

L'Arche

# L'Arche Preston

## 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

### About the service

L'Arche Preston is a supported living service providing personal care to seven people at the time of the inspection; living with learning disabilities or autistic spectrum disorder, older people and younger adults.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Medicines were managed safely; individual and environmental risks had been assessed. Staff were recruited safely to the service. We observed staff supporting people during the inspection.

Records contained information about how to support people's needs, where relevant capacity assessments had been completed. 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. Staff had the knowledge and skills to deliver effective care. We received positive feedback about the care people received and they were treated with dignity. People told us they were happy with the service. We observed kind interactions between staff and people, it was clear staff knew people's needs well.

Care records included information about how to support people's individual needs. Relatives confirmed they had been involved in discussions in relation to people's care. Activities were provided to people both in their own homes as well as the local community. People's communication needs had been considered. Systems to investigate and act on complaints had been developed.

We received positive feedback about the manager. The views of people, staff and relatives was sought. Team meetings took place. The service demonstrated the improvements and partnership working that had been taking place in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 3 June 2017).

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# L'Arche Preston

## 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.

The service did not have a manager registered with the Care Quality Commission. The locality manager was in the process of applying to register as the registered manager. This would ensure that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the management team would be available to support the inspection.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service. This included any feedback, concerns, investigations and notifications which the provider is required to send to us by law. We also received feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

During the inspection

We spoke with four people who used the service, received feedback from three relatives and observed interactions between people and staff. We also spoke with seven staff members. These included, four care staff, the locality manager, the interim manager and the interim project director of services. With permission from people we visited their homes.

We reviewed a number of records including one care file, medication records, two staff files, safety checks and servicing certificates. We also looked at an action plan the service was working on as well as records relating to the operation and oversight of 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service ensured good systems were in place to investigate and act on abuse allegations. The manager told us, and records confirmed systems to record, investigate and act on allegations of abuse had been reviewed. Records contained information about any allegations, investigations and the actions which had been taken as a result of these.
- People told us they were 'happy', and relatives said they felt their family member was safe receiving care from the service. Comments included, "We have never doubted that [name of person] is well cared for."

Assessing risk, safety monitoring and management

- The service had developed systems which ensured risks were assessed, monitored and managed safely. Relevant fire safety checks and fire risk assessments had been completed along with servicing and safety checks of utilities and portable equipment. Emergency contingency plans had been developed by the service which supported actions in the event of an emergency.
- Individual risk assessments were in place which ensured people were supported safely by the staff team.

Staffing and recruitment

- The service had systems which ensured staff were recruited safely to the service. Staff records confirmed the relevant checks such as application forms and referencing from previous employers had been completed. Staff told us they had been recruited safely. Records confirmed new staff received an induction to their role.
- Relatives raised no concerns in relation to the staffing for the service. Comments included, "There do seem to be enough staff and we do see the same faces. New people are introduced to us or introduce themselves" and "When [name] first came, there were a lot of staff changes which were unsettling for all of us but this has really improved in recent months." We saw staff supporting people's needs during our visit to people's homes appropriately.

Using medicines safely

- Medicines were managed safely. The manager told us the service had developed improvements in the checking and administering of medicines to ensure the risk of medicines errors were reduced.
- Medicines training and competency checks had been completed which ensured staff had the knowledge and skills to administer medicines safely. Policies and procedures were available for staff to support safe administration.
- Medicines were stored safely. Medicines records contained information and guidance about people's medicines and how to take them. Medicines administration records had been completed which confirmed people had received their medicines as required.

#### Preventing and controlling infection

- The service ensured people were protected from infection risks. Personal protective equipment was available for staff to use. We noted all areas were clean and tidy.

#### Learning lessons when things go wrong

- The service had developed systems to ensure lessons were learnt. The manager told us the actions taken as a result of incidents or accidents. Incident and accident records included the details of the incident, the outcomes of investigations as well as changes made to improve outcomes for people, visitors and staff.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service ensured the needs of people who used the service had been assessed. Care files demonstrated an assessment of people's needs had been undertaken which confirmed their needs could be met. Relatives told us they had been involved in decisions in relation to their family members care.

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

- The service ensured people had access to appropriate support with their health needs when required, records confirmed the involvement of professionals. Relatives told us their family members received timely support with their health needs. Comments included, "I am invited to attend all medical appointments" and "We are always told when [name has a medical event], we are invited to attend [name's] hospital appointments."
- Care records contained a completed health action plan and hospital passport which provided important information in the event of a hospital admission.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and training to support the delivery of care to people. Staff told us; and records confirmed a range of training had been provided to support them in the delivery of care. Training included, moving and handling, fire awareness, first aid, equality and diversity. Relatives raised no concerns in relation to the skills of the staff. One said, "I have been impressed at the way in which staff have taken time to get to know and understand [name], seeking extra support where needed to find the right approach."
- A supervision matrix and supervision records confirmed these were undertaken with the staff team. This supported staff development and provided them with support in their role.

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

- The service supported people with their nutritional needs. Staff supported people to access meals of their choosing. We observed staff providing food and drinks to people during our visit to their homes. The care records contained information which confirmed professionals were involved in the management of people's nutritional needs.

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

- The service had been developed to support operation and oversight. Offices were accessible and provided equipment and supplies for the management and staff team. We noted that office and staff space was

available in the same building where people lived.

#### 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.

- The service had developed systems which ensured people were protected from unlawful restrictions. Care records confirmed that capacity assessments had been completed and best interests meetings had been undertaken. Records relating to Court of Protection approvals were noted. This ensured people were not being deprived of their liberty unlawfully.
- Training records confirmed staff had received relevant training in relation to MCA and DoLS. We observed staff seeking consent from people during our visit to people's homes. Records reviewed demonstrated that consent had been discussed by people or their nominated representative where relevant.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect, privacy and received good care. All of the people we spoke with told us they were happy with their care and it was clear from our observations that good relationships had been established between staff and people. Staff told us, "Core member's [people who used the service] are happy; they are looked after."
- Relatives told us they were happy with the care their family members received. Comments included, "Very happy about the care [name] receives let alone all the extra L'Arche ethos elements that make it an enriched place to live" and "[Name] is treated with respect and kindness, and with a growing understanding and appreciation of [name's] individual personality and unique contribution to the community at L'Arche."
- Care records contained good information about people's individual likes, needs and how to meet these. We observed staff supporting people with their everyday activities, encouraging their independence where appropriate. Care was delivered in the privacy of people's homes.
- Confidential information was stored securely both in people's homes as well as in the office for the service. This supported the services commitment to the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

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

- The service ensured people and their relatives views were considered. Information in care files included important information about what was important to the person including, 'goals and aspirations, what I want to achieve, what is happening now, what will work, what won't work and what things are stopping me from moving forward.'

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Systems were in place to assess people's individual needs. Care files contained good information about how to support people's individual needs, likes and choices. Relatives we spoke with confirmed they had been involved in the development of their family members care plans. Comments included, "We have been encouraged to make significant contributions to discussions of [name's] care plan."

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

- Systems had been developed to enable people who used the service to access activities of their choosing. Records confirmed detailed activity plans were in place and we saw a range of activities were taking place in the service and in the local community. We saw a range of pictures where activities had been undertaken with people. It was clear from our observations as well as feedback from relatives that people's spiritual needs were an important part of their lives and the support provided by the service.
- Relatives told us they were made to feel welcome by the staff team when visiting their family members home.
- Technology was used to support people who used the service and the staff team. Computer systems were in use for the operation and oversight of the service. We observed people being supported by staff to access electronic hand held devices of their choosing.

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.

- Systems to meet people's individual communication needs had been developed. A range of information was on display in the communal areas of the building. This included upcoming events and staff photographs. Guidance such as the complaints procedure and accessible information awareness had been developed in picture format to support people where required.
- Care files contained information about people's individual communication needs. Relatives told us their family member was supported to communicate with them when they were not visiting. It was clear from our observations staff understood how to communicate effectively with people.

Improving care quality in response to complaints or concerns

- The service had developed systems to deal with complaints or concerns. Up to date policies and guidance was available including the procedure in picture format where the written word was difficult to understand.

Where complaints had been received we saw the details relating to the concern as well as the actions and recommendations as a result of these.

- Positive feedback had been recorded about the service.

#### End of life care and support

- Systems were in place to support people with end of life care where required. Policies and guidance was available in end of life care and staff had received training to ensure they had the knowledge and skills to support people with their individual needs where required. Care records confirmed that people's end of life wishes were considered.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had developed a positive culture which promoted good outcomes for people. We received positive feedback that improvements had been made since the new manager came to post. Comments included, "Things have got better slowly, [we] can see the difference, a positive impact. Every change needs time to have impact and in time will be better; more supported", "A lot of changes since [locality manager] a massive impact" and "The Manager is a familiar face and is in regular contact."
- The manager and senior team understood their roles and responsibilities as well as the operation of the service. The service had been working on making improvements as part of a quality improvement process with the local authority.
- Registration certificates were on display. The ratings had been displayed in the service as well as on the providers website.

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

- The service had demonstrated their understanding of duty of candour. Records confirmed the service was open and honest where things went wrong and necessary referrals had been made.
- Audits and monitoring of the service was being undertaken. Records included the findings from the audits as well as any recommendations from these.

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

- The views of people and relatives was sought in a variety of ways. These included surveys, feedback, the listening group and as part of senior audits and monitoring. Relatives confirmed the service asked for their feedback. Comments included, "There is a sense that the staff are working hard to get things right and improve provision. We feel the input from family members is valued."
- Records confirmed staff were asked for their views. These included the topics covered as well as the findings. The management team confirmed that they planned to undertake a further staff survey to monitor any changes or improvements.
- Team and resident meetings were taking place. This provided an opportunity to discuss people's views, be involved in discussions and the development of the service. Records included the topics discussed as well as the actions to be taken as a result of these. Relatives told us, "Meetings for family members, [which started in

the summer] and regular general updates via email over the last 12 months have also helped improve communication."

#### Continuous learning and improving care

- The service had developed systems to support learning and improve care. A range of information and guidance was available for the staff team, policies and procedures were in place.

#### Working in partnership with others

- Records confirmed people's individual needs were acted upon by the staff team, and relevant referrals such as GP, dietician and occupational therapist had been made. The manager told us and records confirmed they had been working closely with the local authority and commissioners to make improvements in the service.