

L'Arche

L'Arche Ipswich The Cornerstone

Inspection report






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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: L'Arche Ipswich The Cornerstone provides outstanding care and support to people living in a 'supported living' setting, so that they can live as independently as possible and reach their full potential. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This continues to be an outstanding service that is registered for personal care and offers an innovative style of care and support. The majority of staff share the same home as the 15 people living with a learning disability, that they support. The people who use the service call themselves and are referred to within the community as core members. The core members, or people who use the service, live in their home, as a community, along with their assistants (staff) in four shared houses in Ipswich. As well as the staff that share the accommodation with the people, they are also supported by other staff that live outside the community.

L'Arche Ipswich The Cornerstone has been closely 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 continued to receive outstandingly well planned and coordinated person-centered support that is appropriate and inclusive for them.

People's experience of using this service:

People who used the service and their relatives were extremely complimentary about the quality of service they received. One person told us, "I am more than happy, they are brilliant." One person's relative said, "We believe L'Arche is the best place for [our relative] to live and we are grateful for that." Another relative told us, "My overall view of the support [my relative] receives at L'Arche is excellent, they go above and beyond. Families are encouraged to visit, keep in contact and are always welcomed into the community."

All the staff we talked with had an empathetic understanding of the people who used the service and the help and support they needed to stay safe, to maintain their wellbeing and to reach fulfilment.

Some of the staff lived amongst the people they supported and used shared facilities. They interacted with people in an open and inclusive way, people told us that it felt as if the staff were part of their family.

The service supported people in positive risk taking, in a way that kept people safe but allowed them to make their own decisions about the way they lived.

Staff continued to receive safeguarding training and acted when necessary to prevent any harm or abuse. Recruitment practices remained robust and contributed to protecting people from staff who were unsuitable to work in care.

People who use the service were included as part of the recruitment team in a meaningful way, meaning that people were able to help decide who was going to work and live with them. People told us this made them feel in control, one person said, "It's like choosing a flatmate."

There were ample staff to enable people to live active and enriched lives.

People were supported by staff who were skilled, highly motivated and very caring. This led to people being able to develop loving, longstanding friendships with staff that were maintained once staff had left the service.

People continued to be consulted over their care needs and were actively encouraged to make their own decisions, so they could retain control of their lives.

Care plans were very person centred and individual to each person. People took an active role in developing their care plans and took ownership of them. One person told us that staff took time to sit with them and go through their care plan while it was reviewed, which they looked forward to.

Staff were responsive in identifying and reviewing changes to support people's wellbeing, including their physical and mental health.

The service continued to be outstandingly well run by a committed management team and there were detailed and robust systems in place to constantly assess and monitor the service. The service had continued to make plans to develop, improve and grow so they could offer more people an outstanding level of care and support.

Rating at last inspection: Our last inspection report of this service was published July 2016 and the service was rated as outstanding in three of the five key questions, caring, responsive and well led.

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

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?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

L'Arche Ipswich The Cornerstone

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team of this small service consisted of one inspector.

Service and service type:

The service is registered for personal care and offers live-in support to 15 people living with a learning disability

The service had an experienced manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service very short notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in and available to talk with us.

The inspection site visit activity started on 16 April 2019 and was completed on the same day. We visited one of the supported living locations and spoke with the management teams there to review care records, meet staff and discuss policies and procedures. Later that evening we returned to meet with the people who used the service who had been out.

What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We asked the service to complete a Provider Information Return. This 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. We also reviewed any information about the service that we had received from members of the public and external agencies.

During the inspection we looked at records relating to two people's care. We talked with seven care staff and a deputy animator, or team leader, who explained the recruitment system, discussed their training and support experiences and their work with the people they supported. We also spoke with the registered manager and the community leader and discussed the audits and systems in place to check on the quality of service provided and their plans for improving the service. We also spoke with five people who used the service and received email feedback from the relatives of five people and two healthcare professionals.

Is the service safe?

Our findings

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

At our last inspection of 4 April 2016, we rated this key question good. At this inspection of 16 April 2019, we found that the service continued to offer a good outcome in this key question. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service continued to keep people safe, but enabled people to retain choice and independence by producing positive risk assessments that restricted people as minimally as possible.
- Risk assessments were in place that were thoroughly thought out and a great deal of thought was put into them to ensure they were designed to minimise the risk to people in their day to day lives, while enabling them to take positive risks so that they could keep their independence and self-determination as much as possible. The risk assessments were individual to each person and were in depth and detailed.
- For example, one person had a health condition that meant that they needed to be supervised in certain situations or their life could be at risk. The person was adamant that they wanted to retain independence and protect their privacy. The risk assessment in place recognised their wishes and did not restrict them unless they had agreed with the proposed actions. This meant that the person retained control of their life and decided for themselves when and if they undertook a task. For example, they could shower whenever they wanted to and did not have to wait at the staff's convenience.
- People told us that they felt safe and well looked after. One person told us, "They've taken notice of what I wanted, but still make sure my [health condition] doesn't stop me getting around and I don't get hurt." Another person said, "The manager made sure I settled in and hadn't stopped trying to do stuff for myself. Since moving here, I can do a lot more on my own, but we talked about what to do if I get in a mess."
- There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example, fire drills were carried out so that staff and people using the service understood how to respond in the event of a fire.
- Each person had a section in their care plan that detailed how emergencies in their lives should be dealt with. For example, failing to come home or if they had to evacuate their home in an emergency.

Staffing and recruitment

- The registered manager told us that they aimed to have more staff on duty than people's actual assessed needs in an aim to provide enough numbers of staff support and presence to foster a sense of community and belonging. During this inspection we found that this had been achieved.
- The majority of people were out of the house during the day. People spent their time between paid work, doing voluntary jobs or doing their own choice of activity, with staff support or independently. Depending on the number of people at home, there is a minimum of two staff on duty during the day in the larger houses and more in the evening and at weekends
- We observed that there continued to be ample staff living and working in the community to ensure that people were safe and to protect them from harm. For example, when we spent the evening with people during their games night, there were as many staff on duty as there were people enjoying the evening fun.

- Because staff also lived alongside people who used the service, they often spent their off time amongst them and continued to eat and interact with them. This meant that the house was normally a hive of activity with everyone going about their business.
- One staff member said, "This is a real community, we eat, play games, go out and relax as a group." And added that they often spent their time off in the community, with the people they supported.
- One person told us, "There are plenty of assistants around to spend time with us. It's good to have their company, we get on well and have a laugh." Another told us, "I don't have to wait if I want to do anything, there is always staff around to help me get going."
- Staff agreed that they thought there were enough of them about to meet people's needs throughout the day.
- There was a duty system in place between the staff who lived in the community to cover any support needed during the night. People told us that they knew who was on duty, and who they needed to speak to if they wanted help at night.
- Volunteers helped to enrich people's lives by coming to the service to bake cakes together, do some gardening, play live music and supporting people to take part in the choice of activities. The volunteers became part of the community and attended the services' spiritual meetings and enjoy supper and were invited to the house parties.
- The registered manager and the community leader were based in an office at one of the communities (group homes) and were available if extra support was needed. The registered manager told us that they continued to assist people in every aspect of their lives and enjoyed working with people, saying it gave them an insight into their needs.
- The organisation, which had services worldwide, actively recruited staff from abroad; some worked at the service during their gap year before returning to their home country to finish their education. Other staff were based at this location long term.
- People told us that they liked the way staff came and went and that they looked forward to welcoming new staff when they arrived and particularly enjoyed the parties they gave them when they left.
- The service continued to recruit staff in a way that kept people safe.
- Staff we spoke with told us about the recruitment process, saying that safeguarding checks were carried out before they started work in the community.
- Robust recruitment procedures were in place to ensure that only suitable people were employed. Staff had completed an application form and attended an interview.
- People who used the service were included as part of the recruitment team in a meaningful way and were properly supported to carry out that role. The manager met with the person helping with the interviews beforehand. They planned the interview questions together, which were written in a style and format people could understand and decided who was going to ask which questions and in what order. The manager made sure people understood the questions and what sort of answer would be expected to show the assistant understood their role.
- After the interview the candidate met the rest of the people they were going to support, often over a meal. After they had left, people were asked for feedback about what they thought of them.
- The service had continued to grow and develop the staff team to better support people. To enable the registered manager to focus more on support, coordination and supervision, a new post had been created so that the service had a human resource department. That staff member oversaw that written references from previous employers were obtained and that Disclosure and Barring Service (DBS) checks were done to ensure that the candidates were of a good character and suitable to work with vulnerable people. They also managed volunteers, met regularly with staff and carried out exit interviews. Exit interviews allowed the service to identify why staff were leaving and any common causes, so they could make improvements to enhance staff experience; Contented staff meant that they would offer a better service to people.

Using medicines safely

- Medicines continued to be prescribed and taken by people appropriately.
- People were enabled to take responsibility of managing and taking their medicines with minimal support. This included keeping their own medicines in their room, being supported to make their own arrangements in ordering their medicines, collecting their prescription and getting it filled. They felt this was important and felt empowered by being trusted.
- Unusually, in a care service, it was assumed that people would manage their own medicines, until they were assessed as not being safe to. People were comprehensively supported to manage their medicines. People's ability to take that responsibility was assessed and an individual medicines care plan was written that contained a risk assessment. The care plan identified how much support the person needed to be able to keep it safe and to make sure it was ordered on time.
- Checks and audits were in place to ensure that people were taking their medicines as prescribed. Records showed that the audits were thorough, and that action had been taken if errors had occurred.

Systems and processes to safeguard people from the risk of abuse

- People using the service knew who to contact if they felt unsafe. People told us that they felt safe with the staff and were not afraid. One person said, "I always feel safe, there is always staff about and I know they will be there if I am worried or need help."
- The registered manager demonstrated a good understanding of keeping people safe. The service had not had any safeguardings made against them. However, they had recognised a situation that put someone at risk of abuse from outside the organisation and made a safeguarding referral to the local authority safeguarding team.
- The service held weekly team and house meetings where matters of safety were discussed. There were also weekly coordinating meetings to ensure good communication between the team, so they would be able to respond to concerns effectively in a collective way.
- The community leader also met people regularly, giving them an opportunity to voice concerns. This was called the listening group and gave people the opportunity to speak with someone who was not involved with their care, so they could speak freely and in confidence.
- Healthcare professionals and social workers told us that they had no concerns and that the service worked closely with them to protect people from harm.
- Staff received training on how to protect people from all forms of abuse and were able to explain the safeguarding procedures they would follow if they suspected anyone had been harmed.
- Staff were passionate in their responses when asked what action they would take. One staff member said, "I would never hesitate to report abuse, I think of these people as my family, if anyone came to harm while in my care I would be devastated."
- Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary. One staff member told us, "I have blown the whistle in a previous job and would again if I thought it was necessary."

Preventing and controlling infection

- The service made sure that proper procedures were carried out to maintain infection control, which helped keep people safe from infections.
- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons were provided for staff to use to reduce the risks of cross infection.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, these were analysed, throughout all levels of the organisation, to ensure learning took place to prevent a re-occurrence.

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 our last inspection of 4 April 2016, we rated this key question good. At this inspection of 16 April 2019, we found that the service continued to offer a good outcome in this key question. 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 L'Arche Ipswich was a community with people and staff living, working and sharing life together. In that environment close relationships had developed which contributed significantly to personal and social development.
- A relative told us, "[My relative] absolutely loves being part of the community. L'Arche have enabled and encouraged [them] to grow, develop and mature way beyond we ever hoped [they] would. [They] did not like spending time with people with disabilities prior to moving into L'Arche but now, by observing how others behave, [they] love to help those less able than [themselves] and does so with empathy. This is a joy to see."
- Discussions with the registered manager and staff demonstrated that they were very knowledgeable about people's rights relating to equality, including gender, age, sexuality, beliefs and disability. People's specific needs were identified in their care records relating to diversity to ensure that their specific needs were respected and met. An example included the high-level of support and guidance provided to one person who wanted to develop a close personal relationship that other professionals and relatives felt uneasy in supporting.
- The service had developed a sexuality policy, which reaffirmed people's rights and ensured there would be no discrimination on these grounds.
- The registered manager told us that L'Arche continued to be committed to its policy on equality, diversity and inclusion and that this was reflected in their policies and procedures. Our observations showed that staff continued to follow these policies and practices in an environment where people were respected for who they were, staff interacted with people in positive and inclusive ways. How they spoke with and about the people they supported demonstrated that people's individual diverse backgrounds were recognised as an asset to the whole community.
- Prior to people starting to use the service, a comprehensive needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- The service used a full range of communication tools to help them get to know people and understand their wishes and needs. They took steps wherever it was possible to improve communication with people. For example, the service supported one person who had used digital communication aids, using software on their electronic device. However, through experimenting with other devices, they discovered that using 'talking mats' worked better for them. This meant that the person involved could feel they were more involved in mutual conversations, feel included and be able to express themselves better.

- The service sought support from professionals, such as the local authority speech and language team (SALT) to help with supporting people with communication difficulties.
- Best practice guidance was followed, including The National Institute of Health and Care Excellence (NICE), to ensure people received excellent standards of care. This guidance was included in the service's policies and procedures and was used when planning care for and with people relating to their specific needs, such as diabetes and epilepsy support.

Staff support: induction, training, skills and experience

- Staff continued to receive training and support to enable them to do their jobs effectively. They told us they were provided with training, supervision, appraisals and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.
- The service had a comprehensive professional and personal development plan that ensured training and information was in place and reviewed on a regular basis. Staff received induction and training around these principles. During team meetings, staff and managers reflected on practice, discussed boundaries and talked about supporting people in a way that was respectful.
- Staff were expected to complete competency checks after they had undertaken some training, such as managing medicines. On speaking with them we found them to be knowledgeable and skilled in their role. This meant people were cared for by skilled staff, trained to meet their care needs.
- One staff member told us that they were encouraged to ask for training they might think would be useful in their work, which they had done and had not been refused. They told us, "I am key worker of someone who has [a medical condition], I didn't know much about it and asked for training, so I could better understand how to help them."
- Staff were also offered specialist training to support people living with a learning disability; working with people with autism and developing communication skills for example. This enabled them to develop specific skills they needed to carry out their roles and responsibilities effectively. This meant that people were supported to stay fit, by staff that understood their medical and environmental needs.
- Staff were supported to do their jobs well. As well as receiving one to one supervision with their line manager, the new human resource coordinator met with all staff members on a regular basis. This was to check on their welfare and give them an opportunity to share concerns and achievements. The coordinator also ensured that induction and probationary periods ran effectively. They also conducted exit interviews, so the service could learn from the experiences of staff members who were leaving and make changes if necessary.
- A new staff member told us about their induction and introduction into the community, "I was told everything I needed; What to do, when and where to find all I needed to do my job. I was immediately welcomed into the community. The people living here made me feel welcome."
- Staff were encouraged to continue their self-development and gain qualifications relevant to health and social care, diplomas in health and social care level 3 for example. The staff were often young adults that were taking time out before continuing their education or starting work in their chosen profession, which was often associated work, social work or psychology for example. The staff we met were enthusiastic and willing to learn by their experiences of working with this client group.

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

- People told us that they enjoyed their food and getting it right was important to them. Staff had received nutritional training and encouraged people to make healthy choices during the weekly meetings when they planned the week's menu. Once the menu had been debated, a shopping list was put together. Shopping trips were arranged, which was a shared task.
- All the meals were made from scratch and if people had special dietary needs they were catered for. The staff were knowledgeable about supporting people to eat healthily and meeting their individual dietary

needs. They were able to give us examples of people's differing preferences.

- People took it in turn to choose and cook the evening meal. We saw that preparing and eating was a community effort, where everyone was involved with the food preparation, setting the table, clearing away and washing up afterwards. The whole event was a lively affair, full of good will, laughter and sharing information.
- We were told by one person, "I like to cook, I have days when I make my favourite meal, I like pasta. We have meetings and decide what we want that week." Another person told us, "I enjoy the food, it's always good."
- One person's relative told us, "[My relative] likes the system of core members choosing the menu and taking a turn to cook one day per week. This has given [them] the chance to develop their cooking skills, plus [they] enjoy partnering an assistant to carry out the task. [They] tell me that the food is good and when my [partner] and I have been invited to their birthday meal we can certainly agree with that."
- People who used the service and staff took part in celebrating each other's birthdays and other special events, including when staff leave, meaning that there were many parties. People told us how they enjoyed planning these events and how they looked forward to the parties. People who used the service, but lived in other houses, were invited to these celebrations as well as people who have left the service.

Staff working with other agencies to provide consistent, effective, timely care

- When people started using the service or moved on to live independently the service worked very closely with the other professionals involved so that the transition happened as smoothly as possible.
- The registered manager told us about the positive relationships they had with other professionals involved in people's care, which improved the effectiveness of the service provided.
- This was confirmed in the feedback we received from visiting health and social care professionals. One professional told us that they were always welcomed into the service and that staff and the management team listened to their suggestions to improve people's care. Another professional commented that they had no concerns over the provision of care and support given to people.

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

- People were supported to lead healthier lives.
- The service worked alongside local community and medical services to support people to maintain their health. We saw the service raised concerns about people's wellbeing to community services such as the mental health teams or the person's GP, and supported people to attend hospital or other medical appointments if needed.
- The service listened to people if they wanted to attend their GP unaccompanied. On one occasion they had a conversation with a person and their social worker who wanted to attend the doctor independently. The manager explained that, if a person was not able to communicate or were reluctant to, it could be difficult for staff to be sure what was happening. If there were changes or further appointments needed, staff needed to know so they could ensure they provided support in line with the doctor's recommendations. A balance was struck between the person's right to privacy and choice and the services' duty to ensure they did not neglect the person's health needs.

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. We checked whether the service was working within the principles of the MCA.
- People were supported to have maximum choice and control of their lives and were supported in the least

restrictive way possible.

- Staff received training in the MCA. Information in care plans, demonstrated staff's working knowledge of the MCA and how they put it into practice.
- The staff told us that their starting point was to assume that people had the capacity to make their own decisions. People's capacity to make their decisions was assessed only once it became apparent that they may not be able to. Where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care.
- The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.
- We saw that staff respected the right for people to make their own choices and decisions in life. We observed conversations between people and staff, where staff advised and helped people in making decisions. What time they needed to set out for an appointment for example.

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 our last inspection of 4 April 2016, we rated this key question outstanding. At this inspection of 16 April 2019, we found people continued to receive an outstandingly caring service. People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Within this outstanding organisation, the management and staff teams truly cared for people in a way that did not stifle or prevent them from being citizens in the wider community. This was demonstrated by what we observed in every interaction between them and the people they supported.
- People also recognised this and those we spoke with told us they considered the staff as friends and that they valued their company. One person told us, "I haven't been as happy as when living here, [the staff] are fun to be with and I love spending time with them. Another person said, "They're good people, they look after me and make me laugh."
- One person's relatives told us, "Our [relative] has been living at L'Arche Ipswich for [many] years and loves being there, it is a big happy family." Another relative said, "All the staff have shown [my relative] tremendous kindness, support, concern and guidance. Staff have come and gone when their visas were up but many of the friendships still continue, with assistants returning when they have holiday time. [My relative] gets really excited [when they] know an assistant is returning for a visit, which demonstrates the depth of relationships that are formed. They have given [my relative] genuine friendships, which [they] so crave for and treasure." One other relative told us that the service, "... provides first class dedicated care, an inclusive family feel greets everyone who lives there or merely visits."
- The people who used the service and the staff lived as part of the same community. They all used the same facilities, such as the kitchen, living space and garden. All the people we spoke with told us how much they valued their lifestyle, which added to an open, lively atmosphere which developed relationships that were full and meaningful.
- Staff talked about people with compassion and empathy, showing an understanding about how they and their attitude towards people affected their lives and moods. One staff member told us, "I get homesick sometimes, but I keep that to myself. I love it here and don't want to upset people." This positive attitude supported people to live their lives to the full without being encumbered with having to support staff with their personal life.
- During our inspection we saw people and the assistants spending meaningful time together, making each other drinks, chatting and being sociable. It was obvious that this came naturally and was a usual occurrence, which enriched people's lives.
- One of the criteria for new overseas staff is that they have good English language skills. All the staff we had spoke with spoke English well and clearly understood us.
- People chatted with us about what they thought of the care they received and how they got on with each other. While they did this, if needed, staff supported them to express their point of view, without inhibiting what they had to say. No one who spoke with us had a negative comment to make, one person told us, "The

staff are my friends, I love getting to know the new staff." Several people made similar comments, that showed that they were not negatively impacted by the overseas staff's comings and goings.

- During our inspection we enjoyed time spent in one of the houses that was hosting one of their regular games evenings. People and staff from another house had been invited for dinner and then an evening of board games. When we arrived, people had just finished eating and everyone had a job to do regarding clearing the table and washing up. The atmosphere was one of anticipation, chatter and laughter. Everyone was engaged in discussions and debates over a wide range of topics; what they had done that day, the weekend's plans, what game they wanted to play and who was going to win.

- As people and staff played their game the interaction was full of fun and competitive banter. There was much laughter and light-hearted interaction between people and the staff, it was obvious that the staff members were enjoying the evening as much as the people who used the service. There was genuine good will and affection between the whole group. It was an everyday gathering of friends, experiencing a good night full of fun. This high quality, positive interaction enabled people to be autonomous, and feel part of the wider community, instead of them being 'cared for'.

- When answering our questions, staff showed respect by referring to people in an open, respectful and empathetic way. One staff member commented, "I am so lucky that these people have let me into their lives and have made me welcome."

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

- Good communication was promoted and nurtured throughout the community by using verbal prompts and accessible documents. All the notices and communications, such as fire safety instructions and news letters were written in a way that was easy for people to understand, instructions were in pictures for example. This enabled people to understand what to do in emergency situations and to be included in what was going on in their community.

- People were given time formally, in weekly house meetings for example, and informally to express what they needed and how they wanted to live their lives. People also benefited from the close proximity of the management team, who were in daily contact with them.

- People were involved in decision making both for themselves, and for the organisation, by actively participating in regular meetings and forums. L'Arche operated a national speaking group where people represented their communities and discussed issues relevant to them such as meaningful activities, funding cuts and inclusion in society.

- People who received support from L'Arche and their relatives were given opportunities to make their views known through questionnaires, evaluations, reviews, meetings and through everyday contact.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, rights and dignity continued to be respected and promoted in L'Arche. Staff received training in this regard during their induction and were made aware of policies and best practice in this area.

- The service had produced new guidelines that set out priorities for staff to follow when supporting people with their personal care. For example, staff were asked to consider how they could encourage people's independence or whether it was really necessary to be in the bathroom while someone was seeing to their personal care. Staff were told to ask themselves how they could make personal care as comfortable and relaxed for people as possible. The guidelines contained questions for the staff to consider when assessing the level of assistance needed. For example, does help need to be given before the person had undressed, or could they do that part by themselves?

- Further prompts included, 'let the person choose where there are options e.g. when to bath, what toiletries to use and what to wear.'

- The guidance also went on to say, 'A person's boundaries may well have been diminished over time and it is our responsibility to help them reclaim them.' This shows that the organisation has recognised the

importance of respecting people's human rights to have their independence, dignity and privacy protected and to be respected.

- It was evident from the respectful attitude staff displayed towards people and the way they spoke about them, that they respected people's dignity and privacy. One person told us, "I never have to worry, staff show respect and treat me just how I want to be."

- A relative of one of the people using the service told us, "It is the custom that when it is someone's birthday, a candle is passed around the table, each person taking it in turn to say something nice about the person who is celebrating their birthday. Every year, I find this very emotional as so many kind things are said. It is a beautiful and humbling experience for all, especially [relatives]! It is a super way to raise self-esteem and for core members and assistants to better understand who they are. This means that there are many parties and happy times in the community."

Is the service responsive?

Our findings

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

At our last inspection of 4 April 2016, we rated this key question outstanding. At this inspection of 16 April 2019, we found people continued to receive an exceptionally responsive service. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People using the service and their relatives were positive about the service they received. They told us that they thought the service was outstanding in the way they responded to people. The service gave people's preferences overall priority in planning how the service was run. People enthused about how their lives had been improved by moving into the community.

- People said that they had been invited into the community to see if they wanted to move in and had been made to feel welcome. They were told what they needed to know and were asked about what they wanted in their future life. One person told us, "This is a lovely place, I couldn't wait to move in after I first visited."

- People's families were included during the assessment process. The manager told us they worked hard to make the move as easy as possible and that any agencies involved were asked to have an input into people's assessments. Professionals, such as speech and language and occupational therapy teams were invited to contribute for example.

- People and their relatives shared good examples of how using the service had a positive impact on their lives. A relative told us, "The staff are very understanding with all core members strengths, which are encouraged at all times and they support them in their weaknesses." Another relative said, "[My relative] moved to the service [recently]. The transition was managed very well, with several visits and a couple of overnight stays. [My relative] has been made so welcome and tells me repeatedly that they are very happy with all their new friends. [They] have been supported to increase their independence and in no time was adding a new bus route to their daily activities. [They] are so proud of this achievement, as are their family. I have also noticed [they] are meeting many more of their daily needs independently; washing, preparing simple food and drinks, keeping up with domestic chores."

- Another relative, who had been concerned that their family member would not be able to settle into the service, told us that, "My relative has made a very happy transition and [their] confidence has grown. [They] look forward to most of the activities, especially the holidays."

- Very person-centred care plans were developed from detailed assessments. They were high quality and were individual to each person. They recorded information about the person's likes, dislikes and their care needs. It was evident from the wording in the care plans that they were written in conjunction with the people they involved. People had signed them to say they had seen and agreed with the information. The care plans were detailed enough for staff to have a comprehensive understanding of how to support that person in the way that they wanted to be supported.

- A staff member commented, "I've never worked in a service that does so much for people, everyone genuinely cares about people. The care plans are very detailed, easy to understand and you feel as if you really know the person after you've read them."

- Care plans had detailed information about people's healthcare needs and how people should be

supported to manage them. For example, one person's care plan gave a comprehensive description of how their epilepsy affected them, how they recovered and what help they would need if they did not recover as expected. It also detailed that the person could recognise when they were going to have a seizure and explained how staff could support them to lessen the risks of them being hurt during the seizure. This meant that people would receive the right care and quickly when they needed it most.

- Care plans were monitored by key workers and the team leaders and regularly reviewed, those staff worked closely with people to capture their preferences. We saw that the care plans had been updated regularly and had been audited by both the team leader and the registered manager.
- People were further involved in their care and support and made decisions about their lives through weekly house meetings, regular reviews and taking part in listening groups with the community leader. This meeting was aimed at letting people air their views and to raise worries or concerns they had with a senior manager, who was not involved with their immediate care, which allowed them to talk openly and freely.
- The registered manager told us that they felt it was very important to support people to fulfil their wishes to work in the community. We saw that they had been successful in this aim and those people who wanted it, had paid jobs and volunteer posts.
- One person worked in a large restaurant chain, their relative told us that staff had liaised with their employer, keeping communication lines open to ensure things ran smoothly.
- One person told us that getting paid work made them feel fulfilled, part of the greater community, useful and that they liked earning a wage.
- People were encouraged to develop their living skills and were supported to move on and to be supported to live independently.
- Several people had achieved this goal and had been supported to move into their own homes in the wider community. The manager and staff had worked closely with the organisations that would be supporting them in their new homes. The service shared information and had offered support during the move and afterwards. They continued to stay in touch with those people and welcomed their visits back to see their friends and invited them to attend special events held at L'Arche. This enabled people to keep in touch with their friends after they had moved, this was important because some had lived in the community together for many years.
- One of the people who had moved to their own accommodation, chose to still go to one of the houses to share meals, take part in activities and spend time with their friends.
- The service had gone out of their way to take thoughtful, flexible and exhaustive steps in researching people's history so that they could better meet their needs. For example, they had started a project that involved in depth research to enable one person to be protected from emotional harm, but to understand, redevelop and maintain relationships that were important to them. While doing this the person was enabled to make meaningful relationships and to make life style choices, which made it possible for them to move forward and plan their future life.
- Staff supported people to take part in activities that reflected their interests and pastimes, so they could plan and spend their time as they preferred. The focus was on what the individual wanted to do, whether that was sitting having a chat, watching the television or videos of their favourite bands or joining in a planned social activity. Some people told us that they travelled independently and came and went as they liked. They told us how they spent their time by going out with friends, attending church, the clubs they attended and the films they like to watch at the cinema.
- Planning their holidays was very important to people and they told us of their plans for this year. They could choose to go away individually or as a small group.
- While planning people's holidays the service took advantage of the close links they had with other organisations, including the local authority to ensure people were supported in a caring and safe way. For example, the manager told us that they had been in conversation with the funding authority over the risks and benefits of one person's proposed trip to Bulgaria. They wanted to ensure they did their best to achieve

a positive but safe outcome for the person.

- One person had had the opportunity to visit America, India, Dubai and various UK locations. Their relative told us that the holidays had been very important to them and they looked forward to them with great excitement. The relative said, "They were a great bonding experience, fabulous fun and have given [our relative] a wider picture of the world and those in it." They added, "We consider ourselves extremely privileged and humble that [our relative] has a place in L'Arche where [they are] extremely happy, surrounded by friends who genuinely care about [them] and are enabling [them] to lead their life as normally as possible."
- People had interesting and active social lives and were involved in the local community and regularly invited their neighbours into their lives. Neighbours were invited to supper occasionally and other special events the community held, such as charity events and garden parties.
- From time to time short newsletters would be delivered to the houses close by to let them know what is going on in the L'Arche community.
- Every week the service held a community/friends evening. People, including people with learning disabilities from outside the L'Arche community, were invited in to eat, celebrate, sing and reflect together. This enabled people to share friendship and life experiences with others with similar backgrounds.
- People told us that they liked meeting people from outside the L'Arche community, that they looked forward to them when they had events that their neighbours were invited to.
- The registered manager told us that the service continually assessed people's routines and weekly activities to ensure they had opportunities to do meaningful activities and feel included in the wider community.
- There were five volunteers that visited the service to spend time with people. One volunteer played computer games with one person, who looked forward to it every week as they told us they had, "So much fun." A relative commented that, "Whatever [my relative] would like to do with [their] leisure time, staff try to arrange this where possible, for example bowling, playing tennis, going out for a meal or even going to the pub."
- One person wanted to develop their artistic skills and they were supported to arrange regular art lessons with a private tutor in their home. Their relative told us that this facilitated their artistic talent to emerge and that they had been amazed at the results.

Improving care quality in response to complaints or concerns

- People told us that they had not needed to complain, explaining that any worries they had, or suggested improvements, were listened to and problems were dealt with and put right. One person told us, "What have I got to complain about? My life here is perfect."
- A relative shared this opinion, "We are always made welcome at the service no matter when we call. If we have had an issue that we have needed to discuss with management, a meeting is quickly arranged, and the matter has been dealt with efficiently, skilfully and with empathy."
- The service took immediate action if people felt they had been disrespected. When one person told the registered manager that they did not feel they had been shown respect, immediate action was taken to ensure that staff understood that people's human rights must be upheld.
- The registered manager told us that communication was key to handling and dealing with any complaints. They also believed that communication was key to those people who found it difficult to express themselves and talk about how they feel. To better improve communication, the service involved professional support to help enable staff to develop in this area and had put in measures to monitor behavioural and emotional patterns. They sought other ways to improve communication and listen to people, including the use of communication symbol tools. Giving people a voice gave them opportunities to speak out and be heard.

End of life care and support

- The service supported younger adults and was not currently supporting anyone who had reached the end of their lives. The registered manager told us that when people's health started to deteriorate the service would support them to stay at home, for as long as it was within the staff's capabilities. They would arrange to get the professional healthcare and support they needed through outside agencies; specialist treatment or hospice support for example.

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 our last inspection of 4 April 2016, we rated this key question outstanding. At this inspection of 16 April 2019, we found people continued to receive an exceptionally well-led service. Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since their registration with the Commission in January 2011 this service has always conformed to regulation and has maintained this high quality of care. During that time, we have only received positive comments from the people who use the service, their families and other organisations. There have been no concerns raised with us in regard to the service they provide in the form of safeguarding alerts. However, they have shared any concerns they have had with us and the relevant authorities and have taken immediate steps to safeguard people's wellbeing if needed.
- The service continued to be open and honest with us and have dealt with requests for information in a timely manner and have kept us informed of any changes within the service or events that might interfere with its day to day running. This included them sharing their plans to develop the service by opening new houses, so they could offer this excellent model of care to more people.
- The registered manager understood their responsibility of their duty of candour; the service maintained its honesty and transparency at all levels following an incident. This was reflected in the way people and relatives told us how the service talked to them. One person's relative told us, "They contact me as soon as there is a problem, they give it to me straight and make no excuses. But then find ways to make things work out." Another relative told us that if a mistake was made, they were always given an apology and assurance that changes were made to reduce the chance of it happening again.
- The registered manager was very committed to improving the service and was conscientious in everything he did. The maintenance of comprehensive records helped the smooth running of the service. They had always been open and told us that they welcomed an inspection as an opportunity to learn and move forward.
- The registered manager and the community leader were knowledgeable about the people living at the service. They spent time with them daily and monitored staff and the delivery of care closely. People told us that the registered manager was supportive and easy to get on with and was around if they wanted to speak to him. During our visit we saw that the registered manager made himself available and made time if people wanted to speak to them.
- The registered manager told us that, "The essence of L'Arche is to build community through relationships. Thus, the fostering of relationships is a priority of the service." The community had strong connections with social enterprises, church groups supporters and families. They had invited neighbours for tea and constantly encouraged local people to visit. They also encouraged individuals to

volunteer with other charitable projects such as working with charity shops and the local the park rangers. One organisation they worked with, collected tools, reconditioned them and sent them to areas of the world where they would be useful.

- People we spoke with told us that they liked mixing with their neighbours and valued their experiences while doing their jobs or volunteer work. One person said, "I know the people that live by us, they come around sometimes and stop and say hello when I'm passing. They are friendly." Another person told us that they did volunteer work because they liked helping other people and being useful.
- The service had a comprehensive quality assurance system that informed the registered manager of trends and issues both in terms of improvements and good practice. There were weekly team meetings to ensure effective and responsive communication and support planning. They also held weekly coordinating meetings with the leadership of the community.
- The monthly quality assurance reports undertaken by the team leaders and the registered manager continued to be produced to a high standard. The reports included ongoing improvements made and innovations. These supported the registered manager and provider to address any shortfalls promptly.
- The community leader was also based at the service and carried out quality assurance audits, the outcome of which was discussed with the manager. Action plans developed from the audits showed lessons learnt and what action had been taken and when it was completed.
- We saw evidence that the registered manager fed back to staff after audits and asked for further information if needed. For example, one person's review was late, and it had been immediately carried out.
- A committee of external people recruited from the community were also in place to oversee the running of the service and met regularly. They provided an additional and impartial view of the service to further and continually improve. They received reports, discussed and advised how the community was run involving their expertise.
- The registered manager and staff spoken with were highly motivated and shared the same values of putting people using the service first. One staff member told us, "I believe that helping these people to reach their full potential is inherent to my job."
- The registered manager told us, "We will continue to pay attention to allow people to be able to grow in confidence and independence and work together with stakeholders, such as families, to ensure this can happen."
- People had been supported to grow in confidence and move on. A relative told us that since moving in to the service their relative's, "...skills and communication have improved quite noticeably. [They have] settled into the community at L'Arche and are thriving.

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

- As well as continuing to give people the opportunity to speak out and to be listened to about the quality of care they received on a day to day basis, people were also included in debates about how the organisation should be run and on wider national and international topics important to them. Including how changes in legislation and governmental budget cuts would affect their lives. This empowered people to have their say and be listened to.
- All communication and information sharing between people and the service was carried out in ways that suited each person's assessed needs. Whether this was by explaining verbally, through sign or other non-verbal methods. We saw that fire safety instructions and the complaints procedure were provided in an 'easy to read' writing style and in an 'easy read' pictorial format, which was very detailed and easy to understand. This style was also used in meeting notes and care plans where needed. This made it easier for people to better understand what was needed of them and what was happening in their lives. Better understanding meant they could be proactive and participate fully in community life.
- Regular newsletters were produced in a similar way, both locally and by the provider. In the newsletters

the service took the opportunity to reflect their core aims and values. The way the articles were written was uplifting and positive, displaying the people who used the service in a positive way, which allowed people to be aware of their self-worth and to move forward confidently.

- When the organisation's National Speaking Group meet, representatives of the people from all the organisation's different communities take part in the discussion. They get together to raise important issues regarding their life and support. This meeting was held in parallel to and informed the Good Practice Forum where, in a similar fashion, registered managers meet. People were encouraged to make suggestions for improving their lives, on more than one occasion ideas were taken up and people were supported to develop their ideas.
- These meetings were held nationally and internationally, and people were supported to attend and take part. Staff and the registered manager worked closely with the people who attended the meetings to build up confidence, to prepare their contribution and practice for the debate.
- We saw that recruitment practices continued to be robust and contributed to protecting people from staff who were unsuitable to work in care.
- Importantly, people who used the service were included as part of the recruitment team in a meaningful way. People were thoroughly supported to prepare themselves and the questions for the interview. The manager made sure people understood the questions and what sort of answer would be expected to show that the candidate understood their role. One person, who had been part of the interview process, told us it made them feel as if their point of view was important.
- The registered manager told us, "We listen to core members and make the effort to be present with them often. We take an interest in their lives that goes beyond the hours of support."

Continuous learning and improving care; Working in partnership with others

- The service continued to ensure that staff had the skills to provide quality service through having a professional and personal development plan that was in place for everyone. There were regular supervisions, inductions, appraisals and exit interviews in place. This allowed the service to evaluate how staff were progressing and if extra support or changes were needed to better support them.
- One person did not like staff referring to them 'supporting people'. As a result of them talking to the registered manager about the way it made them feel, they started to help with the dignity and personal care training. The service also developed a better code of practice about using the right language to develop an ethos of developing mutual relationships.
- L'Arche Ipswich attended regular good practice forum meetings nationally when all the registered managers across L'Arche UK, and the organisation's nominated individual meet to share good practice, improve service design and delivery, look at issues, work on improving and developing policies.
- The registered manager continued to attend good practice conferences such as safeguarding and positive behaviour support. They had recently attended the Suffolk care conference and a care planning workshop and commented that the conference was useful, and they intended to look at ways to further develop people's care plans.
- The service was a member of the Suffolk Independent Care Providers Forum and attended meetings organised by them to keep them up to date with local and national developments and to network with other providers.
- Following their last inspection, the service had met with other providers and other L'Arche communities to share how they worked with people that resulted in their outstanding rating. The registered manager told us that it had been good to meet other registered managers to exchange ideas on how to improve their service and share experiences.
- The registered manager told us that they were proud that they offered more than just support provision, saying it was the service's aim to foster good quality relationships, friendships and inclusion in society. One person told us that since moving into the L'Arche community, "My life has changed so much for the better, I

feel that I am now in control of my life."