to ensure their finances were managed safely. Records were clear about any transactions and these were audited and checked to ensure they were accurate.

There continued to be systems in place to ensure that risks to people were identified and assessed. Risks to people included some people choking or suffering a seizure. Risk assessments showed how staff should mitigate these risks which included detailed step by step guidance to support people living with epilepsy, poor mobility or at risk of choking. Staff had completed first aid training and were able to tell us what they should do if the person choked or when to call for medical attention. There was also detailed guidance of what staff should do if a person suffered a seizure or needed support with their mobility.

People were supported to take their own risks in their daily lives. For example, people were risk assessed for going out on their own to the local shop or taking part in activities including going on holiday. People were helped by staff in the kitchen to make meals or make their own tea, this was risk assessed and strategies were in place to support people to do this safely. Workshops such as how to keep safe on line were being arranged for people to feel safe when they were using the internet.

People and staff were involved in domestic chores including the laundry to make sure the premises were clean and tidy. One person commented, "I always help with the daily chores such as putting laundry in the washing machine. I feel happy here". Systems were in place to reduce the risk of infection, such as staff wearing gloves, the use of liquid soap and paper towels.

There was always enough staff on duty. People said they were able to go where they pleased and staff were there to make sure this happened. Some people had one to one allocated hours; the staff rota showed that there was always enough staff on duty to make sure this happened. The service recruited overseas staff as well as having more local staff. When required regular agency staff were used to cover some shifts. Staff were also introduced to people before they start working there.

New staff continued to be recruited safely with the necessary checks to make sure they were safe to work with people. This included completing applications with a full employment history, satisfactory references, proof of identity and police checks.

Accidents and incidents continued to be monitored and assessed to reduce the risk of further events. Records showed how action was taken when a person fell and what measures were put in place to reduce the risks. This included an assessment by health care professionals such as an Occupational Therapist which resulted in the person moving rooms and a wet room being installed.

People continued to receive their medicine safely. All staff received medicine competency observations to ensure they gave people their medicines safely. The registered manager told how they had changed the system to ensure that two members of staff administered medicines to check the right medicines were being given. Everyone had a medicine review to ensure that they received the right medicines. These were recorded with any changes to be made. The medicines were stored securely and records were in good order.

The premises were well maintained and regularly checked to ensure it was safe. There were checks on the fire system, water temperatures; equipment to make sure everything was working properly.

Is the service effective?

Our findings

People told us that the staff knew what they were doing and were trained well. People said the food was good and they enjoyed their meals.

People had lived at the service for some considerable time and their needs had been assessed when they first moved in. They were supported to be involved in their care planning with the aid of symbols, photographs and pictures to enable them to contribute to their care and support plan

Staff told us the training was good and they continued to have regular updates in line with current legislation. Training methods varied, such as face to face training, on line training and distance learning. The progress of the training was tracked by the head office to ensure all staff updated their training when required.

People were involved in the induction training when new staff were recruited. At the end of the new recruit's induction training period people were asked to give their feedback about them using written text, or an easy read format of pictures or symbols. The outcome of the feedback was discussed and if people had made suggestions to improve staff practice these were discussed through supervision with the member of staff. Staff were then observed and supported to improve their skills and competencies. Staff told us the induction training was good and as well as the training they had learnt about the L'Arche philosophy, communication, personal boundaries, ethics and touch.

Staff received regular supervision and appraisal and told us they felt supported and valued by the management team. Staff knew what people needed and put their training into practice. When people needed support with their behaviour they followed the strategies agreed in their care and support plan, such as distracting people or involving them in an activity.

People told us the food was good and they helped in the kitchen to prepare and cook meals. The menu was displayed in the kitchen and people's dietary and nutritional needs had been assessed and planned for in their support plans. People could access the kitchen when they wanted to and could help themselves to drinks and snacks when they wanted to.

People helped to lay the table ready for lunch and when the meal had finished they took the dishes out to the kitchen. Meal times were relaxed and were social events when everyone staff and the people sat together to enjoy their lunch. Staff knew what people liked and disliked and how their food should be prepared if they had special diets. One person needed a soft diet as they were a risk of choking. Staff sensitively monitored the person to ensure their food was of the right consistency and gave them drinks to ensure they ate safely. Staff sought additional advice from health care professionals if they had recognised that people were not eating properly.

People were supported to keep well and follow a healthy life style. They were encouraged to walk or take part in exercise classes such as Zumba. One person told us how they enjoyed dancing at the Zumba session

and how much they laughed whilst taking part.

People had health action plans with detailed information about their individual medical needs. There were pictures of doctor surgeries, dentists, hospitals and professionals to people understand and become more aware and confident to visit these places. There was information in people's care and support plans of the signs and symptoms they would express if they were in pain or were unwell and needed medical attention. Everyone was able to visit their GP and staff supported people with health care appointments when needed. People regularly saw the dentist, optician or podiatrist and staff worked closely with health care professionals to ensure that people received the care they needed.

Staff continued to support people in line with their capacity to make decisions. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people needed constant supervision by staff to keep them safe and the service had applied to the local authority for deprivation of liberty authorisations.

Staff knew the importance of supporting people to make decisions and throughout the inspection they asked people for their consent and explained what tasks they were about to carry out. They had a good understanding of the Mental Capacity Act and were aware of how people were supported by health care professionals and family to make decisions in their best interest.

Adaptations had been made to the service to ensure that people's needs were met for example, when people's mobility had changed equipment to help them move safely was installed such as hand rails and a walk in shower.

Is the service caring?

Our findings

Staff were committed to providing care in a respectful, kind and considerate way. They continued to support people with empathy and compassion. People said they liked the staff. They said, "It is good living here". "I often see my family, they visit me regularly". "I can do what I want here". "I have lots of friends and food is good". "I get up and go to bed when I like".

Staff were very enthusiastic about the L'Arche community and how this gave people the opportunity to socialise and enjoy their lives. They said, "The greatest thing is the community, we are all close and caring to each other, there is a family feeling throughout the organisation". "Everyone looks forward to events such as the choir, religious festivals and gatherings". "People who live here are part of the local and wider community and have the great advantage of family and friendship".

People were supported to maintain meaningful relationships. Staff sought support for people who needed additional help to understand relationships and personal boundaries. Staff commented, "The service supports people with their emotional and social needs, they provide a safe network for people to foster meaningful relationships with each other."

People and staff were treated with equality and mutual respect. Staff were passionate to uphold people's rights. The registered manager told us how they had advocated on one person's behalf as they were being denied the medicines they needed. They told us the person was being discriminated against. They challenged the decision and the person was granted the medicine they needed.

People were given the opportunity to understand how to vote and make their voices heard. The service had an elected community council who were involved in all aspects of the service. Staff and people were elected to represent the people to ensure they were given the opportunity to develop the service. The voting process was based on government elections so that people would have an understanding of how and why they were voting in elections.

Staff chatted to people about what they were going to do with their day, people responded cheerfully and laughed and joked with staff. People were relaxed and given time to make decisions about what they wanted to do. On the kitchen wall there was a communication board with photographs of staff who would be working with the people each day. This also served as a message board as there were pockets where people could leave messages for other people to collect. People showed us how this worked and used the board to remind them of their planned activities.

People told us they were treated with dignity and respect. They told us they locked their bedroom door when they went out and staff respected their decisions if they wanted to be alone and remain in their rooms for a while. People spent their time where they wanted, some sat at the table doing an activity whilst others were busy in the kitchen or sitting in the lounges. Staff knocked on people's doors and waited till they were invited in.

People's life histories were recorded in their care and support plans so that staff had a good understanding of who and what was important to them. Through regular meetings everyone had the opportunity to have their say about the service, such as the staff that supported them, the menu or activities.

Staff promoted people's independence. They talked about giving extra support when people's health deteriorated such as adjusting activities to suit their needs. Staff told us how they encouraged people to do as much as they could within their capabilities. They told us how one person had recognised that they could not do as much so they decided to go out for shorter days. Staff said, "If (the person's name) can, they will do things, if they feel they don't want to go out they stay in or go out for shorter days. This way they remain to have control over their lives".

People were given the opportunity to earn money within the activities in the L'Arche community such as making things to sell, card and cake making. People were proud of their achievements and showed us what they had made, such as candles which were sold to the general public. Other people had made lavender bags which they found to be very relaxing. They told us they enjoyed their work and looked forward to receiving a share of the profits once the goods had been sold.

Visits from family were encouraged and people also went to stay with their relatives at times. Staff used communication boards to help people understand time and dates. One person had a board to count down the days they were going to visit their family. Some people had a 'circle of support' in their lives. The circle of support included anyone involved in their care, family friends and people who were important to them.

People were encouraged to use electronic tablets to improve communication. People were supported to use face time/ book to speak with their family and friends.

The service had a strong Christian ethos and people were treated with care, love and respect. People and staff's religious, ethnic and cultural needs were recognised and supported to make sure people were supported to follow their beliefs. People choose when they wanted to take part in group prayers or go to church. People skills and abilities were considered as gifts recognising that every person had a gift to offer.

If people needed independent help to make decisions about their lives, advocacy services were available. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

People's records were stored safely and securely. Computer systems were backed up and passwords were used to ensure records were only accessed by people who had the authorisation to view them.

Is the service responsive?

Our findings

The service continued to provide responsive care in line with people's needs and wishes. People told us that staff responded to them promptly during the day and night. They said, "There is always enough staff here to help me when I call them". "Staff support me when I need help and ask them to help with the hoovering and cleaning my room". "Everything is alright at the moment, staff are nice, I like them". "I would tell someone if something was wrong. We have meetings when we talk about everything and what we want to do".

Each person had a personalised care and support plan and were able to have their say about what care they needed. People had regular meetings to discuss their care and talk about any changes they needed. The plans were detailed with people's personal choices, including their likes and dislikes, their dreams and goals. Details including how to support them with their behaviour, mobility, health care needs, individual personal care preferences including how they liked their hair washed and brushed.

The care and support plans were updated with people's changing needs and reviewed on a regular basis. People's reviews were planned to ensure that everyone involved in the care such as the person, family and health care professionals were available. People used photographs to show what they had been doing since the previous review, such as how they enjoyed their holiday or went on day trips.

People were able to choose the activities of their choice and were supported by staff to live active and varied lifestyles. Each year the community held a 'pilgrimage' where people enjoyed taking part in planned walking routes to places of interest and afterwards sharing meals together. People told us about how much they enjoyed this event and how they met up with old friends and other members of staff. During the last trip people told us how they took part in a circus skills workshop which they really enjoyed.

Some people also attended an annual music festival and stayed in scout centres or camped. Staff told us that people from L'Arche led the prayers and attended the communion service on the Sunday. People told us they enjoyed the festival and the fresh air, they showed us photographs of everyone having a good time.

The organisation had projects that people took part in such as working in the gardens and selling plants. Friends were invited to dinner and people also met up with their friends to go to the local theatre. One person told us about the book club where friends talked about story and if they enjoyed the book.

The service was supported by volunteers who helped people with activities of similar interests for example, one person was supported each week to cook lunch. The person told us that they really enjoyed this activity and showed us pictures of the different meals they had cooked. This happened on the day of the inspection and they cooked a Chinese dish. This looked very appetising and was enjoyed by everyone at lunch time. People said it was really good and tasted delicious.

Staff supported people with evening activities such as going to the local night club and going to theatres and theme parks. Some people went to visit the head office to carry out administration tasks such as shredding documents or answering the telephone.

People were encouraged to carry out their daily activities such as walking to the local shops on their own to do some shopping. People enjoyed painting and crafts and displayed their achievements in the service.

One person told us how they had been supported to go on a long haul holiday which involved several hours flying time. This was a great achievement as they had difficulty in getting ready to go out to local places and at first did not have the confidence to do this. Strategies and support from staff enabled the person to gain confidence and achieve their goal. The person had pictures of their trip and told us what a good time they had.

People had not all been asked about the care they would want as they got older. The registered manager told us that they were in the process of discussing end of life care with each person and updating the care and support plans. One person told us their relative had passed away and staff had taken them on a remembrance walk to visit the resting place of their loved one. Staff told us they remembered anniversaries and would talk about people's loved ones to give them comfort and support.

The complaints procedure was displayed in the corridor near the office to inform people what the process was to raise any concerns. This was an easy read version with pictures to help people understand how to raise a complaint. The registered manager told us that any issues or complaints went to the national head office and also to the local board of trustees to ensure they were aware of any current issues. There had been no complaints since the last inspection.

People are given the opportunity to give their feedback of staff members by using smiley faces to show if they were satisfied with their support. This information was fed back to staff to support the continuous improvement of the service. One person said, "I would complain to staff if I needed to, I know they would sort things out".

Is the service well-led?

Our findings

People and staff told us the service was well led. Relatives commented in the last survey that they would recommend the service. Staff said, "I would definitely recommend the service to a member of my family".

The service continued to be well managed led by the registered manager who was experienced in managing services for people with learning disabilities.

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 registered manager was supported by senior managers, administrators and head office staff.

Everyone knew the registered manager and during the inspection people casually came into the office. They chatted to the staff with a cup of tea and played on the computer. The provider ensured that people were at the heart of the service and the service was led by people living there. People were encouraged to be involved in national and local meetings to have their say on the development of the service. There was a culture of putting people first in an open and inclusive environment where people were valued and respected as equals.

Staff were supported to do their jobs well and understood their responsibilities. Staff had regular supervision and staff meetings to give them the opportunity to raise any issues or suggestions about the service.

Staff told us that the vision and values of the organisation were based on equality 'to work together for a world where all belong'. They said they were treated with equality and diversity. They told us that they were encouraged to follow the faith of their choice and their beliefs were respected. They said, "The organisation welcome individual diversity and fully support you to practice your individual faith".

There were strong links with the local and wider community. The registered manager told us that they encouraged people to be involved in presentations and attended forums such as Learning Disability group gatherings. People told us they went to the local café and staff knew them well as they were regular visitors and staff were friendly. Staff told us how people benefited from L'Arche community as they were able to take part in varied activities of their choice, make friends and enjoy the social life through the community gatherings.

The service encouraged feedback from everyone involved in the service. They asked people what they thought about the service, they talked about if they are happy living at L'Arche Cana and if they would prefer to move on. The registered manager told us this was part of the four year strategy plan to ensure that people were being listened to and giving them the options to live where they wanted.

Quality surveys had been sent to relatives in October 2017. The majority of comments and feedback was positive. Relatives commented, "Cana is great". "This has been a long term relationship, long may it continue" "I think everything about L'Arche, Cana is wonderful and I am very thankful that my relative is able to live there".

One relative had commented, "Sometimes when the team changes frequently this makes a difference to retain relationships with people and staff." We discussed this with the registered manager who told us that action had been taken to address this. They told us that although they continue to recruit overseas they have concentrated on more local staff to maintain continuity of the care being provided. Recruitment showed the ratio of local staff had improved.

People were supported by staff, relatives and volunteers to feedback about the service. They were able to voice their opinions through meetings and surveys.

Staff told us that the service was well led, it was a very open and transparent environment, where staff and people were supported to talk about anything. One staff member said, "There is always was a member of the management team to talk with if you need advice or guidance". Staff told us how they talked about accidents/incidents and events to reflect if things could have been done better, it was a culture of reflection and learning.

Regular staff meetings ensured that staff had the opportunity to discuss the needs of the people and service. The meetings were recorded so that all staff would be aware of the action they may need to be taken. Staff could access 'toolboxes' on certain subjects to improve their skills and knowledge such as fire safety at night. Each Wednesday there was a house meeting to talk about what activities were happening and the next weeks programme.

Newsletters were produced with details of people's lives and celebrations. This included news about the L'Arche council and who was responsible for helping to organise events. Two people from the service were encouraged to attend the meetings and be more involved with the council.

The registered manager and senior management team continued to carry out weekly, quarterly and yearly audits on the quality of the care being provided. Any improvements identified or action required to be taken was allocated to staff to complete to improve the service.

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. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. Records were clear and up to date and were held securely.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall and on their website.