

L'Arche

L'Arche London

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 7 August 2018 and was announced.

The service location was registered in August 2017 and has not previously been inspected.

This service provides care and support to people living in eight 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service were providing the regulated activity 'Personal Care' to 17 people.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had robust systems and processes in place to keep people safe. Risk management plans were reviewed regularly to reflect people's changing needs and gave staff sufficient guidance. Robust pre-employment checks were carried out to ensure only suitable staff were employed. Staffing levels were flexible and monitored to ensure people's needs were met.

Accidents and incidents were regular investigated and reviewed to minimise repeat incidents. Lessons learnt were shared with staff in a timely manner. The service had safe procedures in place to minimise the risk of cross contamination.

People received their medicines as intended by the prescribing pharmacist. People were supported to access healthcare professional services, to monitor and maintain their health and well-being.

People received care and support from staff that underwent regular training and reflected on their working practices to deliver effective support. Robust induction procedures in place ensured only staff competent to work independently did so.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered. Staff were aware of the importance of seeking consent prior to delivering care.

People were supported to purchase and access sufficient amounts of food and drink that met their dietary needs and requirements. People's independence, privacy and diversity were encouraged and protected by staff that treated them equally.

People's care plans were person centred, reviewed regularly with input from people and their relatives. People were encouraged to share their concerns and were confident these would be addressed in a timely manner.

People were supported to participate in a wide range of activities that met their social needs.

People and their relatives spoke positively about the management at L'Arche. Auditing systems in place supported the management's oversight and monitoring of the service. People's views were regularly sought to drive improvements and the registered manager sought partnership working from other healthcare professionals and implemented guidance given.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Risk management plans in place were robust and provided staff with guidance on mitigating known risks.

People were protected against the risk of harm and abuse as staff were familiar with the provider's safeguarding policy and knew how to raise, report and respond to suspected abuse.

People's medicines were managed safely.

People were protected against the risk of cross contamination as the provider had robust infection control measures in place.

Is the service effective?

Good ●

The service was effective. People received care and support from staff that underwent regular training, reflected on their working practices through supervisions and received comprehensive inductions.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered.

People were supported to access sufficient amounts of food and drink to meet their dietary needs and requirements. Healthcare professional services were sought to monitor and maintain people's health.

Is the service caring?

Good ●

The service was caring. People were supported by staff that treated them with compassion and kindness. People's privacy and dignity was maintained.

People were encouraged to maintain their independence where safe to do so. Staff supported people to enhance their skills whenever possible.

People's cultural needs were acknowledged, respected and encouraged.

Is the service responsive?

Good ●

The service was responsive. People received person centred care. Care plans were reviewed regularly in collaboration with people, their relatives and healthcare professionals.

People were engaged in and encouraged to participate in activities that met their social needs.

People were aware of how to raise a concern or complaint. The service had systems and processes in place to respond to complaints to seek a positive resolution.

Is the service well-led?

Good ●

The service was well-led. People spoke positively about the management of the service.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The provider carried out regular audits to monitor the oversight of the service. Identified issues were addressed swiftly.

People were encouraged to share their views and drive improvements within the service.

The registered manager actively encouraged partnership working.

L'Arche London

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 7 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. For example, information from members of the public, healthcare professionals and the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people, three staff members, two volunteers, the deputy manager and the registered manager/director. We visited one supported living service and the registered office. After the inspection we spoke with one relative. We also contacted a healthcare professional to gather their views of the service.

Is the service safe?

Our findings

One person told us, "I do feel safe, I like them [staff members] coming to see how I am and take the time talking to me, as that's important. They [staff members] check my home is safe and do a health and safety check every week." A relative said, "I 100% believe my relative is safe. You can't ask for better." People were protected against the risk of abuse, as staff were aware of their roles and responsibilities in identifying, responding and reporting escalating abuse. One staff member told us, "Observing people's behaviours may [indicate] signs of abuse. They [people] may be quieter or more verbal, there may be changes to their presentation. We know the people we support well and will notice any changes." Another staff member said, "I would follow the safeguarding policy but I feel confident the [registered] manager would listen to concerns and take action. I would whistleblow if it was necessary." Staff received training in safeguarding.

People were protected from identified risks as the provider had developed robust and comprehensive risk management plans to keep people safe. One staff member told us, "The risk assessments are there to prevent risks [to people]. We [staff members] need to observe the person and document the potential risks or new concerns and report them so the risk assessments can be updated." Risk assessments identified the potential hazard, level of risk, preventative measures in place and action to be taken. Risk management plans in place covered, for example, personal care, communication, social interactions, kitchen and house safety, eating and drinking and medical issues. Risk management plans were updated regularly and staff informed swiftly of any changes.

Accidents and incidents that took place were shared with the relative healthcare professionals in line with good practice and managed safely. Incidents were reviewed by senior management to minimise the risk of repeat incidents and risk management plans were updated accordingly.

The provider had robust pre-employment checks in place to ensure people received care and support from suitable numbers of qualified staff. One person told us, "They can be a bit short [staffed] but I'm glad of the staff I have. It would be nice if they [the service] prepared you more when someone [staff member] is going to stop supporting you." A relative told us, "As far as my relatives concerned then yes, there are enough staff. There is a very low turnover of staff and I think that says it all. They have a good balance." Staff identified that periods of short staffing levels were managed safely with adequate staff being deployed. One staff member said, "We can be a little short staffed when [staff members] contracts are being renewed, but we have familiar bank staff and the agency staff we use are mostly familiar." Rotas confirmed safe staffing levels were in place. Staff personnel files indicated all staff employed by the service had satisfactory references, completed application form, photographic identification, work history and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check carried out by employers to aid them in making safer recruitment decisions.

People received their medicines as the prescribing pharmacist intended. People confirmed they were supported with their medicines. Staff were aware of the provider's medicines management policy and were confident in responding and raising any medicines concerns. We reviewed the medicine administration records (MARs) and identified these were completed with no omissions. Audits of the MARs were carried out

regularly to ensure any issues identified were actioned in a timely manner.

People were protected against the risk of cross contamination as the provider had robust systems and processes in place to safely manage infection control. One staff member told us, "We always have enough, gloves, aprons, wipes and hand sanitizers in stock. We've had infection control training." The infection control policy in place gave staff clear guidance in effective hand washing, cleaning procedures and the use of protective clothing.

Is the service effective?

Our findings

People received care and support from staff that had received regular training to enhance their skills and knowledge to deliver effective care. One person told us, "I think they [staff members] know what they're doing, they're very clued up. It can be a bit tricky with new staff but they always try to get the right staff with the right skills to help the right person." A relative told us, "They [staff members] are willing to listen and learn to help my relative. It can be a quick and steep learning curve for them." Training was regularly updated and where required tailored to people's individual needs. Staff spoke positively about the training they received, with one staff member telling us, "The training has helped us to be confident in our job. We can suggest training and they [office based staff] will see what's available and we will then be given more." Another staff member said, "The refresher training is good as it gives you another view of the topic from having had experience." Training records confirmed staff received training in the Care Certificate, medicines management, epilepsy awareness, diabetes, infection control, safeguarding, Mental Capacity Act 2005 and autism. Where training was due to expire, action was taken to reschedule refresher courses.

Staff received induction training upon successful employment. One staff member told us, "The induction is really important. I found it very good to learn, I shadowed for eight weeks." Another staff member said, "We usually shadow for six to eight weeks both during the day and evening. I have also had my competencies signed off." Staff completed the care certificate which is 'an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors'. Staff were given competencies that required successful completion in agreement with senior staff prior to working without direct support.

Staff were given the opportunity to reflect on their working practices through regular supervisions with senior staff. Staff spoke positively about their supervisions and confirmed they could request additional supervisions should the need arise. One staff member told us, "They are really important and useful. It's a good time to explain any issues or concerns [we have]. You're given goals and I've achieved mine." Another staff member said, "There's a focus on staff's well-being and how we feel. It's a really importance space to discuss and share our thoughts." Supervisions covered for example, people using the service, keyworker roles, staff, rota and activities.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Staff had a clear understanding of their roles and responsibilities in line with legislation, for example, one staff member told us, "It's assessing people's capacity to make a decision in relation to [for example] treatment, health, financial matters." Another person said, "We need to give the person options to make a decision. We need to change the question or explain it through visual aids, so they can understand."

People were supported to purchase and make food and drinks that met their dietary needs and requirements. One person told us, "Staff help me to buy the food when we go shopping. Sometimes they make sure I get healthy foods, I can make my own food and I like making sausages, mashed potatoes and onion gravy." A relative said, "With L'Arche, they cook the food from scratch each night. They all have a cooking night and they buy the products. And my relative will cook occasionally, their diet is amazing as its properly cooked and fresh." One staff member told us, "We have people here who are vegetarian and gluten free. Some people also have allergies, it's important to be aware of people's individual needs." People's preferences were recorded in their care plans.

People's care plans clearly documented people's healthcare needs and support required to monitor and maintain their health. One person told us, "I see a G.P when I'm not feeling well. Sometimes I can go on my own, but if I want someone [staff member] with me I can do. I definitely need someone with me when I go to hospital appointments." Records confirmed what people told us and that people were supported to attend appointments with G.Ps, neurologist, dentist, opticians, psychiatrists and speech and language therapists. Guidance given by healthcare professionals was then implemented into the delivery of care.

Is the service caring?

Our findings

People and their relatives described the staff members that supported them as, 'Kind, very helpful', and "They're very committed to making sure that [people] actually have a decent quality of life, they are well cared for, they experience day to day living. They try to involve people and will try to find out what they like to do and encourage that. They know [relative] really well. They have transformed [relatives] life and [relative] is really maturing and that's in part due to the support she's received. They treat her as an adult." During the inspection we observed staff speaking to people in a kind, compassionate and respectful manner. Staff demonstrated patience when interacting with people, enabling them to digest the information given and respond in an unhurried manner. Staff also spoke passionately about the people they supported and knew them well.

People received care and support from staff that encouraged and respected their privacy and dignity. Staff were aware of the importance of respecting people's privacy and during the inspection we observed people speaking to others in a manner that ensured their conversations were not overheard.

L'Arche London placed great importance on supporting people whilst embracing their diversity and upholding their human rights. One person told us, "I have a faith that I follow. The staff supported me to find the right church for me. They support me to attend and we celebrate Christmas and Easter, the staff go to town when celebrating it." A relative said, "There's a pilgrimage to Canterbury every year all the staff and people go. There's then a celebration in Canterbury Cathedral. [Relative] loves the spiritual side, they recently did a huge Hindu celebration and they all dressed in Sari. They have prayers and regularly go to church." One staff member told us, "We have a Eucharist. It's a type of holy mass, a priest visits the house every two weeks to carry out the Eucharist." The service also held a weekly community tea meeting each Friday whereby people who lived in the supported living services, staff and community members discussed any news, their views and then said prayers.

People's independence was monitored and encouraged wherever possible. Care plans identified people's independency levels to ensure the care and support they required met their needs. Staffing levels were flexible in order to respond to people's changing needs and dependency levels. One relative told us, "They make [relative] do things for herself and give her choices. My relative will not do anything if she can get away with it, they staff members] support, encourage and cajole her to do things and enhance her skills and play to her strengths." One staff member told us, "If someone needs to clean their room, we [staff members] say, 'I'll do this bit and you do that bit'. We encourage them to be independent so they can feel proud and it builds their self-esteem."

People's confidentiality was maintained and respected. During the inspection we observed staff in the main office speaking on the phone, ensuring people who had visited the offices could not overhear what was being said. People's confidential records were stored securely in a locked office, in locked filing cabinets. Electronic records were also secured securely, with only authorised personal having access.

Is the service responsive?

Our findings

People received person centred care that was tailored to their specific needs. One person told us, "I'm sure there's a care plan in my home. The circle of support meeting is to help me be supported to make decisions. It's a circle of people who support me. We look at any issues and the good things from the last year." A relative told us, "They [the service] do seek my views, they call me and ask for my opinion, I'm always kept in the loop. I can ring them and ask them what's happening. They are very good at communicating with me. Every year we have a review meeting." Care plans were comprehensive and gave staff clear and succinct guidance on how to support people in line with their needs and wishes. One staff member told us, "A care plan is a profile of a person that has all their information and covers all aspects of their lives." Another staff member said, "The care plan is essential to be able to meet [people's] needs." Care plans covered for example, positive risk management plans, mobility and travel, food and fluids, personal care, communication and physical and mental health needs. Care plans were devised in conjunction with the service user needs assessment. A service need assessment was carried out by both the funding local authority and provider to ascertain if people's needs could be met, prior to a placement being offered.

People, their relatives and healthcare professionals were invited to annual 'Circle of Support' meetings, whereby all aspects of people's care were reviewed annually. We looked at circle of support meeting minutes for one person and these included, health and wellbeing, activities, holidays, finances and moving to a new house. Circle of support meetings were placed at the centre of the meetings and gave people present the opportunity to share their views about the care and support they received.

One person told us, "It's nice being part of L'Arche, they are all so kind. They talk to me when I'm worried and yes they give me emotional support. Especially if I can't cope or if there's a crisis. There's an emergency number to call if you're worried or just want to talk to someone." Staff were aware of people's needs including their emotional needs and knew how to support people responsively to ensure they weren't at risk of social isolation. One staff member gave us an example of how someone appeared low in mood and this then impacted on their communication and behaviours. Staff spent time speaking with a healthcare professional and their relatives to ensure the person was appropriately supported.

People were supported to participate in activities that met their social needs. One person told us, "When I can I like to go swimming, I like to do backstroke but you need eyes in the back of your head to know where you're going. The staff don't need to really come with me to do activities, they will if I ask them to though." A relative told us, "I'm very happy with the activities. [Relative] attends a placement three times a week, a craft workshop and does gardening. [Relative] usually goes to the movies on Saturday. They go on holiday, my relative went to Brazil last year and France this year." One staff member told us, "We have a full workshop here and people can have [sessions] for music, drama, storytelling, gardening and card making." Another staff said, "We have lots of day trips sailing, to the theatre, concerts and local forum meetings for people with learning disabilities." At the time of the inspection people were being supported in the workshop to make candles, which were then sold to members of the public. People were engaged and appeared to thoroughly enjoy the activity with support from staff. Activities included, college, holidays, trips to places of worship, shopping, discos, drama workshops, concerts and where appropriate paid employment. People

had recently been to the Caribbean to display their art work.

People were aware of how to raise a complaint and felt confident their concerns would be addressed. People confirmed they would raise their concerns with their keyworker, house manager or the registered manager. We reviewed the complaints file and found there had been eight complaints in the last 12 months. Records confirmed complaints were thoroughly investigated in line with the providers policy, seeking a positive resolution.

Although there were documents relating to the end of life preferences of people, this had not been completed for everyone using the service. The end of life care plans we did see, were personalised and detailed for example, people's preferences in relation to who they would want present, what type of service they would like and whether they wished to be buried or cremated. We shared our concerns with the registered manager, who informed us that end of life training had been sourced and once completed all end of life care plans would be completed in a person-centred way. Records confirmed what the registered manager told us. We will review this at their next inspection.

Is the service well-led?

Our findings

People their relatives and staff spoke positively about the way L'Arche London was managed. One person told us, "I like [registered manager], I do. We have a good relationship and I could talk to her if I needed to. I know she's quite busy but we sometimes meet for a cup of tea, chat and a laugh and that's important to me. A relative told us, "We're so happy to have found L'Arche, we couldn't ask for a better place for our [relative] to be. It's reassuring to know if something happened to me that [relative] would still be at L'Arche, it's her forever home. They go there to live there and experience the same things we do at our homes."

People and staff confirmed the registered manager was approachable, open to suggestions and a valued member of the L'Arche community. One staff member said, "I think [registered manager's] very approachable. If I need advice, she's always there and will meet with me. She attends the community gatherings and always helps people with any care needs they have. She's motivational." Another staff members told us, "She's open to receiving opinions and giving feedback. She appreciates what you do." Throughout the inspection we observed staff seeking guidance and support from the registered manager and management team.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service had systems and processes in place to monitor the oversight of the service. Audits undertaken included, for example, health and safety, environmental checks, fire safety, medicines management, care plans, risk assessments, supervisions and incidents and accidents. The registered manager also undertook a monthly check of each location which highlighted objectives and action plans to ensure any issues identified were addressed in a timely manner. Although these audits were undertaken regularly, we identified areas whereby records were not easily accessible. We shared our concerns with the service coordinator who told us there had been a change to the electronic systems used and they were still in the process of uploading information to the new system and the work would be completed soon. We were satisfied with the service coordinators response.

People's views were continually sought and issues raised and identified were acted on in a timely manner. One person told us, "I do get forms about how I think my keyworkers doing and if I still like living where I do and if there's anything I would change." Records confirmed people were asked what they thought about the staff which then had an impact on whether staff were given permanent positions.

L'Arche London actively sought partnership working with other healthcare professionals and community members to drive improvement and enhance people's lives. Records confirmed healthcare professional's opinion was regularly sought and guidance implemented into the care provided.