

L'Arche

L'Arche Bognor Regis Jericho

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 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 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.

About the service

L'Arche Bognor Regis Jericho is a care home providing accommodation and personal care for up to six adults with learning disabilities and/or a variety of associated health and support needs. At the time of inspection, the service was supporting six people. People live in one large house.

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

Right Support

The service didn't always provide people care and support in a safe, clean or well-maintained environment. Governance systems were not always effective and had not always identified or managed concerns. For example, kitchen hygiene standards were not formally monitored or checked and this shortfall increased the potential risk of harm to people. The community leader provided assurances of their improvement plans. There were shortfalls with managing risks in the environment and we have made recommendations about the management of the premises to support people to stay safe.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. We observed people participating in a variety of individual and group activities of their choosing. People and relatives told us staff supported people to take part in activities and pursue their interests in their local area. A visiting professional told us about how staff engaged with people to participate in activities and how the pandemic had impacted on opportunities. They told us, "Hopefully the houses will start mixing again, it's good for everyone. It's a wonderful organisation and I admire the [staff] greatly".

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs with genuine regard for the person. A relative said, "The house is a wonderful place, the staff are wonderful people and they think the world of [the person]". The service had enough appropriately skilled staff to meet people's needs and keep them safe. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. A relative told us how staff had supported their loved one with an interest in music, "Staff had thought it would be a good idea for [person] to work on their music". The person's skills and enthusiasm continued to develop and resulted in them being able to sing happy birthday to a loved one. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People and relatives told us they felt safe.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. L'Arche Jericho operated a community shared lives model where 'Core members' (People) were respected and supported to live a quality life of their choosing. Staff knew and understood people well and placed people's wishes, needs and rights at the heart of everything they did. We saw people offered opportunities and choices within a collaborative culture based on respect and inclusivity.

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 was good (published 2 February 2018)

Why we inspected

We undertook this focused inspection to assess that the service is applying the principles of Right support right care right culture. We have found evidence that the provider needs to make improvements. Please see the safe and well led section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

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 monitor the service and will take further action if needed. We have identified a breach in relation to governance at this inspection. 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-Led findings below.

L'Arche Bognor Regis Jericho

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection

Service and service type

L'Arche Bognor Regis Jericho is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. The manager was on leave and the community leader supported the inspection.

L'Arche website states, "We believe that people with learning disabilities have much to teach us and

contribute to the world. During the last fifty years, we have learnt that one of the best ways to enable this is by creating Communities with a culture of shared lives between people with and without learning disabilities, from which we can work together to build a more human society." This community ethos was apparent throughout the inspection and was reflected in staff job titles.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection

During the inspection

We spoke or communicated with six people who used the service and three relatives about their experience of the care provided. People who were unable to talk with us used different ways of communicating including Makaton, pictures, photos, symbols, objects and their body language. We spoke with five members of staff including the community leader, three assistants and one live in assistant. A live-in assistant was defined on L'Arche website as, "Supporting people with learning disabilities. Along with one or two other assistants, ... live with a small number of people with learning disabilities in their home". We spent time observing the support and communication between people and staff in shared areas of the house.

We reviewed a range of records. This included three people's care records and six medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to 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; Using medicines safely

- Staff did not always manage the safety of the living environment well through checks and action to minimise risk. For example, the kitchen was unclean and in need of refurbishment. The service did not ensure effective procedures were in place or followed wherever food was prepared and stored. People and staff used the kitchen daily and whilst we have not identified any evidence of people being harmed the failure to monitor this increased the potential risk of harm and was an area in need of improvement.
- Health and safety checks were not always formally monitored as a result the provider could not be assured all actions had been taken to minimise risk to people. For example, a recent Fire Risk Assessment (FRA) had identified a number of actions to improve safety at the premises. The community leader could not initially confirm actions had been completed. The provider could not always be assured Health and Safety risks were managed or monitored this resulted in potential risk to people and was an area in need of improvement.
- Staff had not always identified risks to how medicines were stored and managed. Staff administered medicines from a small, windowless room with limited access to usable space to always ensure medicines were administered safely. People's medicines were stored in individual boxes in a small cupboard and some medicines were found in other people's boxes. We observed a person receiving their medicines in this room. We did not identify evidence of harm; however, systems had not identified the potential risk to people.

We recommend the provider consider how risks to people are managed to ensure the premises and safety of communal spaces are checked, monitored and managed to support people to stay safe and take action to update their practice accordingly.

- The community leader took immediate action during the inspection to address immediate concerns. They arranged for a deep clean of the kitchen and planned to install a new kitchen. They told us, "The past two years have been focused on managing the pandemic to keep people safe" and acknowledged shortfalls with the premises. They also spoke of the challenges they had arranging for contractors to complete works during the pandemic. With regards to FRA actions, they told us, "Outside of Covid our housing officer would go in and audit against actions the paperwork was not up to date (although as you saw on the day many of the actions had been taken) which we have now rectified." They went on to provide assurances of medicine improvement plans, "Our main learning is around moving the medicines into people's rooms as there will be less distraction and it offers more privacy."

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One person told us how they had been supported to, "Go to the library by myself". People and relatives

consistently told us how the ethos and values of the service had encouraged people to be involved in managing risks to themselves. A relative spoke of how their loved one had been supported to manage health risks. They told us, "In their previous home, [person] didn't trust the staff with personal medical issues. Jericho on the other hand, now give us confidence that they deal with these issues."

- Staff assessed people's sensory and communication needs and did their best to meet them. A staff member told us about some of the techniques they used to communicate with people including when they experienced distress. This involved the use of Makaton, speech and visual prompts, "We use cards to help people to express their feelings." They went on to describe the actions they took to keep people safe which had been identified in support and risk plans.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff had completed detailed risk assessments with people. We observed people receiving support from staff who understood risks identified in support and risk plans. For example, people were preparing to go out to do some filming and were working in partnership with staff preparing their breakfast in the kitchen.
- People received support from staff to make their own decisions about medicines wherever possible and were supported by staff who were trained and followed systems and processes. We observed staff supporting people with medicines. Staff gently explained the medicine and provided sensitive support which respected people's privacy and choices. Another example, we saw staff demonstrating respect for a person's decision to have their medicine at a time of their choice.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff had ensured people's medicine were regularly reviewed with health practitioners.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff were able to demonstrate how incidents had informed their practice. Staff reported incidents which ensured the circumstances leading to incidents, the behaviour which may have resulted and the consequences of this, were considered and informed future learning and contributed to incident reduction.

Staffing and recruitment

- L'Arche's recruitment processes include those for staff who live-in the services for a period of time along with people. They are described as "live-in assistants" and were subject to recruitment processes aligning with non-residential staff. We sought further information with regards to how the provider was assured they managed potential risks relating to staff living in the service. The community leader described how they took immediate action to address any concerns and said, "There is nothing that tops safety", however recognised the lack of formal policies and procedures increased the potential for inconsistency. This was an area in need of improvement.
- People spoke positively about "live-in assistants" and described the benefits of sharing information from different cultures. People and staff told us how at Christmas they had enjoyed trying many German dishes. One person said, "They eat with us sometimes". We observed staff working alongside people preparing to go out, one person was observed learning words in another language from a live-in assistant.
- Staff recruitment and induction training processes promoted safety, including those for live in staff. Staff knew how to take into account people's individual needs, wishes and goals. L'Arche provided staff with a comprehensive induction which linked into nationally recognised induction and staff development programmes. Staff were consistently positive about their induction and told us about "The getting to know

you book" and how their induction had included shadowing experienced staff. This ensured they had opportunities to get to know the people who lived at L'Arche Jericho.

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One relative told us how staff had supported their loved one to take part in activities when they wanted, "[Person] is supported to go out on their own and visits local shops and goes for walks locally. Risk assessments are in place to enable them to return to church, both on Sundays and to the church's weekly coffee and chat mornings".
- We observed staff providing assurance of their knowledge and skills supporting people with their communication needs. For example, people were observed being supported by staff engaged in positive interaction discussing plans for the day. Communication was equal and people were supported to make choices and decisions.

Preventing and controlling infection

- The service did not always have good arrangements to keep the premises clean and hygienic. The providers monitoring systems did not always identify shortfalls including the cleanliness of the kitchen. The provider recognised this was an area in need of improvement and took immediate action during the inspection to address this.
- The service had implemented additional checks and measures to manage the risks from an infection during the Covid 19 pandemic. People and staff told us how they had been engaged in sanitizing high touch areas of the service.
- The service tested for infection in people using the service and staff.
- The service prevented visitors from catching and spreading infections and supported visits for people living in the home in line with current guidance. A professional told us how their appointments with people had been supported, "The pandemic hasn't been easy, it's been a hard time but they have done very well, I was able to go in to the bottom of the garden people came to me". Relatives spoke positively about how the staff had managed through the pandemic. One told us, "I'm kept informed, I get a weekly newsletter. They've had weekly online meetings with staff, residents and family, it was excellent".
- The service followed shielding and social distancing rules this included when admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely. The community leader told us how staff had been supplied with additional PPE for home use as a way to maximise protection for all working and living at L'Arche Jericho.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies. A visiting professional who had regular contact with some people living at the home told us, "If something's not right they act on it."
- People told us they felt safe. One person said, "If they were worried about anything they would speak with the manager or any of the staff".
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff we spoke with confirmed their safeguarding knowledge. Staff were able to describe how they responded to concerns and this included reporting this to their manager and keeping appropriate records. It was evident the provider operated an effective safeguarding system which ensured people were kept safe from avoidable harm.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The service did not always ensure DoLS authorisations were effectively monitored to ensure they remained valid. Some people had DoLS in place which had not been reviewed in line with timescales. One person's assessment was authorised for a 12-month period and this had expired. We have not identified people being subject to inappropriate restrictions, however, this process was in need of improvement.

The community leader took appropriate action to ensure DoLS authorisations were followed up to ensure people were supported in the least restrictive manner in line with agreed assessments.

- Staff empowered people to make their own decisions about their care and support. People spoke positively about how they were encouraged to make decisions. We observed people preparing to go out to take part in a film activity. People we spoke to confirmed they had been involved in making decisions about activities and places to visit. Staff consistently demonstrated how the choices of people had been acted on. One staff member told us how consent to share images was gained, "Everybody is asked for consent at the time as well as written consent within support files". A person confirmed how consent is checked, "They don't do anything unless we want them to".

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-

verbal means and this was well documented. Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Senior staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. A relative described their experiences when their loved one moved to the service, "Before [person] moved in, we submitted on their behalf the requested very detailed application form. This enabled the staff to plan [the persons] needs and routine." They added how further risk assessments were completed when they had moved in, which supported their loved one to adjust in their home and provided staff with information which supported them to get to know the person and promoted good outcomes.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations which promoted strategies to enhance independence. One person told us one of the reasons they had moved to the service was, "To have independence and go out by myself". Records confirmed this person received support in line with their assessed needs.
- Support plans demonstrated evidence of planning and consideration of the longer-term aspirations of each person. We observed people being supported to make choices. For example, staff and people were engaged in conversation about a holiday they had planned which included various stops on the journey to enable people to visit places or carry out activities which interested them.
- People, those important to them and staff reviewed plans regularly together. Staff completed regular "keyword meetings" and adapted the format to support people's needs and choices. One staff said, "They had made some notes on persons support plan which they planned to turn into a mind map with the person in the middle". Staff consistently demonstrated their understanding of person-centred support in line with current standards and guidance.
- The community leader told us how they ensured people received effective communication support through developing staff communication skills. "The team are completing level one to four Makaton training". Makaton is a "Unique language programme that uses symbols, signs and speech to enable people to communicate" (Makaton.org). People living with a learning disability and autistic people have often been taught Makaton and as a result are supported to develop and improve communication if staff use this skill regularly. Staff were observed regularly effectively communicating with people using Makaton.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. One staff member told us about a person's Positive Behaviour Support (PBS) plan which included consideration of authorised restrictive practices. They told us whilst this practice had been authorised it had not been used as staff recognised when to deploy alternative techniques which resulted in the reduction of the use of any restrictive practices. They told us, "We have strategies to avoid some situations".
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff consistently spoke positively about how they had been supported by managers in their role which included regular meeting with managers.
- The community leader told us about the work they had completed to ensure the providers induction process provided staff with an effective level of information and learning and how this mapped into further recognised qualifications. They informed us this work had received formal recognition and had been implemented across the organisation.

- Records confirmed staff received support in line with nationally recognised guidance. People received support from staff who received regular update training and support from their peers and managers. The service checked staff's competency to ensure they understood and applied training and best practice and staff were able to demonstrate this in practice.

Supporting people to live healthier lives, access healthcare services and support

- People played an active role in maintaining their own health and wellbeing. People were supported to attend annual health checks, screening and primary care services. Multi- disciplinary team professionals were involved in/ made aware of support plans to improve a person's care.

- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events. One person told us how staff were supporting them to consider future employment opportunities.

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

- Staff supported people in preparing and cooking their own meals in their preferred way. We observed several people preparing food with staff support. People told us they enjoyed the food and were observed actively engaged in choosing a takeaway lunch as part of the plan for the day. Staff told us how people were involved in food preparation and other daily living activities, "The core members [people] help with washing up and collecting the milk".

- People were supported to eat and drink enough to maintain a balanced diet. People could exercise choice throughout the day and could access sufficient food and drink. Some people had individual dietary requirements. We observed staff consistently offering people food in accordance with their individual needs.

- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. We observed people preparing and eating meals at a time of their choice.

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Some people had picture supports in their rooms to aid their communication.

- People's care and support was provided in a homely and stimulating environment. As well as bedrooms people could access a variety of shared living spaces which included a variety of garden rooms. There were examples of people's art and craft work on display in the home and craft activities were readily available to people. One relative told us how, "The sense of community and homeliness helped [person] get to know, and be comfortable with, the existing core members".

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Governance processes were not always in place to ensure they were continually monitoring the risks to the health, safety and welfare of people. For example, management reviews of the environment had not identified concerns about the maintenance of the kitchen or identified the infection risks this presented to people.
- Infection Prevention and Control audit systems were not always effective or robust. The provider had not ensured existing processes monitored or managed the cleanliness of the kitchen and could not be assured they managed potential health and safety risks to people.
- The provider had failed to ensure Fire Risk Assessment actions had been formally monitored to ensure they had been completed in a timely manner. Ineffective systems increased the risk the provider could not always be assured they were monitoring the quality and safety of the service.
- Medicine management systems had not identified concerns with the medication storage and administration facilities or reviewed the medicine system and as a result increased the potential for medicine errors to occur.
- The providers recruitment systems had not always formally identified or considered the additional potential risks associated with the recruitment of live-in staff. People were positive about the impact live-in staff had about sharing their homes. The community leader provided assurances of how this was managed however, the lack of formal systems increased the risks this presented to people.
- The providers oversight systems had not effectively managed DoLs expiry dates and as a result people's needs had not always been formally reviewed to check people were subject to appropriate, least restrictive measures.

The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The community leader responded during and after the inspection and told us, "They intend to draw up a complete action plan from this inspection to both ensure we have done what we said we will do and to inform our local Quality Monitoring process alongside the quality-of-life tool."

- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service and staff delivered good quality support consistently. Staff spoke positively about the induction and training and how they had been supported and encouraged to get to know the people they supported well. Observations of staff working with people demonstrated they understood and respected people's individual needs and choices. Staff engaged with people naturally and on an equal basis. For example, one person was supported by staff to complete their exercise program the atmosphere was relaxed and other people joined in the fun. This resulted in people having their needs met in a natural manner by staff who understood the importance of knowing people well.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. People and relatives were consistently positive about how the service and its staff promoted people opportunities to work towards goals and participate in activities of their choosing. One relative said, "It's the best thing we did getting [person] into L'Arche". Relatives spoke highly about how L'Arche Jericho support people to take part in performing activities a popular example was the online play at Christmas.

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

- The provider/ manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A staff member said, "People are capable and it's important we recognise that". We saw people truly engaged in activities and staff working with them in a relaxed and equal manner. The community leader told us, "We operate a shared community model of support". This model was apparent throughout the inspection where people were valued as individuals and supported and enabled to participate and flourish.
- Some people chose to participate in a music session and were enthusiastically playing instruments and singing along. People invited one of their neighbours to join in and there was much fun and laughter.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us how they had met with people to talk about planning a holiday. They went on to describe how this was considered by senior managers. This demonstrated how managers were open to ideas and sought to work collaboratively with people and staff to support positive outcomes with people.
- Staff were supported by development support plans which were structured and focused on developing learning and improving outcomes for people. The community manager spoke about their interest in staff development and learning and it was apparent learning was a key element of the culture of the service.
- Relatives were consistently positive about outcomes for their loved one their comments included, "They are lovely, they look after each other well there". And, "They look after everyone really well there, [person] is always happy to return".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service operated an open and transparent approach and apologised to people, and those important to them, when things went wrong. Relatives consistently described managers and staff as open and approachable. One described their experience working with managers and staff as, "Very willing and open. All of [the team] are very approachable and we communicate regularly by email, phone, meeting or zoom".
- The provider was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

- People were involved in the service. Staff completed regular meetings with people where activities and ideas were discussed which translated into plans to work towards group and individual outcomes. One person spoke of a particular interest they had, staff had adapted their approach to take account of it and were actively promoting and driving forward actions.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improved their wellbeing. People, and those important to them spoke highly of how L'Arche managers and staff had encouraged peoples social and spiritual links. One relative told us how the service had supported their loved one to attend a family event, "It was a really nice occasion one of the staff who was a photographer took some photos of us in the church". They went on to share how as pandemic restrictions are eased, they look forward to their loved one being supported to return to regular church services.
- A visiting professional told us, "[The service] integrates people very well, managers and staff communicate effectively and it's pretty well managed".

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm.</p>