

L'Arche

# L'Arche London Gothic Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

L'Arche London Gothic Lodge is a residential care home providing personal care to up to 6 people. At the time of our inspection, there were 5 people using the service. The service supported people with learning disabilities and autism.

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

**Right Support:** Model of Care and setting that maximises people's choice, control and independence. Staff were recruited safely and had appropriate training on how to safeguard people using the service. The provider followed current best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, mental capacity assessments completed by the provider had not always included all the necessary information. Actions taken by the provider to address this gap will be reviewed at our next planned inspection.

**Right Care:** Care is person-centred and promotes people's dignity, privacy and human rights. People were encouraged to communicate freely and accessed community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts to them. People's care records were person-centred and up to date. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The staff team worked well together making sure people's rights and wishes were protected. The service had regular communication with the healthcare professionals which led towards good working relationships and empowering of people to choose the way they wanted to live their lives.

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

### Rating at last inspection

The last rating for this service was good (published 10 February 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for L'Arche London Gothic Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This was a planned inspection based on when the service was previously inspected.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# L'Arche London Gothic Lodge

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

L'Arche London Gothic Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. L'Arche London Gothic Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and

notifications of significant events the provider had sent to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 family members about their experience of the care provided. We also spoke with the registered manager, service manager and 2 staff members who provided care to people. We contacted 2 healthcare professionals to find out their experiences of working with this provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Family members felt that people's care needs were met by the service, with one family member telling us, "Yes, I feel that [name of the relative] is safe living there, and she receives the care she needs."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff's comments included, "If there is an abuse taking place, I would go to my manager, depending who is on the shift. If I was concerned about something I would go up, call the police, CQC or complain to the [local authority], depending on the concern."
- There were no safeguarding concerns raised regarding the service in the last 12 months.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed effectively.
- Staff told us they made every attempt to avoid restricting people's freedom by using de-escalation techniques and guidance provided by the healthcare professionals. This was to support people when they were feeling anxious about the changes in their routines.
- The management team told us they proactively managed the risks associated with people's care to ensure safe and effective care delivery. This included providing staff with a good level of training. One family member told us, "Yes, [staff] have the necessary skills to support [my relative]." A healthcare professional said, "[Staff] appear to have good knowledge of how to engage people with a range of communication, cognition and health needs. They communicate in a respectful manner and I have seen the benefits in the home and clinical environment – they have been able to support people who are anxious about health interventions in a manner that was successful and demonstrated a good awareness of the people's needs." Staff completed internal training for learning disabilities and were awaiting for the recently introduced compulsory 'Olive McGowan on Learning Disability and Autism training' to be available for attending.
- People's care plans were person-centred and provided guidance for staff on the support people required with manual handling, nutrition and accessing community. Risks to people's safety were identified, assessed and managed which helped people to live their lives the way they wanted to.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff team understood how the Deprivation of Liberty applied to the people who used the service and involved legal professionals working for public authorities requesting authorisations as required.
- Staff knew the MCA principles and appropriately supported people in the decision making process. One staff member told us, "We try to give the residents different options and some of them can show us what they want. If the decision is bigger, the manager does the mental capacity assessment to decide what is in the person's best interests. We have circle of support meetings to talk about people's needs and preferences. Even if [people] can't make choices for some things, we still give the opportunities to make choices." A healthcare professional said, "All the staff I have observed have demonstrated a positive regard for residents' rights, by seeking consent before providing care and ensuring Best Interest discussions with all appropriate people involved when the person has not been able to communicate consent due to cognitive decline."
- However, we found that the mental capacity assessments completed by the management team were not always decision specific and included all the information necessary. Evidence of how a decision was reached in relation to a person's ability to understand, retain and communicate the information provided was not always recorded. We discussed this with the management team who told us they will review their systems in place to improve the recording. We will check their progress at our next planned inspection.

#### Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- Staffing levels depended on the people's care needs and activities that they attended. The provider was in the process recruiting more permanent staff because they had a change in people's support needs. They currently used regular agency staff to provide cover when needed.
- The management team told us that people were provided with opportunities to experience different cultures and cuisines because they had a diverse community of staff who came to work at the service from different parts of the world.
- Staff were suitably recruited. Job application form, interview, references and Disclosure and Barring Service (DBS) checks were completed before staff started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Medicine administration records (MAR) were completed after the medicines were taken by people. MAR included information of the dose and time when the medicines should be administered.
- The management team told us that only permanent and regular staff members who knew people well were administering the medicines to reduce the risk of errors occurring. Staff only administered the 'as required' medicines after they had a consultation with the GP.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff



supported people to follow them.

- The service had good arrangements in place for keeping premises clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely. One staff member told us, "Of course we have aprons, masks and gloves to use. We always use gloves for personal care or cleaning, cooking. We wash our hands all the time."
- The service's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Where an incident took place, actions were identified to ensure a person's safety when accessing the community.
- Team meetings took place to update staff on the important matters and also to agree on actions necessary concerning people's care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers set a culture that promoted people's individuality, protected their rights and enabled them to develop.
- Circle of support meetings were used to set and monitor people's goals achieved. A family member told us, "[Name of the person] is part of her review meetings and of the quarterly Circles of Support. I have often heard staff ask her about her preferences for support and activities." One staff member told us, "Residents have goals such as going to church and seeing friends. [Name of the person] goes to see shows, they like pizza nights."
- Staff supported people's independence and respected their right to choose how they wanted to live their lives. Staff's comments included, "[Name of the person] puts his laundry away in his room. [Name of the SU] can hold his toothbrush when he brushes his teeth. We created charts to be consistent and he is comfortable with his routines and therefore able to do more for himself" and "We give them time. [Name of the person] never wakes up at the same time. Sometimes she needs more time and we give her space."
- We observed staff being kind to people and understanding their communication needs. Pictures and objects of reference were used to support people's understanding and to remind them about their daily activities and planned events. A family member told us, "I find the staff at Gothic Lodge competent, caring, well informed about how [name of the person] needs to be supported and about her communication. I would describe the staff as welcoming, respectful, warm and well trained in how best to support [name of the person]. A healthcare professional said, "I would say the home is just better than average. People know staff, they are kind and warmly attend to their needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team understood and demonstrated compliance with regulatory and legislative requirements.
- There was a good management structure in place with shared responsibilities to ensure good quality support consistently. One relative told us, "I think the service is very well managed. The service manager is very familiar with [name of the person] needs and good training, supervision and regular team meetings are provided for staff. The service manager is very approachable and consults me from time to time about particular issues." Staff felt well supported by the provider and their line managers, with one staff member telling us, "I have the space to open my concerns and I feel listened to."
- The healthcare professionals told us they had good communication and working relationship with the

provider. They said, "My impression is that the service is very well managed both from a technical and professional aspect and also ensuring that positive regard for and respect of residents informs all that the team do. The home and service manager were very timely in communicating risk issues and working proactively with the wider health and social care network to problem solve issues."

- The staff team was notified when changes to policies and procedures were made and had knowledge checked at their supervision meetings. At the time of inspection, the provider was in the process of updating some of the policies and procedures making sure they included all the changes necessary.

Continuous learning and improving care; Duty of Candour

- The provider kept up-to-date with national policy to inform improvements to the service.
- Systems and processes were in place to effectively monitor the service delivery. Audits related to health and safety, people's records and finances were carried out by the managers and staff team to ensure continues monitoring of people's care.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. The management team were aware of their responsibilities under the Duty of Candour. Staff gave honest information and suitable support, and applied duty of candour where appropriate.