

L'Arche

L'Arche Preston Moor Fold

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 September 2017 and was unannounced.

L'Arche Preston Moor Fold is registered to provide accommodation for up to six people over the age of 18 who have a learning disability or autism/autistic spectrum disorder. There were five people living in the home at the time of our inspection. The registered manager told us people who used the service liked to be known as core members and staff liked to be known as assistants.

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

At the last comprehensive inspection on 11 August 2015 the service was meeting the regulations requirements at that time and was rated good overall. At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe handling of medicines, cleanliness and the premises and good governance. And we made recommendations in relation to the environment.

Medication administration records were not always completed in full and gaps were seen. Guidance from health professionals relating to medicines had been hand written on small notes on the records. Fridge and room temperatures had not been recorded in line with recommended guidance.

We saw some concerns relating to the cleanliness and maintenance of the home. There was dust and discarded items in the store room for medicines and food. Some areas of the home required updating and we saw a broken cupboard in the store room.

There was evidence of some certificates for example electrical safety, gas safety and employers liability.

There was some evidence of audits taking place to monitor the quality of the service. However not all areas had regular audits to ensure the home was safe for core members to live in. Some of the audits had only recently been commenced.

We saw positive feedback about the registered manager and the house leader and the support they provided to core members and assistants.

Systems to safely recruit assistants were in place. Assistants told us and records confirmed they had undertaken an induction on commencement in their role. Duty rotas demonstrated there were enough assistants in place to support the core member's needs. We saw these identified which core member assistants would be working with. Staff told us and records confirmed staff had undertaken training that

supported the assistants to deliver care to core members.

Core members told us they felt safe in the home. Staff were aware of the steps to take to deal with any allegations of abuse.

There was a rolling menu of meals that provided evidence that core members chose their menus and were involved in the preparation and cooking of meals. We saw food was prepared freshly on site and looked and smelled appetising.

There was evidence of the involvement of health professionals in the care of core members. The home had completed a hospital passport that contained important information about core members if they were admitted to hospital.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We saw positive meaningful conversations taking place between core members and assistants. Core members told us they were happy with the care they received in the home and we saw them treated with dignity and respect.

Core members had detailed records that reflected their current and individual needs and how assistants could support them. There was evidence of activities taking place for core members both inside the home as well as in the community.

Systems were in place to record and investigate complaints.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medication administration records were not always completed in full. We saw some concerns in relation to the safe storage of medicines.

We saw some concerns relating to the cleanliness of the home. Some areas of the home were not properly maintained. There was evidence of some certificates in place to confirm the home was monitored.

Systems to safely recruit assistants were in place. Duty rotas demonstrated the assistant numbers employed met the core member's needs.

Core members told us they felt safe in the home. Staff were aware of the steps to take to deal with and allegations of abuse.

Is the service effective?

Good 

The service was effective.

There was a training programme in place and assistants we spoke with told us they had received the required training to support their knowledge and skills.

We saw food was prepared freshly on site and looked and smelled appetising.

There was evidence of the involvement of health professionals in the care of core members.

Is the service caring?

Good 

The service was caring.

Core members and a relative told us they were happy with the care they received in the home. Core members were treated with dignity and respect.

We saw assistants interacting positively with core members

during our inspection.

Is the service responsive?

Good ●

The service was responsive.

Records we looked at were detailed and contained information in them to support to delivery of care to core members.

There was evidence of activities taking place for core members both inside the home as well as in the community.

Systems were in place to record complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was some evidence of audits taking place to monitor the quality of the service. However we saw some of these had only recently been commenced.

We saw improvements were required in the management of medicines, infection control and the environment.

We saw positive feedback about the registered manager and the house leader and the support they provided to core members and assistants.

L'Arche Preston Moor Fold

Detailed findings

Background to this inspection

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

This inspection took place on 19 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor and an Expert by Experience in the care of people with a learning disability. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection planning we looked at the information we held about the service. This included any safeguarding notifications, statutory notifications and feedback about the service. A notification is information about important events which the service is required to send to us by law. Before the inspection, we asked 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. Due to technical problems a PIR was not available prior to our inspection however the registered manager provided a copy of their completed PIR and we took this into account when we inspected the service and made the judgements in this report.

During the inspection we took a tour of all areas of the home. This included three lounges, dining room, some core members' bedrooms, the kitchen, laundry, communal bathrooms, the shower and the clinic store. As most of the core members were out on activities for a large part of the day we were only able to observe some interactions between assistants and core members in the public areas of the home. To understand the experiences of people who used the service we spoke with two core members and one relative. We spoke with four assistants, the house leader and the registered manager.

We looked at a number of records to check how the service was run. These included three care files, three staff files, duty rotas, minutes from meetings, audits and quality monitoring.

Is the service safe?

Our findings

Core members we spoke with told us they were happy and felt, "Safe" in the home. One relative felt their family members were kept safe in the home. They said, "I am very happy with the community created and lived in at L'Arche. Staff do listen, and do help our [name], we feel assured that [name] is safe and thriving."

We checked the arrangements in place for the safe management of medicines. We identified some concerns in relation to this. Medicines Administration Records (MARs) we checked had some evidence that these had been completed appropriately however we saw some gaps in the records and stock checks on one of the records were incorrect. Where any changes in the guidance of medicines for core members following professional visits had taken place we saw these had been recorded and stuck on the MAR chart on a hand written note instead of on the record. We also saw where guidance relating to a specific medicine had been issued to core members these had been stored in the medication folder instead of with the core member. We also noted that where 'as required' medicines had been prescribed for core members for use when they went out of the home however these medicines had not been reflected in their MAR chart. The registered manager told us they were in the process of transferring over the management of medicines delivery to a new pharmacy that had system in place to record and monitor the safe administration of medicines.

We checked where medicines were stored in the home. Whilst medicines were stored in a lockable cupboard in a secure room we saw other products such as, a hoist remote, laboratory forms and bags had been stored with them. Creams and liquid medicines had a date recorded on them when they had been opened. This would identify when staff needed to dispose of them. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. This would protect people from any misuse of medicines. Whilst we saw no core members had been prescribed any controlled medicines there were no arrangements in place to store and record safely any controlled medicines in the home if they required them. This was despite the homes policy and guidance for controlled medicines.

Records were in place that advised staff to record the temperatures for the medicine fridge and the room where medicines were stored daily. This would confirm the medicines had been stored at the optimum temperature. However we saw that none of the records had the temperatures recorded to confirm what these had been or what the minimum and maximum ranges were. There was no guidance for staff to follow if the temperatures were out of the recommended range. Nationally recognised guidance states that fridge temperature should be between two and eight degrees centigrade however the records we looked at advised staff that the temperature should be below five degrees centigrade. It is important that medicines are stored at the correct temperature if medicines get too cold they can be ineffective.

Medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager about any medicine audits taking place in the home. They showed us records relating to regular audits that were being completed, and explained that they were in the process of

developing new systems that would identify patterns or trends and enable the registered manager to act upon them. Medicine audits would reduce any potential risk associated with the management of medicines and identify actions required to protect core members from any risk.

We spoke with assistants who confirmed they had undertaken medicines training as well as observed competency checks on their administration of medicines. Assistant files we looked at confirmed training had taken place for medicines administration and we saw copies of completed competency checks taking place. When asked about the safe administration of medicines and training they had undertaken they told us, "First of all I would encourage them to take it after trying several times I would call the on call person, on call is 24/7 if I could not contact them depending on time, registered manager I could contact [her]" and "I have done "Training in the care certificate, training from [house manager] about different medication, shadowing and been shadowed I think about for five times." We saw that although assistants had undertaken medicines training this hadn't ensured that medicines were handled safely and recorded properly in the home.

As part of the inspection we undertook a tour of the building. Whilst some areas of the home were clean and tidy other areas required improvement. For example we saw dust build up in two bathrooms and the shower room had evidence of mould in the corners of the shower tray. We also saw dust build up on top of the fridge and dirt on the work top and floor in the room where medicines and food was stored. We also saw discarded material under cupboards and behind the freezer for example a cotton bud, a mug and a lid from a liquid medicine bottle.

We saw assistants had access to gloves and aprons to use when undertaking personal care. Whilst the worktops in the kitchen were clean and tidy and assistants had access to relevant equipment to promote the safe handling and preparation of foods we saw inside the cupboards were dirty and required cleaning. We discussed this with the registered manager who immediately took action to ensure the kitchen cupboards were cleaned. We saw records relating to a cleaning schedule for the assistants to complete on a weekly and daily basis. Whilst we saw the schedule covered all areas of the home the records had not been signed to confirm the cleaning tasks had been undertaken.

During our tour of the building we saw some areas of the home required some maintenance work to improve the environment for core members to live in. For example there was a broken cupboard and the base of the unit was on the floor in the room where medicines and food was stored. We also noted paintwork was chipped in the hallways and required maintenance to improve the decoration and environment in the home. We also saw dried, tinned and fresh vegetables were stored in the same room as the medicines for core members. We discussed with the registered manager about the need to ensure medicines and foods were stored separately to prevent any risk to core members.

The provider failed to ensure the premises were clean, properly used and maintained. This was a breach Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

The house leader told us core members and assistants lived together in the home. All of the bedrooms were of single occupancy and had hand washing sinks in them. The house leader told us one of the core members had requested an ensuite toilet in their bedroom and the required works had been provided. Bedrooms for core members were situated over both the ground and first floor. We looked in a sample of the bedrooms and noted these had been decorated and personalised with mementos and photographs of their choosing. This would ensure core members lived in an environment that was homely and to their requirements. Communal areas of the home were large and easily accessible. There were three lounges and a large dining

room. We saw core members were able to access these when they so wished. There was a garden at the front of the property with swing seating for core members to use during warmer months.

We saw relevant certificates and checks were in place such as gas safety, electrical safety, fire risk assessments, water temperature checks and Personal Emergency Evacuation Plans (PEEP's). The home had records to confirm Portable Appliance Testing (PAT) had been completed recently on most of the equipment in the home however not all electrical equipment in the kitchen had been PAT tested. The house manager told us they would ensure the relevant checks took place to ensure they were safe to be used in the home. We asked whether legionella checks had been completed in the home to ensure the water was safe. The registered manager told us legionella checks had not been undertaken but assured us these would be completed as soon as possible. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia.

We recommend the provider seeks nationally recognised guidance to ensure the home and the environment was safe and monitored for core members to live in.

All of the assistants we spoke with understood how to protect core members from the risks of abuse and the actions they would take if they suspected abuse had taken place. They said, "So if we think there has been any abuse or safeguarding issue we need to report immediately to the house leader/team manager or appropriate person. We need to be careful about asking questions to the core member. If we were concerned we could take higher up and of course we would need to keep confidential."

We saw the home had developed a safeguarding file that contained details of investigations that had been reported to the local authority safeguarding team. There were also records relating to incidents and accidents that had occurred in the home. One of the records we noted identified a minor injury that had occurred as a result of a care intervention by an assistant. Whilst the appropriate actions had been taken by the home the event had not been reported to the relevant authority to establish if a safeguarding investigation was required. The registered manager gave us assurance they would ensure any allegations of abuse were dealt with appropriately.

We saw the home had a copy of the recently updated guidance from Lancashire county council to support staff in raising appropriate and timely alerts where required. There was also policies and a procedure in place to guide staff on the types of abuse as well as the company policy for dealing with any allegations safely. Assistant files and training records confirmed that they had completed relevant and up to date training in safeguarding core members from abuse.

Environmental risk assessments had been developed that contained information that identified any risks and how to manage these safely. These included fire, fire doors, health and safety, Control Of Substances Hazardous to Health (COSHH) and waste management. Care files for core members identified individual risk assessments had been developed that noted the risks as well as measures to take to reduce any potential risks to keep core members safe. There was a system in place that demonstrated the investigations and actions taken by the home as a result of accidents or incidents.

Assistant files we checked confirmed that safe recruitment procedures were in place. Relevant documentation was seen which included, completed application forms and interview questions, references from previous employers, proof of identity and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. The home told us in the PIR that as part of the interview process core members were involved. There were details that confirmed all assistants had signed a contract of

employment and undertaken an induction to their role on commencement at the home. Assistants we spoke with confirmed they had completed an induction when they began working at the home. They said their, "Induction period started the day I arrived until I had finished the competency checklist." Duty rotas we looked at had been developed to link core members to allocated assistants. This would support consistency in the delivery of care to core members. We observed plenty of staff in on duty during our inspection that supported core members with their individual choices and needs.

A relative we spoke with told us they were happy with the staffing numbers to support their relative in the home. However they discussed a high turnover of staff at the service but their calibre of skills was very good. They also discussed the positive impact volunteers in the home had on the delivery of care and activities to core members.

Assistants told us there was enough staff on duty to meet people's needs. They said there was, "Always enough staff on duty when I am around I have never had any concerns with that" and "It depends, particularly at weekends it can be a bit stressful, in general there are enough people."

Is the service effective?

Our findings

Core members told us they were 'Happy' that assistants could support their needs well. They said, "The staff are lovely." A relative told us about the positive impact the assistants had had on their family member as a result of their knowledge and skills about the core member.

Assistants we spoke with confirmed that they had undertaken training that was relevant to their role. One said they had completed the, "Level one training care certificate, Level 3 [national recognised qualification] and first aid training" and "I have done first aid, moving and handling, food, health and safety, fire, safeguarding and working in a person centred way and privacy and dignity." A recently recruited assistant told us they had completed the care certificate on commencement of their role. They said they had completed the, "Social care on line course, seven modules, food hygiene, medication, safeguarding. [As well as] Going over policies and induction information."

Records we looked at confirmed the training undertaken by assistants. These included medicines, intensive interactions, moving and handling and positive behaviours. There was a training matrix that had details of all the assistants completed training. Topics covered included first aid, moving and handling, food, health and safety, fire, safeguarding and working in a person centred way privacy and dignity. This would assist the registered manager to ensure all assistants had received the required knowledge and skills to undertake their role effectively.

Assistants told us and records confirmed a detailed and regular supervision programme was in place. Records included the topics discussed as well as the dates that they were completed. One assistant said, "Yes, (I undertake supervision) with [house leader] usually about once a month. Yes [it is useful] particularly if it has been a stressful few weeks, it is helpful to talk and think thoughts about weakness that I maybe having and how to tackle those as well as what I am doing right as well."

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us and records confirmed appropriate capacity assessments and DoLS applications had been submitted to the assessing authority to ensure core members were not deprived of their liberty unlawfully. Care files had evidence of detailed capacity assessments in relation to core

member's individual decisions.

Assistants we spoke with had an understanding of MCA and DoLS and how to protect core members from unlawful restrictions. They said, "MCA is about how much a person can make decision by the themselves, and you always assume that someone has Mental Capacity. DoLS is about when you stop a person from wandering around." We spoke with the registered manager and saw records that confirmed staff had completed training in MCA and DoLS. There were plans in place to use an assessment toolkit to check the knowledge and competency of staff.

Core members told us and we observed assistants asking permission from them before undertaking any care or activity. Assistants were seen knocking on core member's bedroom doors and waiting to be invited in before they entered. This would ensure core member's needs, choices and views were taken into account at all times. An assistant told us, "I am very vigilant about it is their choice and that they are getting a choice."

It was clear positive relationships had been developed between the home and health professionals. Care files had records relating to reviews undertaken by health professionals. These included hospital appointments, community learning disabilities team and general practitioners. Hospital passports had been completed that contained important information in them that would be required if a core member required a hospital admission. People were supported to access appropriate services to maintain their health.

We spoke with assistants, the house leader and registered manager about the arrangements in place to meet core member's dietary needs. They told us core members and assistants planned the homes weekly menus and undertook the preparation and cooking of meals. There was a three week rolling menu on display in the kitchen that had details of the menus planned in the home as well as which core member and assistant was responsible for the day. A variety of meals were on offer and assistants told us if core members did not like what was on offer they could choose any meal they wished. A relative we spoke with told us the meals provided to core members was of good quality and they were provided with choices of meals and healthy eating was a part of planning of meals.

On the day of our inspection the home was celebrating a birthday for one of the assistants and a party was planned for them. Meals were made from fresh ingredients and smelt and looked appetising. Core members told us they liked the food on offer in the home. One told us, "The food is lovely." We saw all core members and assistants eating their evening meal together round a large table in the dining room. It was very clear from the laughter, banter and interactions that this was the usual way core members and assistants ate their meals.

We were shown a copy of the food hygiene rating which was a score of five which is the highest rating to be obtained from the food standard agency. We noted this was dated from 2013. We spoke with the registered manager who was unable to confirm if a more recent inspection had taken place. The registered manager told us that they would ensure the food hygiene certificate was displayed in the home to ensure all core members, relatives and visitors were aware of the rating achieved.

Is the service caring?

Our findings

Core members we spoke with all told us they were "Happy" and "Well cared for" in the home. We observed smiles, laughter and friendly conversations taking place between core members and assistants that demonstrated they were at ease in the company of assistants. This was also confirmed by a relative who told us, "Everyone involved at L'Arche is caring, it's a wonderful place, and we are very happy that our [name] is there."

Care records we checked confirmed the home had involved core members and or their relatives in decisions about the care they received as well as the development and reviews of their care file. Assistants said, "I feel like part of a big family. I think all of the people who have worked here keep coming back. Yeah it is a really nice place for working, everyone is supportive of each other" and "Core members have a reference person who has particular responsibilities. [They do] things like, nails are clean and tidy, rooms are clean and good, paying particular attention to activities." Care files included the views, likes, needs and choices for core members and how to ensure assistants provided individualised care to them.

During our observations we saw core members and assistants had developed positive meaningful relationships together. One assistant told us, "I feel that the people [assistants] caring for them [core members] would be genuinely caring for them and they would be treated personally not as a person in the whole organisation." It was clear core members were comfortable living with the assistants who resided in the home as well as those assistants who lived elsewhere. Where conversations took place we saw these were undertaken at a level core members understood ensuring they were involved in all areas of the discussion. Assistants told us how they adapted their communication to support the care delivery to core members. They said, "It depends on person involved, with some people repeating phrases is helpful, with some people it is making sure you are communicating in the right atmosphere, one person uses some sign language in an informal way." We saw that where assistants discussed core member's needs with them this was done discreetly which would enable core member's privacy and dignity to be maintained.

Where personal care was required by core members we saw this was done in their own bedrooms or bathroom. This would support and maintain core member's privacy and dignity. Assistants understood the importance of maintaining their privacy, dignity and how to respect their choices, needs and wishes. They told us, "So making sure we are only there for as much as we need to be, doing things as quickly as possible" and "Outside of the bathroom the core member would always have clothes on, they get undressed in the bathroom." It was clear assistants understood the needs of core members well. For example they told us about one core member who required personal care support in a specific way that met their needs without any interruptions. Assistants said the core member valued their time in undertaking personal care tasks as they liked it to be done.

We saw core members were nicely dressed in clean clothes and were well groomed. Core members leaving the home for the day were dressed in appropriate clothing for the time of year.

Care files had evidence that core member's diverse needs had been recognised. This included how to

communicate effectively, aids to support them such as glasses as well as their religious and spiritual needs. The home had a strong ethos with religion and regular prayers were held at the home. We spoke with assistants about choices with regard to religion who told us, "If a core member does not want to join in they don't have to. At Christmas and big events we try and get core members involved but it is ok if they do not wish to join in."

Is the service responsive?

Our findings

The relative and core members were happy with their care and the involvement they had in the development of their care files. The relative said, the home kept them involved and informed about all changes in the family members care. They told us they were invited to all planning meetings about their relative's care planning and felt involved and listened to.

Assistants told us about how they obtained information about core member's needs and the reviews for core members. They said, "You read the file in the office" and "Cannot remember if it is (Reviews) annually or every two years, but there are annual planning meetings."

Care files for core members we looked at demonstrated very detailed information in them that supported their individual needs, choice, likes and risks and how assistants could manage these safely. There were two page profiles that held important information about core members as well as support plans that reflected specific guidance such as epilepsy, stoma care and health action plans. A stoma is an opening on the front of your abdomen which is made using surgery. We also saw relevant records had been completed appropriately relating to individual regular health checks and assessments for restrictive practice, mental health needs and capacity assessments relating to any required investigations and tests. One example seen was for a blood test for one core member.

Records were individualised and demonstrated the importance of understanding core member's emotions and how they responded to specific situations. Records confirmed meetings took place to discuss care planning and reviews. The registered manager told us they had developed a new system that would monitor the dates for when reviews were required. This would ensure the care core members received was relevant and up to date. Risk assessments were in place that recorded the core member's individual risks and how assistants could safely manage this.

During our inspection we saw positive relationships had been established with core members, visiting volunteers and assistants. There was a warm and welcoming atmosphere in the home and assistants, volunteers and core members interacted positively. Family members and visitors were always welcomed in the home. Assistants told us, "Some family visit every week, will take core members to visit the family home for celebrations, or the celebration is here. We send birthday cards to friends and previous assistants and core members" and "We get up in the morning we get them ready they go out and do different things, come home around four pm."

As part of our observations in the home we saw core members had access to a variety of equipment to allow for meaningful activities of their choosing. These included games, books, jigsaws, DVD, musical instruments and a music player. There were photographs on display that demonstrated a number of activities taking place. Core member's bedrooms we looked in had games and activities tailored to their abilities, choices and needs. It was clear from our communication with assistants and the house leader that they understood core members likes and how to ensure they had a fulfilled meaningful day.

Care files we looked at had evidence of completed lifestyle plans that would assist in developing activities tailored around core members' likes and interests. There was records of individualised planned activities on display in core member's bedrooms. These demonstrated they had a full and active life living in the home. A sample of the activities seen were, setting the table in the home, church hall, the gym, visit to the pub, craft sessions, walking and prayers if they so wished. The house leader told us all core members were involved in the day-to-day activities in the home which included helping with the laundry and cooking.

We saw all but one of the core members went out for the day to pursue activities of their choice. One core member told us they had been out for the day to work. Another said, "They take me out. I can do what I like I get choices." A relative told us their family member had access to fulfilling and meaningful activities. They said, "[Name] has had multiple trips with L'Arche, most recently to Lourdes, and outings to concerts."

We looked at the systems in place for dealing with complaints. There was a copy of the home's complaints policy in place that detailed guidance on how to deal with any complaints. We saw any complaints were discussed as part of assistants' supervision. Complaints forms had been developed that enabled all people to voice their concerns. This included core members with limited written or verbal skills. We saw records relating to complaints included information relating to any investigation of outcomes. This would ensure lessons learned improved the care delivered to core members and prevented any future concerns.

Assistants were able to demonstrate what actions they would take if they received any complaints. They said, "If I got a complaint I would go to [name] the house leader." All of the core members we spoke with told us they were, "Happy" and had, "No complaints."

The feedback in thank you cards and compliments forms we saw was very positive about the care core members received in the home. Examples of comments seen were, "A huge thank you for your hospitality, "Thank you for welcoming me so warmly", "Thanks for a memorable evening and lovely party. It was a joy to see [core member] so relaxed and relishing her moment" and "Just a quick note to say what a fab job [house leader] did supporting [core member] and [core member] on Saturday. So lovely to see [core members] have such a great time as well as [core member]." We also saw positive feedback in correspondence from the local university. It said, "Thank you for supporting our undergraduate health and care students with their work based learning."

Is the service well-led?

Our findings

We received positive feedback about the leadership and management of the home. Assistants said they, "Get on very well with [name] she is very approachable."

We looked at how the home monitored the quality of the service to ensure core members received care in a home that had relevant systems in place to keep them safe. There was some evidence of audits taking place for example a health and safety checklist which included actions and comments from them. We also saw a recently completed audit relating to care plans and an analysis of incidents and accidents. Records included notes on the findings from these. However we saw no previous audits in relation to care planning had been completed. The registered manager told us they had introduced a new system for undertaking audits in the home that would ensure the home was regularly monitored.

We looked at whether the home sought the views of core members, relatives and professionals in feedback or surveys. The registered manager told us they had not had feedback from core members, relatives, staff or health professionals in recent years and had never sought feedback from any commissioning authorities.

We saw certificates relating to the registration and performance of the home was on display or available in the home such as relevant registration certificates, the latest rating, employers liability, food hygiene rating and Investors In People (IIP) silver award. We saw these were not in an accessible area for core members or visitors to the home. The registered manager took immediate action and ensured these had been displayed in the entrance to the home so that visitors and core members had access to information about the home they lived in. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. This would ensure people were aware of what the home did well and the evidence identified at the last inspection.

During our inspection we identified concerns in relation to the safe management of medicines, cleanliness and the premises.

The provider failed to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was clear from the interactions between core members, assistants, house leader and the registered manager that there was a mutual respect for each other and they were comfortable in each other's company. The service was led by a manager who is registered with the Care Quality Commission who had responsibility for the day-to-day operation of the service.

The registered manager was supported by a house leader. All staff grades we spoke with were clear about their lines of responsibility and the roles they were required to fulfil. There were details of the mission for the home. It said their mission was to , 'Foster an environment in community that responds to the changing needs of our members whilst being faithful to the core values of our founding story, engaging in our diverse cultures, working together towards a more human society". The house leader confirmed the home's ethos

and its importance in the delivery of care to core members. They said this was, "People sharing life together as a family with their carers."

Assistants we spoke with and records we looked at confirmed weekly team meetings took place in the home. Records we saw were comprehensive and demonstrated the topics discussed. These included, detailed information about each core member, holidays, annual planning meetings, safeguarding procedures, events, activities, jobs, cooking and daily records.

Assistants said of team meetings, "We have weekly team meetings", "Meetings are once a week. We tend to get through quite a lot." They told us they were able to discuss their views as part of the meetings. One assistant said, "One of the things we do at the start is go round and have an opportunity to say how we are and say anything we thought was important for others to know, and then we would bring up issues we had that we felt needed to be discussed."

Relevant and up to date policies and procedures were in place to guide and support the registered manager, house leader and assistants in their delivery of care to core members. Policies seen included physical interventions, safeguarding, personal and intimate care, health and safety, accident, fire, first aid, food safety and manual handling.

All registered providers must notify the Care Quality Commission about certain changes, events and incidents that affect their service or the people who use it. As part of our inspection we checked whether statutory notifications were being submitted to the Care Quality Commission appropriately and in a timely manner. We saw that the home had failed to submit notifications about three incidents that had occurred in the home. We saw these had been reported to the local authority safeguarding team however we could not see any records to confirm they had completed the relevant notifications to the Care Quality Commission. This meant we could not check what actions had been taken to protect core members.

We dealt with this matter as a separate issue.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people were protected from the risks associated with unsafe management of medicines. Regulation 12. – (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the premises were clean, properly used and maintained. Regulation 15. – (1) (a) (d) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality of the service. Regulation 17. – (2) (a)