L'Arche

L'Arche Bognor Regis Bethany

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 31 January 2017 and was unannounced.

L'Arche Bethany provides care and support for up to six people with a learning disability and other complex needs, including autism and mental health issues. At the time of this inspection there were five people living at the home, all of whom were able to communicate verbally and independently.

L'Arche Bethany is a large three storey house. Rooms were of single occupancy. Communal areas included a large sitting room and a kitchen with a sitting area. The kitchen had access to a conservatory which was being used as a dining /activity room, overlooking an accessible garden to the rear of the property.

L'Arche originated in France in 1964 and is now an international movement that builds faith-based communities with people with learning disabilities. L'Arche Bethany is part of an ecumenical, meaning all inclusive, Christian community which welcomes people of all faiths and those who have none. The community has a cycle of events throughout the year that provide a focus for spiritual development. These include an annual pilgrimage, monthly community gatherings, days of reflection and occasional retreats and gatherings. People who live and receive a service at L'Arche Bethany are known as 'core members' and staff as 'assistants'. Due to the philosophy of L'Arche that people with disabilities live in a community, most assistants live in the service alongside core members, sharing all of the facilities.

It is a condition of the provider's registration that a registered manager is in post at this location. The service did not have a registered manager in post at the time of our inspection. 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. L'Arche Bethany has not had a registered manager in post since March 2016. The service was managed day to day by a house leader. A co-ordinator responsible for three other services of the provider supported the house leader in their role. The house leader was present during our inspection. The house leader told us, a permanent manager had been appointed but was not due to commence until April 2017.

At the last inspection, on 20 January 2015, we asked the provider to take action to improve how medicine errors were managed. We had identified that when medicine errors occurred prompt and appropriate action was not taken that ensured people received their medicines safely. Following the last inspection, the provider wrote to us to confirm that they had addressed these issues. At this inspection, we found that the actions had been completed.

At this inspection, we found a range of audits in place to measure the quality of care delivered, including environmental and cleaning checks. However, the environmental and cleaning checks were not always effective in identifying areas of concern such as cleaning and maintenance issues. Premises were not always clean or properly maintained. There was a malodour in the shower room. We found that hand towels

and bars of soap were in use, which did not promote infection control and cleanliness. The cleaning schedules in place were ineffective.

Staff were aware of their responsibilities in relation to safeguarding. The house leader and staff were clear about when to report concerns and the processes to be followed in order to keep people safe. Although safeguarding incidences had been submitted to the local authority, the provider had failed to act in line with their legal responsibilities in notifying the Commission of one incident of an allegation of abuse and one person's injury that required hospital treatment as required.

People were able to make choices, to take control of their lives and be supported to increase their independent living skills. Risk assessments and support plans were in place that considered potential risks to people. Strategies to minimise these risks were recorded and acted upon.

People told us the food at the home was good and they were offered a choice at mealtimes. People were supported to access healthcare services and to maintain good health..

There were enough staff on duty to support people and meet their needs. Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to effectively care and support people to have a good quality of life. People told us that they were happy with the support they received from staff. Staff received training, supervision and appraisal that supported them to undertake their roles and to meet the needs of people.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The staff had a good understanding of their responsibilities in relation to MCA and DoLS. Staff sought people's consent about arrangements for their care. However, the provider had failed to notify the Commission of DoLS authorisations in accordance with the registration regulations.

Staff were kind and caring and people were treated with respect. Staff were attentive to people and we saw high levels of engagement with them. Staff knew what people could do for themselves and areas where support was needed.

People were supported to express their views and to be actively involved in making decisions about their care and support. Staff knew in detail each person's individual needs, traits and personalities. People were supported to access and maintain links with their local community. The importance of community links and social inclusion was reinforced in people's support plans. Support plans were in place that provided detailed information for staff on how to deliver people's care.

The house leader encouraged people to work collaboratively to provide a holistic approach. Care was personalised and empowering, enabling people to take control of their lives and make decisions and choices. The house leader was committed to providing a good service that benefited everyone.

The vision and values of the service were known by everyone and embedded at L'Arche Bethany. As a result, relationships and spiritual needs flourished.

Weekly meetings were held with people and staff, which encouraged open and transparent communications between them and management. In addition, people were routinely asked their views about staff. People were routinely listened to and their comments acted upon. Weekly meetings took place where people could raise issues and a pictorial complaints procedure was in place that supported people to

understand formal complaint processes.

Some areas of the environment were tired looking and in need of refurbishment. The house leader showed us maintenance plans that detailed improvements to be made and these were on going.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Premises were not always clean or properly maintained.

Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

People felt safe and any risks were managed appropriately to protect them from harm.

There were enough staff to meet people's needs and keep them safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. Staff had received training to carry out their roles and received supervision and appraisal.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act 2005.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good

The service was caring.

People enjoyed good relationships with the staff who supported them. Staff understood what was important to people.

People were involved in making decisions relating to their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received individualised care that was tailored to their needs. People were supported to access and maintain links with their local community based on their individual preferences and wishes.

Staff supported people to develop their independent living skills.

Relationships and spiritual needs were managed in a responsive way.

There were structured and meaningful activities for people to take part in.

People were able to express concerns and feedback was encouraged.

Is the service well-led?

Requires Improvement

The service was not always well led.

There had been no registered manager in post since March 2016. A house leader had been appointed who told us, a permanent manager was due to commence employment in April 2017.

The provider had failed to notify the Commission of Deprivation of Liberty authorisations in accordance with registration requirements. The provider had failed to notify the Commission of incidents in accordance with legislation.

Quality assurance systems in place were effective in some areas. However, there were instances when these checks were not always effective and had not identified the areas of concern that we found on the day of our inspection.

The culture of the staff in the home was positive and the staff worked well as a team.

The provider sought the views of people, relatives, staff and

professionals regarding the quality of the service and to check if improvements needed to be made.

L'Arche Bognor Regis Bethany

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 checked 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.

One inspector carried out this unannounced inspection, which took place on 31 January 2017.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with all five people who lived at L'Arche Bethany, two relatives, the co-ordinator, house leader, deputy manager and four staff. We observed care and support being provided in the lounge and dining area.

We reviewed a range of records about people's care and how the home was managed. These included three people's care records and five people's medicine administration records (MAR) and other records relating to the management of the home. These included three staff training records, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires, menus and incident/accident reports.

Requires Improvement

Is the service safe?

Our findings

At the inspection in January 2015, we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This equates to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We determined that they systems in place had not ensured people received their medicines safely. After our inspection, the manager sent us a statutory notification that informed us that they had raised a safeguarding alert with the local authority due to the potential harm the medicine errors may have caused to a person. At this visit, we found the house leader had reviewed medicine incident recording systems and suspended staff involved with the medicine errors from administering medicines until they had received further training. At this inspection, we found that improvements had been made to the safe administration of medicines and this requirement was met.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff did so safely and in line with the prescribing instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate people's medicines had been given as prescribed. Medicines were locked away as appropriate. All staff were trained to administer medicines. The house leader completed an observation of staff to ensure they were competent in the administration of medicines. We checked a sample of the medicines and stock levels and found these matched the records kept.

At this inspection, we found the home was not clean and was poorly maintained. There was evidence of poor cleanliness throughout the building. The bathroom and shower room were discoloured and dirty. The bath was stained and in the shower room, the showerhead had a build-up of lime scale and dirt. We observed the toilets and toilet brushes were heavily stained and a handrail was rusty. The shower curtain was also stained. Floors in the bathroom and shower room were water stained and in places mouldy. We observed urine on one of the bathroom floors and there was a delay in this being cleaned. The shower room had an overpowering malodour. There were four communal sinks (one in the ground floor toilet, one in the shower room on the ground floor, one in bathroom on the first floor and one in the toilet on the second floor) none of which had a hand soap dispenser and hand towels. Instead, bars of soap were being used that were dirty and communal cloth towels. This meant people and staff were unable to wash their hands hygienically without the risk of cross-contamination. We observed that the provider had an infection control policy, which included the following statement: 'Hand washing is the single most important method of preventing the spread of infection'; this was written in December 2016. We found that the provider was unable to apply their policy effectively due to the lack of appropriate hand washing equipment provided.

We looked at the cleaning records for the service and found gaps in recording. We asked the house leader and staff about these records; they told us some cleaning took place during the daytime but were not able to ascertain when and how often the cleaning had taken place. The systems in place to ensure the cleanliness of the environment had not been effective in ensuring people received care in a hygienic and safe setting. Although the coordinator was auditing the service each month, the section for checking cleaning schedules was not being completed. The coordinator had written 'Discuss next time' on each audit.

One staff member told us, "The cleaning is quite poor. We have had some staff changes and it's been difficult to embed standards". Another staff member told us, "I try to clean the toilets each day. I wouldn't bath here. I wouldn't use the shower either". One person told us, "It really smells bad. The flooring needs completely ripping out. I won't ever use the shower, so I have to use the bath. It needs a complete overhaul."

The above evidence demonstrates that the provider had failed to ensure that the premises were safe to use for their intended purpose. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found examples of risks being managed appropriately relating to the premises and equipment; these were monitored and checked to promote safety. For example, for the gas heating, electrical wiring, fire safety equipment and alarms, Legionella testing and electrical appliances to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff in how to support people to evacuate the premises in an emergency. We found, due to the age of the building, that some areas of the environment were tired and in need of refurbishment. The house leader showed us maintenance plans that showed improvements to be made and these were on going. The improvement plans did not reference the bathroom and shower room. Recently four bedrooms had been re-floored and decorated.

People told us that they felt safe. One person told us, "I feel safe, I am safe." Another person said, "I do feel safe, I trust the assistants". Another person commented, "The assistants make sure I am safe." A relative told us, "The service is very safe."

The service had policies and procedures regarding the safeguarding of people, which included definitions of what constituted abuse, how to recognise abuse and how to report any suspected abuse. There was a copy of the local authority safeguarding procedures on a notice board in the office so staff had details of how to report any safeguarding concerns. Staff had received training in safeguarding procedures. They had a good knowledge of what abuse was and knew what action to take. Staff were able to identify a range of types of abuse and their definitions. Without exception staff told us they would keep the person safe, observe the person, give them 1:1 support if needed, talk to the house leader and if needed report their concerns to the Care Quality Commission and/or the local authority safeguarding team.

Accidents, incidents and safeguarding concerns were investigated and recorded on an individual basis and then reviewed and audited by the house leader 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.

Before people moved to the service an assessment was completed. This looked at the person's support needs and any potential risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required. For example, people living with epilepsy had specific care plans and risk assessments on how their seizures should be managed by staff.

If people displayed behaviours which may challenge, these were monitored and, where required, people were referred to health professionals. Guidance and advice provided was followed by staff. This ensured risks to people associated with their behaviours were managed safely. During our inspection, we observed sensitive interventions by staff that recognised triggers for behaviours, which may challenge, ensuring that

people's dignity and human rights were protected.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicant's conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were supported by sufficient staff whose suitability for their role had been assessed by the provider.

People told us that there were enough staff on duty to support them and meet their needs. Daily staffing needs were analysed by the house leader. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there was always enough staff to respond immediately when people required support, which we observed in practice. If more staff were needed due to unforeseen circumstances, such as staff illness, they were provided from another service. Due to the philosophy of L'Arche that people with disabilities live in a community, there were three staff who lived in the service alongside people, sharing all of the facilities. The house leader told us wherever possible they used the same staff, which improved the consistency of care. Rotas confirmed there was always staff deployed in accordance with the staffing needs assessed to ensure there were sufficient staff to meet people's needs safely.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person told us, "I like living here; it's lovely, peaceful and quiet. I love the food, it is delicious. The assistants are very supportive and skilled at what they do." Another person said, "I can do what I like here, I make my choices. The assistants respect my decisions. The food is great. If I ever need input from a healthcare professional I would just speak to my assistant." A third person told us, "Staff involve me in daily decisions, what I wear, what I want to do and who I want support from."

All new staff received a full induction, which complied with current good practice guidelines. Inductions also included areas such as the geography of the home, communication systems, policies and procedures. Induction was followed by a minimum of two to three shadow shifts. New staff shadowed staff that were experienced and did not work on their own until they were competent and confident to do so. We spoke to one new staff member, who told us they felt well supported.

The house leader maintained a spread sheet record of staff training in courses considered mandatory to provide effective care and recorded when staff had completed these. These courses included health and safety, moving and handling, first aid, food hygiene, infection control and fire awareness. A computer system held details of what courses had been completed by staff and notified the co-ordinator when updates were required.

Staff received supervisions with the house leader approximately monthly and notes of supervision meetings confirmed this. Staff told us they found supervision meetings helpful. Three staff said they discussed work, training, residents, any problems, staffing and any suggestions for improvements. Records showed the discussions that had taken place, together with a review of actions agreed from previous supervision meetings. Staff also received annual performance reviews.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. However, the provider had failed to notify the Commission of authorisations that had been approved under DoLS and we have addressed this issue in the Well Led section of the report. Where DoLS decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of relatives and multi-disciplinary teams.

We checked people's files in relation to decision making for those who were unable to give consent.

Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Records showed that staff had received training on MCA and DoLS. Staff were able to explain their understanding of these topics. Staff were knowledgeable and were able to apply the requirements of the legislation in practice ensuring people's day-to-day care and support were appropriate and that their needs were met.

People were supported with eating and drinking and staff showed they understood people's needs. For example, a staff member asked a person if they had enough after they had eaten their main course. The person's eyes lit up and they smiled, clearly happy with their meal.

We were invited to join people when they had their evening meal. This was seen as a social event when everyone, including all staff, got together to discuss their day. The atmosphere around the table was relaxed and everyone appeared to enjoy the meal that was served and were happy in each other's company. Staff supported people to eat at their own pace. Staff made sure people were safe when they were eating and drinking. One person was eating their meal independently and a staff member made sure they did not eat too much food each time, so they could swallow safely.

People's records contained essential information about them which may be required in the event of an emergency, for instance if they required support from external health professionals. These were referred to as 'hospital passports.' Information included people's means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people in line with their needs and preferences.

Each person had a health plan which documented their health appointments and reviews, and advice and guidance from health professionals. For example, one person had a skin rash at the beginning of January 2016; staff immediately identified that there might be a health problem and arranged a GP appointment. Staff then implemented the advice and guidance provided by the GP. This demonstrated that health issues or concerns identified by staff were raised with and addressed by health professionals promptly.

People's care records showed that their day to day health needs were being met. People had good access to healthcare professionals such as dentist, optician, speech and language therapists and GPs. People's care plans provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from advocacy services.(Advocates help people to make decisions that are right for them and in line with their personal preferences and choices.)

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person told us, "I love the assistants, they are very caring". Another person told us, "The assistants are very caring. I am involved in my care plans. My choices in the care plans are respected. The assistants listen to me." A relative told us, "The care is good, loving and kind." Another relative told us, "The staff are very caring and respectful. L'Arche is like the icing on the cake. If we had to live somewhere later in life, it would be with L'Arche".

Positive, caring relationships had been developed with people. We saw frequent, positive engagement with them. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

We observed that when one person became upset, a member of staff immediately took their hand and offered reassurance in a kind, gentle and unobtrusive way. Within moments, the person was smiling.

People were supported to express their views and to be involved in making decisions about their care and support. People were routinely involved in the review of their care and weekly house meetings took place that helped people to express their views. One person told us, "We have a house meeting every Monday to resolve issues. We have an agenda and we talk to each other about what makes us happy and sad living here. The staff then support us to make things better". The minutes of house meetings had been produced in an easy to read format to aid people's understanding. Records confirmed that as a result of people expressing their views, changes had been made to routines in the home, activities and meals. During these meetings, people were regularly asked for their views on staff that supported them.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. When people were going out in the community staff advised they take hats, scarfs and umbrellas due to the cold and wet weather. Attention had been given to people's appearance and their personal hygiene needs had been supported.

Staff understood the importance of respecting people's privacy and dignity and of promoting their independence. One staff member explained, "We respect people's choices. We do not impose what we think. We do not go in rooms without seeking their permission". Another staff member told us, "You don't do to others what you wouldn't want done to yourself. We promote peoples choices. We respect their privacy. We ask their permission before entering their rooms.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us, "I am listened to. I know how to make a complaint if needed. The assistants know my needs well". Another person told us, "My care plans are detailed and reflect my choices. I am supported to do the activities I want to do, which make me happy." A relative told us, "We are listened to and asked for our views. We know who to talk to if we have a complaint."

Support plans were in place that provided information for staff on how to deliver people's care. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. Detailed guidance was in place for staff to support people who presented behaviours that could result in harming themselves or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour. People confirmed that staff supported them in line with their wishes and the contents of their support plans.

At least once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future. Records evidenced that everyone of importance involved in a person's life were invited to attend, including the person, staff at the home and representatives of the local authority.

People were supported to access and maintain links with their local community. People confirmed that the activities offered were flexible and included both in-house and external events. People were supported to increase their independent living skills based on their individual capabilities. People decided what they wanted to do spontaneously on the day according to how they felt. People told us this is what they preferred. People enjoyed shopping for food at a local supermarket and were supported by staff to purchase food of their choice, and then prepare a meal. On the day of our inspection, we observed people leaving the home to attend life skills workshops and to do gardening at a centre run by the provider.

The provider published a weekly community newssheet that informed people of events and opportunities in their local community. For example, the January newssheet informed people that if they wished, they could be part of a six-week online spiritual community, information about a choir evening in February people could attend, prayer requests and birthdays to celebrate.

People said that they were routinely listened to and their comments acted upon. Pictorial information of what to do in the event of needing to make a complaint was displayed prominently in the home. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. The opportunity for people to raise issues and complaints was included as a set item on the weekly house meeting agenda in order that issues could be raised and acted upon promptly.

The complaints procedure for visitors and relatives included information about how to contact the local government ombudsman, if they were not satisfied with how the service responded to any complaint. The

house leader told us in the event of a complaint they would make a record of this, together with the action they had taken to resolve them. There had been two complaints in the past 12 months, which had been recorded as resolved to the satisfaction of the complainant.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems were in place to regularly review the quality of the service that was provided. These audits were carried out monthly, by the coordinator. Accidents and incidents were analysed and any patterns or trends were identified and acted upon. Audits were undertaken of finances, people's care plans, mental capacity and deprivation of liberty records, people's health appointments, medication, people's health assessments and safeguarding information. The audit included the checking of staff support and supervision, staff training, staffing levels, staff files and team meeting minutes. Complaints were reviewed, menus checked and minutes of meetings reviewed and acted on. Records demonstrated that information from the audits was used to improve the service. Where issues were found, a clear action plan was implemented to make improvements. For example, in October 2016, two people's risk assessments had been identified as needing updating; this was completed by the December 2016 audit. However, there were instances when these checks were not always effective and had not identified the areas of concern that we found on the day of our inspection, particularly relating to cleanliness and maintenance of communal areas. This is an area requiring improvement.

Registered persons are required to notify the Commission of certain events occurring at a registered service. We found examples where the provider had failed to notify us of certain events including DoLS authorisations, serious injury and safeguarding allegations. Although relevant applications had been submitted to the local authority, the provider had failed to notify the Commission of authorisations that had been approved under the Deprivation of Liberty Safeguards (DoLS). The provider had not notified the Commission of one person's injury that required hospital treatment and one incident of an allegation of abuse.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

It is a condition of their registration for L'Arche Bognor Regis Bethany to have a registered manager. A registered manager had not been in post since March 2016. An assistant was promoted to a temporary house leader role and was managing the service day to day. The house leader told us they had previous experience of managing care services. The house leader explained a permanent manager had been appointed but was not due to commence until April 2017.

The provider's mission statement was, 'To nurture communities of faith in which relationships can be mutually transformed and can flourish. It is to enable people to take part in L'Arche community activities and society. It's to be open and outward looking, activity engaging with those around them and responsive to changing needs and circumstances'. People told us staff understood their needs and feelings, which made them, feel valued. Staff were able to tell us about the values of the provider and we observed staff followed these in practice.

Staff told us they felt they were part of a team where their contribution was valued and they took pride in the caring values of the service. Staff told us it was a privilege to be part of the mission of L'Arche. We observed these values demonstrated in practice by staff during the provision of care and support to people.

Records demonstrated that people and their relatives were able to express their views freely. Without exception people, relatives and staff told us, the house leader and deputy manager were approachable and supportive. Staff said they enjoyed working at L'Arche Bethany and the house leader was always available if required. One person commented, "I like the house leader; she is very lovely, calm, strong and sensitive. She is friendly, kind and positive". Another person told us, "The house leader is a good leader. On the ball and approachable." A relative said, "The house leader and deputy manager are very approachable and I have no worries."

Staff meetings were held twice monthly. This ensured that staff had the opportunity to discuss any changes to the running of the service and to give feedback on the care that individual people received. Discussion points were mainly around shift changes, legislation updates, policy, and procedure updates.

Staff said they felt valued and listened to. Staff felt they received support from their colleagues and that there was an open, transparent atmosphere. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously.

The provider's satisfaction questionnaires were completed annually. The annual survey for relatives' views was sent out in January 2017. The results had not yet been analysed but feedback included, 'We have felt able to talk openly with [house leader].' 'It's been crucial for being able to support [person]. We have always felt listened to.' 'We are happy with the vision and ministry L'Arche offers to so many.' 'Core members and assistants alike can grow in such a climate of prayer, grace and love.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Commission without delay the outcome of peoples DoLS applications, one injury that required hospital treatment and one incident of an allegation of abuse as required to do. (1) (2) (a) (ii) (4a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure that the premises were safe to use for their intended purpose. 15 (1) (a) (e)