

L'Arche

L'Arche Kent

Inspection report

18a St Radigunds Street
Canterbury
Kent CT1 2AA
Tel: 01227 643025
Website: www.larchekent.co.uk

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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?

Requires improvement 

Overall summary

The inspection took place on 11 and 17 November 2015 and was announced. We gave '48 hours' notice of the inspection, as this is our methodology for inspecting supported living services.

At the previous inspection in July 2013, we found that there were no breaches of legal requirements.

L'Arche Kent provides supported living for people with a learning disability. Supported living is where people are provided with their own home via a tenancy agreement

and personal support is provided by a separate agency: L'Arche Kent. At the time of the inspection the service provided support for three people. Two people lived in a flat and one person was living in a shared house.

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

Summary of findings

The registered manager had regular contact with the people who used the service, but had delegated the responsibility of managing the service to locality managers and their deputies. The people who used the service lived in two distinct areas in Canterbury. Each area had a locality leader and deputy who oversaw the supported living service and a residential care home in the area.

The agency was not managed from the location which it was registered with the Commission and was therefore in breach of its condition of registration. It was managed on a day to day basis by staff that were not registered with the Commission to do so. The registered manager was office based and acted as a care and support coordinator for several L'Arche services, which was their job title. We have made a recommendation in relation to the day to day management of the service.

There was not an effective system in place for ensuring that feedback from people and their representatives was shared with them, nor that all records were up to date and accurate.

Relatives and their representatives had confidence in the staff team and felt that people were in safe hands at all times. Staff had received training in how to safeguard people and they and the registered manager knew how to report any concerns so that people could be kept safe.

Assessments of potential risks had been undertaken of people's personal care needs and their home environment. People were supported to do things that they wanted to do, in a safe and planned way so that they could live a full life in the community. Guidance was in place for staff to follow to make sure that any potential risks to people were minimised.

People said the agency provided the support when they needed it. Staffing support for people was based on people's individual needs and choices. The agency was flexible in how it provided support and could do so at different times for people each day, to meet their individual needs and choices.

Robust checks were carried out on potential staff to make sure that they were suitable for their role in supporting people living in their own homes.

People were encouraged to take as much responsibility for their medicines as they were able. Staff had received training in medicines management so they could support people to make sure they received their medicines when they were required.

New staff received a comprehensive induction, which included shadowing more senior staff. Staff were trained in areas necessary to their roles through face to face and on-line training. Some staff had completed additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Most staff had undertaken training in The Mental Capacity Act 2005. They understood that people had the capacity to make day to day decisions and choices. The Mental Capacity Act 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People's health care and nutrition needs had been assessed and clear guidance was in place for staff to follow, to ensure that they were met. Staff were knowledgeable about people's health care needs and the agency liaised with health professionals as appropriate.

People's needs had been fully assessed before the agency started to support people in their own homes. The care, treatment and support needs of people were clearly identified in people's plans of care. They included people's choices, preferences, goals and preferred routines. Staff knew people well and understood their likes and dislikes and how to support them to make their own decisions. Staff valued the people they supported and treated them with kindness and respect.

People who used the agency were supported as part of wider L'Arche community and had the opportunity to be involved in its social events and activities. People had been supported to follow their aspirations such as going on holiday, and looking after a pet. People were supported by the agency to budget their own monies, plan their meals, shop for their own food, and take responsibility for keeping their home clean.

People said that they did not have any complaints about the agency, but they knew what to do to raise any concerns. Staff spent time talking with people about their well-being and if they had any worries on a regular basis, to help minimise the occurrence of any concern or complaint being raised.

Summary of findings

The management team and staff were clear about the aims and values of the service and the ways in which these should be met. Staff understood these aims and put them into practice by providing personalised care.

The views of people and their representatives were regularly sought and were positive about the quality of care the agency provided. Relatives and representatives

said they would recommend the agency to other people and that L'Arche was a community. Staff were aware of the aims and values of the service to treat people who used the service as equals.

We found two breaches of the Health and Social Care Act 2008 (Regulated activities 2014). You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Each person's support needs had been assessed and the agency was flexible in providing staff support so people could lead a fulfilling life.

People were supported to take risks, and there were plans in place to minimise the event of people suffering harm.

Staff were trained in how to safeguard people and the agency knew how to report any concerns they raised with the appropriate authorities.

People were supported to take responsibility for their own medicines and the agency kept a discrete eye to ensure people took their medicines when they were required.

Good



Is the service effective?

The service was effective.

Staff were trained to ensure that they had the skills and knowledge to meet people's individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People were supported to ensure they had a balanced diet.

The agency monitored people's health care needs and liaised with other healthcare professionals to maintain people's health and well-being.

Good



Is the service caring?

The service was caring.

People were valued and treated with dignity and respect at all times.

Staff knew people well and treated them in a kind and caring manner and supported them to develop relationships.

Staff supported people to make day to day decisions and choices and to develop their independent living skills.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and a personalised plan of care was in place which included people's likes, dislikes and preferred routines.

People chose what activities they wanted to take part in the local community and/or the L'Arche community and followed their aspirations.

Good



Summary of findings

People knew how to raise a complaint but the need for this was minimised by people being encouraged to talk about any concerns or worries they may have on a daily basis.

Is the service well-led?

The service was not always well-led.

Quality assurance systems were not always effective in identifying and analysing information so that improvements could be made or good practice shared. Records relating to the agency were not always accurate or up to date.

The agency was managed at a different location from which it was registered. It was managed by staff other than the registered manager, who had not been assessed as having the skills and knowledge to manage the service.

Staff were aware of the aims and values of the agency and put them into practice.

Requires improvement



L'Arche Kent

Detailed findings

Background to this inspection

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

This inspection took place on 11 17 November 2015 and was announced with 48 hours' notice being given. The inspection was carried out by two inspectors.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we looked at information about the agency and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we were based at the agency's office. We visited two people in their own homes, and observed how staff supported one person at the company's activity and craft centre. We spoke to the registered manager, a locality manager and the two deputy locality managers who also provided care and support. After the inspection we contacted the relative of two people who used the agency and one person's friend, as people varied in their ability to communicate verbally. We also received feedback from one care manager from the local authority.

During the inspection we viewed a number of records including three care plans; staff recruitment records of the three most recent staff employed by the agency; the staff training and induction programme; staff rota; supervision records; complaints log, safeguarding, whistle blowing policy and staff disciplinary policy; staff meeting records; and quality audits.

Is the service safe?

Our findings

People received support from staff in a way that ensured their safety. People were relaxed in the company of staff who supported them and focused on their needs and feelings. Relatives and friends told us that people were safe when receiving support from the agency. One person said, "There is always someone there if they need help".

The agency had a safeguarding policy which set out the different types of abuse and the signs to look for to indicate that abuse could have taken place. Staff knew how to recognise different forms of abuse and felt confident to report any to the locality manager or registered manager and that action would be taken as a result. The safeguarding policy indicated that staff should also refer to the 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway', and the service had a copy. The Multi-agency policy contains guidance for staff and managers on how to protect people and act on any allegations of abuse.

Staff demonstrated that they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff understood they should first speak to the locality manager and then the registered manager if their concerns were not taken seriously. They also knew that there were other people in the L'Arche organisation that they could contact.

People had one to one support throughout the week. During this time people were encouraged to have conversations and talk about anything that was worrying them. People were also given formal opportunities to verbalise or express their feelings and whether they felt safe at the home, in keyworker meetings.

There were clear procedures in place with regards to staff disciplinary procedures that identified staff responsibilities and what was unsafe practice. The registered manager understood the importance of these policies and putting them into practice in order to keep people safe.

Risks to people's personal safety and in their home environment were thoroughly assessed. Each potential risk was identified together with the appropriate action that staff needed to take. Clear guidance was in place for staff which detailed who was at risk, what the hazards were and what staff needed to do minimise the risk of any

occurrence. All areas of the people's daily needs had been assessed including potential hazards in the person's home, when undertaking new activities and household activities such as cooking and staying at home by themselves. Assessments of risks did not prevent people from living their lives, but ensured that they were able to do so safely. For example, one assessment of risk was for a person to be encouraged not to drink too much alcohol at social occasions. However, if they chose to do so, there was also guidance in place about how to support them if they felt unwell. These assessments of risks had been reviewed to ensure that the action staff were taking was effective in keeping people safe.

Staff knew to report and record any accidents or incidents to the locality manager. The registered manager reviewed all reports of accidents, incidents and near misses according to the company's reporting policy. Near miss forms recorded the details of the incident, the immediate action that was taken and the action taken by the deputy locality manager as a result of learning from the incident. The registered manager reviewed all information to establish if there were any patterns or trends that required further action to keep people safe. These events were also scrutinised by the agency's committee. The accident reports of the last year showed that no additional action had needed to be taken to keep people safe. Near miss forms had highlighted that there was a staff shortage due to staff holidays and training which had been resolved.

A number of checks were carried out before staff supported people in their home to help ensure that only people who were suitable and of good character supported people in the community. Potential staff completed an application which contained information about their qualifications, skills and a full employment history. Applicants attended an interview and a record of this was kept. If an applicant was successful identification checks, criminal record/ barring and vetting checks and references were requested. A current photograph of each member of staff was kept at the office, but not in their staff file. The recruitment office stated they had photographs had started to be transferred to people's staff file, so that people knew what new staff looked like, before they supported them in their home.

The staffing levels that the agency provided were dictated by the needs and choices of the people who used the service. The agency had jointly assessed each person's needs with the local authority in respect of how many

Is the service safe?

shared and/or one to one care hours they required each week. The agency then consulted with the person about what they wanted to do each week and supplied them care hours at the times and the days they wanted. The times when people received one to one support each morning and evening varied and so did the times and days when they received one to one support. This was so people could attend day or evening activities of their choice. Each person had a copy of the support they would receive, together with the name of the staff member who would support them. Some people liked a printed copy and other people liked to write the timetable in their diary.

The agency had a stable staff team and had recruited a new staff member to cover additional hours that were needed. The registered manager was also aware that people's needs for staff support could reduce as people became more independent. Each person had a keyworker who was assigned to support people for the majority of their one to one time. People had a core group of between three to five staff who supported them, so that they received consistent package of care. To cover any shortfalls in staffing hours, existing staff worked additional hours, care hours could be changed with the agreement of the person being supported, or bank staff called upon.

There was an on-call system provided by the registered manager, locality managers and deputy locality managers.

Staff reported they felt safe knowing that there was support available to them at any time of the day and said that they were encouraged to call for advice or support if it was needed. People were able to use this on-call service. Some people had a lifeline so they could summon help if needed. People lived in walking distance of a residential home which was part of the L'Arche community. Therefore, for people who were not able to use the phone, they could walk to this house and receive the immediate support they required.

Staff gave minimal support to people with their medicines. People had been assessed as competent to administer their own medicines. Staff supported people to ensure they ordered their medicines in time and disposed of any excess medicines safely. One person required support from staff to apply a prescribed cream. Clear guidance about how to do this was recorded in their plan of care about where, how much and when the cream should be used. There was also guidance about what to do if further action was needed. Staff recorded on a medical administration sheet when the procedure had been carried out on their behalf. Medicines were kept in people's homes so they could access them when they were needed. Staff had received training in how to give medicines so they had the skills and knowledge to do so safely if it was required.

Is the service effective?

Our findings

Relatives/friends told us staff had the right skills for supporting the people in their care. One person told us “People get the things they need. Staff have a very good attitude”. Another person told us, “Staff have the right attitude. They come from other countries and pick things up as they go along and become skilful”. A social care professional told us that the agency was effective in supporting people to maintain their health. They said that staff were good at observing changes in people’s health and seeking relevant advice.

New staff completed an induction during a three month probation period. The induction included completing a work book covering the standards recommended by Skills for Care Common Induction Standards (CIS). CIS are the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. The agency was introducing the new care certificate for all staff as recommended by Skills for Care. Staff completed on-line training and/or face to face training during their induction period and shadowed more senior staff until they were signed off as competent by the locality leader.

There was an ongoing programme of training for staff which included face to face training and on- line training. These included health and safety, fire awareness, emergency first aid, safeguarding and food hygiene. Staff completed work books or answered questions and took tests to check their knowledge. Staff training was arranged and tracked by head office so they were aware of any training that needed to be completed or refreshed for each member of staff. Specialist training had been provided to a range of staff in autism and Asperger’s awareness, mental health, sexuality and Makaton. Five out of eleven staff had completed Diploma/Qualification and Credit Framework (QCF) levels two or above in Health and Social Care. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

The deputy locality leader had undertaken formal supervisions with all members of the staff team every six weeks. The locality leader had received an annual appraisal, but they had identified that staff were not up to date with their annual appraisal and had started to book them for the whole staff team. Appraisals that had been

undertaken focused on individual and team goals and were completed with input from other staff members of the team and the person who they supported. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Team meetings were regularly held. The minutes of these meetings were recorded, and showed that each person and their needs were discussed at the meeting. Any issues that were identified were listed, together with the person and action needed to address them.

The management of the agency had close contact with people and how they were being supported. The two deputy managers worked as part of the staff team, supporting people with their activities and personal care needs. The locality managers also supported people on occasions. In addition the deputy locality managers carried out observations of staff performance on a regular basis to check their skills and competence.

Staff had received training in the Mental Capacity Act 2005. Staff understood the principles of the Act and that people had the capacity to make decisions and choices. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The agency had policies and procedures in place in relation to the Mental Capacity Act 2005 and protocols in place for arranging best interest meetings and advocacy. Staff understood that best interest meetings could be held with relevant professionals and relatives to make a decision on people’s behalf if they did not have the capacity. Staff were confident that people currently had the capacity to make important decisions as people had decided to move from residential to supported living. People were given information about how to contact an advocate. An advocate can help people express their needs and wishes, and weight up and take decisions about the options available to people. Staff asked for people’s consent before we visited them in their homes. During our visit, one person did not choose to join in parts of the conversation. Staff asked this person for their consent if they could speak for them on their behalf. Staff only did so, once they had gained the person’s consent and agreement.

The agency monitored people’s health closely and sought prompt professional advice, such as from the speech and language therapist or doctor, as required. A record was made when each person visited a health care professional,

Is the service effective?

together with any advice or action that staff needed to take to support people to maintain their health. People had regular appointments with the dentist, optician and podiatrist as required.

Each person's care plan included detailed information about people's health care needs and the support that they required. People also had a health action plan. A health action plan is based on a full health check and holds information about a person's health needs, the professionals who support those needs and their health appointments. The plan included details of people's skin care, eye care, dental care, foot care and specific medical needs. Where people had a specific medical need guidance was in place about the specific support and monitoring

they required, together with how staff should record and report any changes in this medical need. In addition each person had a "Hospital Passport". This provided the hospital with important information about the person and their health if they should need to be admitted to hospital.

People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. People were able to eat without support and prepare their own meals. There was guidance in place for staff to check people had prepared their meals and to encourage people to eat well and maintain a healthy diet. People were supported to plan their meals, based on their own choices and to shop for their own food. People's weights were taken regularly to monitor any changes in their health.

Is the service caring?

Our findings

People said that the agency was caring, and supported them to keep in touch with friends, relatives and people who were important to them. They said that they felt very much a part of L'Arche community. A relative/representative said, "It is communal. Staff are understanding and loving. They are not doing it for the money". Another said, "Staff treat people as family. It is really good. There is no tension, only lots of laughing and joking".

The supported living agency was part of the L'Arche community in Canterbury, which also provided residential care to people with a disability. The agency had recognised the people living independently were at risk of isolation and so their homes were in close proximity to each other and a residential home, where there was 24 hour care and support. People were encouraged to develop or maintain friendships with people who were within and outside the L'Arche community.

Staff had developed caring relationships with people. They said that as they supported people on a one to one basis they had time to develop meaningful relationships with people and get to know people as individuals. At our visits to people's homes, staff communicated with each person in a kind and attentive manner. They encouraged people to voice their opinions and valued their contributions.

People were encouraged as part of the L'Arche community to invite people to their own home for a meal. People invited L'Arche staff, family and friends to their homes. The agency had a clear policy of when people could invite paid members of staff to their homes. This included that it was the clear choice of the person and that the staff member being invited understood the person's needs. The risk assessment included a list of staff who the person may want to invite for a meal.

Independence was an important value of the agency and people's independence was promoted. People who used the agency had previously lived in a residential care setting and the agency had supported them to take their first step towards independence. People's care plans contained information about what people would like to achieve to grow in their independence. This included budgeting their money and traveling safely to new places by themselves.

Staff demonstrated that they understood how to respect and promote people's dignity and privacy. They spoke with people in a way that valued their individual personalities and contributions. Some people created items that were sold in Canterbury High Street, such as cards, bookmarks, rugs and candles. Staff encouraged people to show the inspectors their handiwork and praised them for their creativity and hard work. People were very proud in showing these items and they were valued members of the team who were rewarded with a percentage of the profits of the sales.

The views and opinions of people were recorded in detail in people's care plans. They contained detailed information about people's life history including where they used to live, what they liked to do and people who were important to them. Plans contained photographs of people taking part in their favourite activities. This enabled staff to understand people's character, interests and abilities and so help them to support people to make decisions in their best interests, on a day to day basis.

People were at the centre of making decisions and planning their care. People chose how they wanted to spend their time, what they wanted to eat and the times they wanted to receive their support. For example one person had needed some redecoration in their home. This person had been given the option of two decorators to carry out the works. They then chose the decorator who they preferred and their home was painted in the colour of their choice. Another person had support to prepare some meals. The guidance in their care plan was that this person may want staff to help them clean the cooker and surfaces or they might prefer to do it for themselves: "It is up to her", was the guidance for staff. This ensured that people were involved in all decisions and choices on a day to day basis.

L'Arche produced a newsletter for everyone who lived in the community. People who used the agency had access to the newsletter and some people had been involved in writing articles. The autumn newsletter included upcoming social events for people's diary, a report on people's holiday to Greenbelt and news about new equipment in a L'Arche residential care home.

Is the service responsive?

Our findings

People had chosen to use the agency for their support and said that it was responsive to their needs. One person told us that the agency helped them when the other agency they used couldn't change their call times, especially at evening time if they wanted to go out to a social event. They said that without support from the agency, they wouldn't be able to go to the places they wanted. This person said that they were, "Really happy" with their care. A social care professional told us that people received a "Good holistic service", from the agency.

People were supported to take part in a range of activities and to follow their dreams. They told us that staff supported them to keep up with their hobbies and interests. "I have a cat", one person told us, and "It is white". The agency had supported this person to have a cat which was one of their wishes. This person was very excited and proud as they had been vetted by the animal rescue centre as a responsible and appropriate person to look after the cat. Another person told us they had been abroad. They said they had asked staff to come and support them and that it was a great holiday. They said they would not have been able to go on holiday without the support from the agency and that they were planning another holiday for next year.

People's needs were assessed before the agency supported them in their home. All the people the agency supported had previously lived in residential care in the L'Arche community. Therefore, L'Arche had been active in supporting people to move to supported living and to take more control over their lives. These assessments of people's needs were used to develop a detailed plan of care for each person.

Care plans contained guidance for staff on how to support people with all aspects of their health, social and personal care needs. People had been involved in writing their plans of care and had signed them to show their agreement to their content. Plans were personalised and contained information about what people would like to achieve, what they needed staff to do to support them, together with their individual preferences, and daily routines. Detailed information was in place to guide staff about each person's morning and evening routine, so that any new member of staff would be able to follow it to provide personalised care. There were also detailed notes added by people's

keyworkers about the things they had found people particularly liked to do, how to help people choose which activities to do and any helpful and successful ways of supporting people.

Staff demonstrated they had a detailed knowledge of people's care and support needs. When staff spoke about people, they did so in a positive way and it was clear that they understood about personalised care and how to provide it to the people they supported. Each person that the agency supported had a keyworker who took extra responsibility for the person's welfare. They were supported by this staff member on a regular basis and discussed their views and choices. Staff made a written report of the person's progress every four months which included their health, emotional well-being, communication, mobility, cultural issues, finances and independent living skills and activities. This helped to ensure that people's wishes and choices were met and that written guidance about their care needs was kept up to date.

People were also involved in preparing information for their review with their care manager. The person and their keyworker spent time together discussing what the person had done and achieved in the last year. They then produced a written document with photographs and writing that they could understand to present at their review.

The agency supported people to take an active part in the local community in which they lived. A relative told us, "They are always going out. To the cinema, theatre and zoo. They have been abroad more times than I have!" The agency had discussed with people what they would like to do each week and reviewed this each week, so they could provide flexible support. Some people chose to take part in activities run by L'Arche such as craft, plant production, music and discos. Other people chose to take part in activities in the local community. People had taken part in a barbeque, visit from the L'Arche community in London and the Greenbelt Festival. This is a festival of arts, faith and justice attended by many thousands of Christians and those from other faiths and none. The agency used volunteers to support people with activities' in addition to those for which they were funded.

One person said, "I would tell staff" and that staff were always helpful and sorted out any problems when asked what they would do if they had a complaint or concern about the agency. People, relatives and professionals told

Is the service responsive?

us they did not have any complaints about the agency. Everyone said they would contact the keyworker, deputy or locality manager if they had a concern. They said they could easily get in contact as they had their phone numbers

Staff knew people well and understood by people's behaviour if they were worried or anxious about something, which would be a trigger for them to investigate further. For example, staff said that one person would come and sit next to them if they had a concern. They said that they waited for the person to explain what was troubling them in their own time, so that they could get to the bottom of their anxiety. Everyone received one to one

support and part of this support was to encourage conversation and talk about things that may be causing the person worry or anxiety. Information about how people could make a complaint about the agency was available and was also on display at the agency office, where people visited or attended activities. The complaints procedure was available to people in an easy read format, with a photograph and name of each person at L'Arche that they could go to. This was the locality and deputy manager in the first instance and then the registered manager. People were also given the contact details of the Commission and the ombudsman, if they were not satisfied with the response to their complaint.

Is the service well-led?

Our findings

Relatives and representatives told us that the agency was well organised and that they would recommend the agency to other people. One relative/friend said, “I would definitely recommend it”, and another said, “Every time I would recommend it. It is a brilliant service. I cannot praise it enough”.

Records relevant to the running of the agency were not always well organised or up to date. Some records, such as evaluation forms by relatives, had not been dated so we did not know when they had been completed. These were sent to us after the inspection as they could not be found on the day of the inspection. The Statement of purpose had been reviewed in October 2015, but did not contain accurate information about the running of the agency. A Statement of purpose sets out the aims and objectives of the service, where the service is provided, and the type of services that it can provide. It was written in the Statement of purpose that the registered manager was managed by the ‘care and support coordinator’ for L’Arche. However, the registered manager was the ‘care and support coordinator’.

The deputy locality managers said they carried out staff spot checks and people confirmed they regularly saw these senior members of staff. A spot check is an observation of staff performance carried out at random. However, the records of these observations were not available in staff’s files to evidence to the registered manager that staff were competent to support people independently in their own homes. At the inspection we asked to see a copy of one person’s health action plan. We were given one copy by the deputy locality manager and then another, more up to date copy by the registered manager. However, both documents were available to staff which could lead to staff having inaccurate information about people’s current health care needs.

The lack of accessible and accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The agency was in breach of a condition of its registration. A condition of registration places a limit or a restriction on what a provider or registered manager can do. It may be linked to a location, regulated activity, service type, or specific activity. When the agency registered with the

Commission, the Commission applied a condition that the agency could only be managed from one location: the agency office. The registered manager did not understand this condition of registration. When we contacted them before the inspection, the registered manager asked us where we wanted to carry out the inspection as staff and people’s records were held at two other of Larches’ registered services. These records were moved so that they were held securely at the agency office on the day of the inspection. Although the registered manager was based at the agency office, the locality and deputy locality managers who undertook the day to day management of the service were based at two other locations operated by L’Arche. Staff meetings and staff supervisions took place at these other locations and it was here that the planner for staff appraisals was kept. This meant that the agency was being managed on a day to day basis from locations that it had not been registered to operate. The Care Quality Commission guidance on what the definition of a location is clearly states that it is not, “A facility for the storage of records or another purely administrative function”.

The two L’Arche locations where the agency was being managed from were residential care homes. People living in these care homes therefore had a business operating from their home; a business in which they had no involvement or interest.

The management arrangements for the agency are a breach of section 33 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The agency’s quality assurance systems included ensuring that records such as care plans and health action plans were up to date and accurate and that staff received the support and training they required. However, these systems were not always effective as they had not highlighted the shortfalls in records identified during the inspection. Health and safety audits were also carried out in people homes to make sure that people lived in a safe environment. The registered manager told us that the regional leader/nominated individual of L’Arche visited L’Arche services several times a year to have conversations with people and gather stories about the four L’Arche services whom the registered manager was responsible. However, they did not usually make a record of their visit, unless they found

Is the service well-led?

shortfalls in a service. Therefore, there was the potential that any good practice that was identified at the visit was not shared, so that the agency could build on this and help improve the service.

Evaluation forms were sent each year to people's next of kin and representatives. Responses were that people's needs were met and that people were treated with kindness and respect. One person responded that, "Her carers are very capable and have her best interests at heart at all times". Another person raised concerns which did not relate to the support provided by the agency. The registered manager said that action had been taken to pass these concerns on to the relevant agencies, but this person was disappointed that they had not received feedback immediately after they had reported their concerns. People and their representatives had not been given a summary of the results of the evaluation forms they had completed. Therefore, they had not been fully involved in the process and the agency had not assured people what it was doing well, and any areas it had identified that needed improvement.

The lack of effective quality assurance processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The agency's quality assurance processes included gaining feedback from people, relatives and social care professionals. The views of people were sought on a daily basis and at formal meetings. People were also asked to complete an easy read evaluation with pictures about each topic. People then responded by ticking a thumbs up or thumbs down sign. This form asked people important questions about the service such as if they felt respected, their privacy was upheld, if they felt safe and were able to make choices. People's responses were that the agency did uphold these principles. Some people who used the agency attended the L'Arche user forum. This is where people using a L'Arche service came together to discuss their satisfaction with the service and any ways it could improve. The registered manager had recognised that some people who attended the forum were more able to express their views than others. So that everyone's voice could be heard two separate forums had been planned for December.

The registered manager was based at the office where the supported living agency was registered. However, they were also registered as manager for three L'Arche

residential care homes. The Care Quality Commission guidance on the definition of a registered manager is that, "The registered manager should be in day-to-day charge of carrying on the regulated activity or activities they apply to be registered for". The guidance goes on to say that although the regulations do not prevent a person from being registered to manage more than one location, the manager must have the capacity to do so. The registered manager had delegated the running of the agency to two locality managers and their deputies. They were responsible for organising staff rota's, staff supervision, staff appraisals and holding staff meetings. This was contrary to the Statement of purpose in which it was written that the registered manager was the team leader who was accountable for the care provision of supported living agency and managing and supervising the team. People, relatives and staff said if they needed advice, support or information, they would contact the deputy locality manager who they had contact with. People knew who the registered manager was and had contact with them if they visited the main office or joined in social events. Therefore, the person who had been assessed by the Commission as suitable to manage the agency was not in day to day control. The agency was managed by other staff, who had not been assessed as having the necessary skills and competence to manage the agency.

The aims, objectives and philosophy of the agency were clear and available on the company website. They were that each individual with a disability has as much to give as to receive; that people needed a sense of belonging to L'Arche, the wider community and beyond and that "We are a Community because we believe that we all – people with learning disabilities, assistants and Community friends – have need of one another". The registered manager, locality manager and staff clearly understood the aims and objectives of the agency. The management team had a clear vision of the service that included promoting independence, valuing people's contributions and providing compassionate care. Staff said that it was a small team and they knew each other well. They said there was good communication in the staff team and there was a positive culture. They said that they found giving people one to one support enjoyable and rewarding as they had the opportunity to get to know people well. Staff understood their roles and knew what was expected of them.

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People were actively involved in the agency and the way that it was run. Packages of care were tailored around their individual needs and their opinions were sought in all aspects of daily life. This included asking people about how they wanted to spend their time and providing flexible support to enable people to attend social events. People were consulted when staff had their yearly appraisal and completed a feedback form about their satisfaction with the way that the staff member provided their support.

Staff said they worked in a small team and had regular communication with one another. They were supported by regular supervision and team meetings. They said if they had any concerns that they could raise them with the locality manager who would listen to them and take the appropriate action.

We recommend that the service seeks the relevant guidance about the roles and responsibilities of a registered manager and takes action accordingly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Quality assurance process were not effective in analysing, providing feedback and demonstrating that improvements had been made to the service. Records were not always accurate, up to date and easily accessible.</p> <p>Regulation 17 (2) (a) (c) (d)</p>

Regulated activity	Regulation
Personal care	<p>Section 33 HSCA Failure to comply with a condition</p> <p>The provider must only carry on the regulated activity of personal care at the registered location.</p>