

L'Arche

L'Arche Liverpool

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Outstanding ☆
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

L'Arche Liverpool provides 'supported living' services across Liverpool to people in their own tenancies. At the time of inspection, the service was providing support to 40 people with different health needs, mental health conditions, learning disabilities and/or autism.

People's experience of using this service:

We found and heard some very positive examples, but also identified improvement was needed. We considered everything we looked at in proportion, to achieve a balanced judgement based on people's experience, which was overall very good.

Staff told us there had been a period of unsettlement, but that over the last few months, due to new arrangements, things had much improved. The provider was aware of improvement needed and were addressing them through a comprehensive management restructuring. We considered that this would help with issues we identified regarding robust planning and review, overview, record-keeping and governance to support consistent safety and quality of care. The service remained caring overall, although in parts more consideration needed to be given to consistently maintain people's respect, dignity and privacy.

However, at this inspection we also learned of several examples that showed how at times the service was exceptional at responding to people's needs. For these individuals and their families, the service had truly had a remarkable impact.

The outcomes for people using the service reflected the principles and values of Registering the Right Support, by promoting choice, 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. The 'supported living' services had been developed out of former care homes, but the provider evidenced how they had changed the setup to real tenancies. We discussed some further considerations with managers around this. Personalised care and support, as well as smaller flat setups mitigated negative impacts on people in slightly larger settings for up to 10 tenants. People were well connected with each other and the wider community.

People felt safe with the support from staff and told us or showed us in their individual ways that they were happy with their care. Staff and relatives told us about the positive, person-centred and inclusive quality of the service. We saw this reflected in the way staff supported people's unique ways of communicating. The service embraced and promoted equality and diversity. There were enough staff to meet people's needs and staff support was flexible about individuals' wishes. Staff felt well supported and told us everyone worked well together to provide a good service for people.

People were supported to be active in ways that were meaningful to them, as well as encouraged to try new things. People, relatives and staff were actively involved in the service and new ways to include them were

being developed.

Rating at the last inspection:

At the last inspection we rated the service as overall Outstanding (3 November 2016).

Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Outstanding rating. The service continued to meet the characteristics of Outstanding under Responsive. We found the service on balance, and with ongoing improvement work, met the criteria of Good in all other areas. Further detail on the changed rating for Caring and Well-Led is in our detailed findings below.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and notifications.

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

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service dropped to Good.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service remained Outstanding.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service dropped to Good.

Details are in our Well-Led findings below.

L'Arche Liverpool

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service provides care and support to 40 people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service currently had no manager registered with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We discussed the interim arrangements and the director's plans to apply as registered manager during our inspection. Further detail is in our Well-Led findings.

Notice of inspection:

The inspection took place on 2 and 3 May 2019. We gave the provider two days' notice of the inspection. This was so they could check with people if they were happy for us to visit them in their own homes.

What we did:

Before the inspection

We reviewed notifications received from the service in line with their legal obligations. We looked at information the provider had sent us about the service in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We also asked the local authority for feedback on the service and they told us they had no concerns.

During the inspection

We visited four of the nine supported living services. We looked at four people's care records and checked records relating to people's medicines. We checked audits and quality assurance reports, incident and accident records, as well as recruitment, supervision and training information. We observed care people received at various times, as well as interactions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who used the service and a relative of one person.

We spoke with 11 staff members. These included support workers, senior staff and locality managers, an administrator, the services manager and director.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us or showed us that they felt safe with support from staff. We discussed with one person and their staff team how support of others around them during incidents could make everyone feel safer. We understood from staff that this had been developed to protect people better.
- People had a variety of risk management plans in place based on their needs. These promoted positive risk-taking.
- We discussed with managers that at times these plans needed to be clearer and more robust, to evidence lessons had been learned from events and prevent reoccurrence. For one person, monies had gone missing and the service was investigating this. The provider had fully reimbursed the person and new control measures had been put into place. These needed to be reflected in the person's risk assessment, however staff were aware of arrangements.
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns. We saw evidence of safeguarding investigations taking place and appropriate referrals being made to the local authority.
- Staff had no concerns about the service. Staff told us they would feel confident to whistle-blow to other organisations, if appropriate.

Staffing and recruitment

- The provider continued to carry out robust recruitment checks for new staff. These helped to ensure that staff were suitable to work with people who may be vulnerable as a result of their circumstances.
- People using the service were involved in interviews of new staff.
- There were enough staff to meet people's needs and support was flexible around people's wishes. The number of staff vacancies had improved over the last few months and recruitment was ongoing.

Using medicines safely

- The service overall continued to safely support people with their medicines. People were supported to be as independent as possible with their medicines and appropriate assessments regarding this were in place.
- We discussed a few smaller recording issues to be improved with managers.

Preventing and controlling infection

- Staff supported people to keep their tenancies clean and hygienic.
- Personal protective equipment, such as gloves and aprons, was available.

Learning lessons when things go wrong

- Staff completed incident and accident reports to encourage their reflection on what had happened and

prevent reoccurrence.

- 'Debriefs' took place with people and staff following incidents, to provide therapeutic support. We discussed with managers some further development opportunities.
- Incidents and accidents were analysed at provider level. The services manager was developing a more local system for such reviews.

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

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

- Managers were developing their knowledge of Positive Behaviour Support (PBS), which we considered would strengthen the service's proactive working in this area. PBS is a widely acknowledged best practice model to improve people's quality of life.
- The services manager was taking part in a PBS coaching course, offered by the British Institute for Learning Disabilities (BILD). They explained how this would help with the required development of people's behaviour support plans, as well as related documentation. We saw that some people had such plans in place that had been developed with external agencies.
- We heard positive examples of achieving good outcomes for people. We considered some of these under the question whether the service was Responsive.

Staff support: induction, training, skills and experience

- Staff felt well supported and received regular supervision.
- Staff completed a comprehensive induction in line with the Care Certificate. This is a recognised set of standards for staff working in health and social care.
- Completion of training set out as 'mandatory' by the provider was overall good and staff praised the quality of training.
- We discussed with managers some improvements needed regarding training relevant to people using services and their support, for example training on understanding autism.

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

- Staff supported people to eat and drink enough. We saw people being involved in the planning and preparation of variety of home cooked meals.
- Staff supported people to access "diet trainers" through their GPs, to help with eating more healthily.
- Staff supported people with specific dietary needs based on health and cultural needs.

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

- We saw many different examples of the service working with a variety of health professionals and others to promote the health and wellbeing of people.
- While we visited, we saw staff supporting people to go and see a doctor when they needed to.
- Diaries and handovers supported effective staff communication. Where appropriate, family members were kept well informed of people's changing health needs.

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

- Information for people was available in different formats, to make it accessible and easy to understand.
- A variety of equipment and technology was available to make the service accessible for people. The services manager was developing this further.
- We considered with managers some further development opportunities to the environment of people's own tenancies, to promote a greater feeling of "own home".
- The provider had introduced Makaton training as mandatory for all staff, to support people who used this specialised method of communicating.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw that mental capacity assessments and tests to consider whether people were being deprived of their liberty had been completed.
- We discussed with the services manager some follow up needs, where they had identified to social workers that people may be being deprived of their liberty. The local authority in these cases needs to make applications to the Court of Protection; however, we understood that there was a backlog of applications. We therefore asked the service to keep evidence of when they had followed up on application progress with the local authority.
- We saw evidence that the service supported people to make a variety of decisions.

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

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; Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us all of the staff treated them kindly. One person said, "Staff do an excellent job. Staff are nice to us."
- A relative explained how staff had supported them and their family member with compassion, when they most needed it.
- All of the people we spoke with or observed told us or showed us in their individual ways that they were happy with the support they received from staff.
- We observed warm and caring interactions and it was clear that people and staff know each other well.
- We heard some very positive examples of how staff had supported people to explore their diverse needs, with gentleness, sensitivity and creativity.
- Staff told us they learned from others and those they supported. Staff talked about people as their family.
- We read a compliment from commissioners that stated how impressed they were with team leaders. They commented on how knowledgeable staff were about individual needs and that they spoke about individuals with the greatest respect and empathy.
- We discussed some improvement needs to how information was displayed in people's own tenancies, to reflect more clearly and respectfully that these were people's own homes.
- This included some small improvement needs to the storage of people's records, which were generally kept in the staff flat of the buildings we visited. Staff addressed our improvement suggestions immediately.

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

- We saw evidence of the service involving people in decisions and planning of care.
- Staff completed a "choice of support" tool with people that evidenced they had consulted people in individual and meaningful ways.
- We saw that people had been consulted and where possible had recorded their consent in care plans.
- Families had been involved, where appropriate, in the planning and decisions over their relative's care.
- When people needed someone to speak up on their behalf, the service signposted them to independent, local advocacy services.
- We discussed some opportunities for people to feel greater choice and control. One person using the service explained what changes they would like to make. Staff explained to the person and us what had already been done but agreed with the person how this could be developed further.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- Across the service we found that people's care was personalised and responsive to their needs. However, some examples showed how at times staff were exceptional at meeting people's needs and making a remarkable difference to people and their families.
 - Staff had supported two people using the service, who were in a relationship, to identify accommodation that was more suitable to their needs. What made staff support remarkable was the fact that staff had also worked with the couple to take the next step in their relationship. Staff had sensitively and with consideration supported the couple to decide whether they would prefer an actual wedding or a blessing and respected their decision, based on their needs. Staff had then arranged the ceremony to be held in the garden of the couple's home, as well as helping to choose wedding outfits and arrange a honeymoon.
 - One of the couple wrote to staff thanking them for what you had done for them and their partner.
 - In another part of the service, staff had, through their exceptionally responsive care, helped a very ill person to not only get much better, but redevelop their confidence and independence. This person after a period of ill health had left hospital on an end of life pathway. Through consistently adapting their approaches to the person's changing needs, staff had slowly supported the person to eat and walk again and they were no longer on an end of life pathway.
 - A health professional had written to managers about this person's staff team, to praise them for remaining by the person's side when they needed them most. They wrote that the staff were a true credit to their employer and had an exemplary outlook.
 - The service cared for and supported people at the end of their life with particular respect and sensitivity for the person's wishes, as well as their families'. An especially outstanding example was what staff had arranged for one person who was at the end of their life and had used the service for a long time. Staff had invited family and friends, and together held for the person a "This Is Your Life" event, in the style of the TV show, to celebrate their life.
 - People had individual planners that showed they took part in a variety of activities. A commissioner complimented staff in this respect and wrote to the service stating that the way staff assisted an individual to attend clubs resulted in a marked change in the person's mood.
 - Staff supported people with variety of communication styles, to help people to express their needs and wishes. For example, staff had developed with a person a book to explain their individual signs, to help others to understand the person.
 - People received a six-weekly review to ensure their needs were met.
- Improving care quality in response to complaints or concerns
- People told us they knew who to speak to if they had a complaint.
 - A complaints procedure was clearly displayed for people to see. This was also included in people's service

user guides and available in different formats.

- The service had received two formal complaints in 2019, which we saw the services manager had responded to promptly and resolved. From these, the services manager had supported staff to address identified learning needs, to improve the quality of people's care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Due to a restructure of management arrangements, at the time of inspection the service did not have a manager formally registered with the Care Quality Commission (CQC). The previous registered manager had asked us to cancel their registration recently and we completed this in the month prior to inspection. They were still actively involved in running the service. The service's director had sent off for initial checks to be completed, so that as soon as these had been they could then apply to register as a manager with CQC, in a timely manner.
- The previous registered manager had a newly created role as the services manager, to focus on the service's care practice and quality. Both the services manager and director were well known to people and families. They had been with the provider for many years, were knowledgeable, very experienced and well respected by people and staff. Staff also spoke highly of their individual line managers and the support they received from them.
- We found that the service needed to develop in some parts their consistency of record-keeping, to ensure information was accurate and up-to-date. Aspects of review, quality assurance, oversight and governance also needed to be improved. However, the services manager showed us quality assurance tools they had already developed and started using to catch up on improvement needs.
- The provider had identified these improvement needs and had addressed them through a comprehensive restructuring of management arrangements. We considered this would assist the service to make the necessary improvements quickly.
- This was confirmed by staff, who told us there had previously been a period of unsettlement. However, over the last few months, since changes had been introduced, staff told us the service had much improved.
- Staff told us they loved their job and working for L'Arche Liverpool, complimenting the strong positive culture and values of the service. One staff member said, "I want to stay here until I retire, I love it so much." Another said, "It is a brilliant place for people to live in and staff to work in."
- Managers had sent notifications about specific events to CQC in line with legal obligations. Ratings from our last inspection were displayed on the provider's website and within the service, in line with legal requirements

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

- People were involved in the development and delivery of their service on an individual basis, through

regular reviews, safety checks, surveys and tenant's meetings.

- We discussed with managers that at times six weekly reviews contained repeated content, rather than meaningful reflection on progress.
- Monthly newsletters kept people and staff informed of what was going on within their own or other services. Family members received this on request.
- The services manager was reintroducing previously used, more creative ways, to involve people in the development of the service. This included 'listening cafes', which had not taken place in some time.
- Staff attended regular team meetings. A range of policies guided staff in their role.
- We heard very positive examples of how the service promoted and embraced people's equality and diversity. The services manager said, "It is important to work with external people to develop our understanding of diversity - we come from Christian belief, but we embrace different diverse needs, such as sexual orientation. And we are supporting people to explore this." As part of this, the service worked with a local HIV charity, who delivered equality and diversity training that all staff needed to complete.
- We read a compliment that stated, "L'Arche have not only given me much to learn from, but have shown me a community in which equality is truly practiced."

Working in partnership with others

- The service worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations or students on placements.
- The services manager and director were part of a variety of networks to support learning and sharing of best practice.
- We read very positive stakeholder compliments, that showed appreciation of working together with L'Arche Liverpool. For example, one stated, "Your friendship and shared values mean a lot to us."