

L'Arche

L'Arche Preston

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. The service was able to demonstrate how they were meeting this standard.

About the service

L'arche Preston provides personal care to people with learning disabilities and/or autism in a supported living service for up to seven people in a property named 'The Loom'. Accommodation is provided in self contained flats. There are both shared and single person flats on two floors. There are communal garden areas outside.

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

Right support

People had not always been safe because the provider had not ensured all risks had been assessed and plans put in place to mitigate them. Not all staff had received training in moving and handling which meant there was a risk of harm. Not all external activities had been individually risk assessed which meant there had been a potential for harm during a holiday. Staff felt they were able to support people safely and found there was enough guidance in people's support plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported effectively by staff who understood their needs. The providers assessment processes involved people and their relatives in the development of their support plans which helped ensure they were holistic.

Right care

People received kind and respectful support from staff who were compassionate and committed to supporting people achieve their aims and wishes. Particular care was taken to engage with people and involve them in making decisions about important aspects of their life.

Right culture

People received bespoke care which reflected their individual experiences, culture and preferences. Person-centred plans included enough detail about what was important for each person which helped ensure their preferences had been respected. Activity timetables included a broad range of activities. People were

actively involved in reviewing their goals and plans for the future.

Information about the service and how to raise concerns was provided in accessible formats, this helped ensure people were empowered to express their views and opinions.

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

Rating at last inspection

The last rating for this service registered at the previous premises was good. (Published 8 January 2020)

Why we inspected

This inspection was prompted by a review of information we held about this service. We also undertook this inspection to assess that the service is applying the principals of Right support right care right culture.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the assessment and mitigation of risks. We have made a recommendation about the recording of medicines prescribed 'when required'.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

L'Arche Preston

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice because the service is small and we needed to ensure the provider could support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted stakeholders for their feedback; this included the housing provider and commissioners.

During the inspection

We spoke with three people who lived in the service. We met with the community leader and deputy manager. We sought feedback from five staff using questionnaires and spoke with three staff. We spoke with the relatives of six people. We reviewed the care records of four people and several medicine records. We looked at the recruitment files of three staff, training records and a range of governance records relating to the quality of care, care records and maintenance.

Is the service safe?

Our findings

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

This is the first inspection since the provider registered at a new address. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Staffing and recruitment

- People were not always protected from risks by the providers risk management policies and procedures.
- Not enough staff had received training in key areas, this included moving and handling. One person who needed two people to support them with hoist transfers did not always get support from two trained staff. This meant they were at risk of harm.
- Some risk assessments were generic, for example going on holiday. One person had been supported to go on holiday, to a hotel, without any risk assessments specific to the person and their needs being completed. This meant there had been a risk the person and other members of the public could have been exposed to the risk of harm.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate risks to people had been properly assessed and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risk assessments had been completed and reviewed regularly in relation to people's needs, these included; support with moving and handling, eating and drinking, medicines, managing distress and accessing activities.
- Staff told us they found the risk assessments in care records informative.
- People were supported by enough staff. At times the service had to use temporary agency staff. Rotas showed staffing levels had been maintained to help ensure people had consistent support.
- People were supported by staff who had been recruited safely, in line with the providers recruitment policies. All necessary checks had been completed before staff started work.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by the providers safeguarding policies and procedures. The registered manager raised safeguarding alerts when required with the local authority and CQC.
- Staff had received training in safeguarding and understood how to recognise and respond to any concerns.
- Relatives we spoke with felt confident their relations were safe. Though, one relative felt the fluctuations in the staff team and use of agency staff may have affected safety. We did not find any evidence of this.

Using medicines safely

- Some protocols were not in place for medicines given 'when required', for example pain relief and some

creams. This meant there was a lack of information to guide staff in relation to when to administer these medicines.

- One person had rescue medicines to be used in the event of a serious seizure. There was no clear information in place to guide staff when to use this. We discussed this with the registered manager who advised us it was under review. There was no guidance to reflect this.

We recommend the provider reviews best practice guidance in relation to 'when required' medicines.

- People received their regular medicines as prescribed from trained and competent staff.

Preventing and controlling infection

- People were protected from the risk of infection by staff who had been trained in infection control.
- The provider's COVID-19 management procedures were robust and followed current guidance in relation to; personal protective equipment (PPE), testing and visiting.
- Individual risk assessments in relation to the potential impact of COVID-19 had been completed for each person and, plans developed to minimise the risks.

Learning lessons when things go wrong

- The provider has a system in place to analyse any incidents or accidents to ensure they were able to learn lessons and avoid reoccurrence.

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.

This is the first inspection since the provider registered at a new address. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People had comprehensive assessments and support plans in place which were person-centred and reflected their needs and preferences. People and their relatives had been involved in developing and reviewing their support plans.
- Other professionals' guidance and advice had been sought and included in support plans. This included input from speech and language therapists, learning disability nurses, psychiatrists and physiotherapists.
- People had hospital passports, which helped ensure a smooth transition should a person need to go into hospital.

Staff support: induction, training, skills and experience

- Not all training had been up to date. The training matrix identified significant numbers of staff needed training in key areas. Only 40% of staff had received training in moving and handling.
- We discussed our findings with the provider and registered manager. They acknowledged there was a backlog of training which had been delayed by the impact of the COVID-19 pandemic and the recruitment of new staff. A training coordinator has been appointed and the provider is also seeking external training.
- New staff received introductory training during induction.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's health needs had been assessed comprehensively and health action plans had been developed in partnership with the learning disability nurses.
- People were supported to achieve and maintain optimum health. Staff helped support people to make decisions about routine health screening, this included; eye tests, dental care, well woman and well man screening.
- People were supported to eat and drink enough. People's weight was monitored by staff and advice sought from health professionals when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications to deprive people of their liberty had been made and these were followed up by the registered manager.
- Staff had received training in the Mental Capacity Act and understood the importance of achieving consent from people to receive care and support. We saw staff interacting sensitively and carefully to support a person make a decision about which activity to do. People were given time to process information and express their views.

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.

This is the first inspection since the provider registered at a new address. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were committed to providing compassionate care and support to people.
- Staff understood what was important for people in relation to their equality and diversity needs. People were valued for their qualities and individuality.
- Relatives told us, "I feel staff like [name] and they are cared about." and "[name] absolutely loves it there, care is very good and we were impressed by how staff interacted with core members and I witnessed lovely staff interactions."

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

- People were supported to express their views and be involved in decisions that were important to them. Communication guides in care records provided detailed and sensitive guidance to support people's communication and decision making.
- Staff interactions we saw, were respectful and we saw staff taking time to involve people in discussions and decisions.
- Regular house meetings provided opportunities for people to share their views and ideas. An advocate was being commissioned to support people to be involved.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. How to protect people's privacy was included in care records and support plans.
- Staff valued people and supported them to maintain and develop their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection since the provider registered at a new address. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which reflected their wishes and preferences. Care records included detailed information from the person and people important to them which provided a clear view of the person and their hopes and wishes.
- Regular reviews provided opportunities for people to look at their achievements and to amend their goals as they preferred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop weekly timetables which included a variety of community based activities which they enjoyed. This included both individual and group activities.
- Feedback from relatives was mixed about the activities people were supported to participate in. The registered manager was addressing this feedback directly.
- People were supported to maintain contact with important people in their lives. Staff supported people using secure social media and via video calls both during and since the COVID-19 pandemic.

Meeting people's communication needs

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

- The service had met this standard.
- Information about and for people had been provided in a variety of formats to support people to understand. There were easy read versions of documents available, including the complaints procedure.
- Individual communication support plans in care records provided clear and creative guidance about how best to support people to communicate. Some people used pictures or symbols and we saw these in active use during the inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people were provided with easy read versions of this.
- People had opportunities to air their concerns in regular meetings with the whole group and individually with their key workers.

End of life care and support

- End of life care was not being provided for anyone at the time of inspection.

- Care records showed people had been supported to consider this aspect of 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.

This is the first inspection since the provider registered at a new address. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had not ensured the service was meeting the regulations in relation to assessing and mitigating risks.
- Not enough trained staff were deployed to support with moving and handling.
- The registered manager oversaw the quality of the service. There were systems in place to check on the quality of equipment, cleanliness, care records and care quality. These had not identified the concerns we found in relation to risk management.

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

- Staff were aware of the values and culture of the service. Staff were committed to these values and felt valued and respected in their roles.
- The registered manager provided a clear vision for staff to follow; and provided a positive role model. Staff felt valued and respected in their roles.
- Staff understood the quality of care and recording expected of them and were committed to supporting people to achieve positive outcomes.
- Leaders and staff were open to learning and development, though some opportunities had been limited by the impact of the COVID-19 pandemic

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

- People were encouraged to give feedback about things that were important to them. Weekly house meetings were facilitated by staff.
- An independent advocate had been commissioned by the provider to support people further; to help people to be involved in decision making about the development and future of the service.
- Staff were also encouraged to provide feedback. Regular staff meetings showed discussions were varied and included positive feedback and suggestions.

Working in partnership with others

- Leaders and staff worked in partnership with other agencies to inform and improve the quality of care. This included the recent commissioning of an advocate to support people in decisions about the future of the service.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess and mitigate risks in relation to a core member going on a holiday to a hotel.</p> <p>The provider had failed to mitigate the risks associated with moving and handling, by ensuring staff had been trained as identified as necessary in one core members support plan.</p>