

L'Arche

# L'Arche Bognor Regis Zacchaeus

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 20 November 2018 and was unannounced.

L'Arche Bognor Regis Zacchaeus is a care home for five adults with a learning disability and or autistic spectrum disorders. At the time of our inspection there were four people living at the service. We refer to L'Arche Bognor Regis Zacchaeus as Zacchaeus House in the body of this report. The service was provided from a domestic style eight-bedroom house over two floors. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our last inspection, due to not having a registered manager in place at the time of our visit this had limited the rating for well led to requires improvement. This was because it was a condition of the provider's registration that a registered manager be in post at this location. At this inspection, a registered manager was 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 person's'. 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.

L'Arche originated in France in 1964 and is now an international movement that builds faith based communities with people with learning disabilities. Zacchaeus House is part of an ecumenical, meaning all inclusive, Christian community which welcomes people of all faiths and those who have none. The community has a cycle of events throughout the year that provide a focus for spiritual development. These include an annual pilgrimage, monthly community gatherings, days of reflection and occasional retreats and gatherings. People who live and receive a service at Zacchaeus House are known as 'core members' and staff as 'assistants'. Due to the philosophy of L'Arche that people with disabilities live in a community, three assistants live in the service alongside core members, sharing all of the facilities.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff described procedures that were in place to safeguard the people they supported. They fully understood the safeguarding policies and procedures and felt confident to raise a concern and thought they

would be listened to.

Recruitment systems at the home continued to be safe and robust. There were sufficient trained and competent staff to meet people's individual assessed needs. All staff undertook an induction at the start of their employment and completed shadow shifts to fully understand their role and the people they supported. The staff were supported by the management team through on-going supervision and team meetings.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. All staff had undertaken medicines training and had their competency assessed annually or when needed. The registered provider had medicines policies and procedures in place.

The design and layout of the building was hazard free and met the needs of people who lived there. All areas of the home were clean and in a good state of repair with equipment maintained.

People received care that was personalised and responsive to their needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

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

People were involved in the planning of meals and menus. They received appropriate nutrition and hydration support to maintain their health and wellbeing.

We observed kind and caring interactions between people and staff. People living in the home praised the caring nature of the care staff and registered manager. People were involved in planning their care and supported to engage in meaningful activities of their choice. There were regular opportunities for social inclusion with access to the community and annual holidays.

The registered provider had a clear complaints policy and procedure that people and their relatives were familiar with and felt confident any concerns would be listened to.

The registered manager was accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was Good.</p> <p>People who used the service, their relatives and staff were engaged and involved in making improvements.</p> <p>The registered manager promoted an open culture in the service. The provider's values were embedded in staff working practices.</p> <p>Quality checks had been completed and the service worked in partnership with other agencies.</p> <p>The service worked well with other organisations to ensure people received a consistent service.</p>	<p><b>Good</b> ●</p>

# L'Arche Bognor Regis Zacchaeus

## **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 20 November 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make. This information formed part of the inspection planning and was used during the inspection visit.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

We used a range of different methods to help us understand people's experiences. Some people who lived at the home had limited verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with two people who used the service. We spoke with the care and support coordinator, the registered manager, the deputy manager and two assistants.

To help us assess how people's care needs were being met, we looked at two care plan files, three staff

recruitment files, four medication administration records (MARs), all the staff training records, complaints, policies and procedures and other records that related to the running of the home.

# Is the service safe?

## Our findings

At our last inspection in February 2016, the key question safe was rated good. At this inspection we found safe remained good.

People told us they felt safe living at the service and with staff. One person said, "I am safe here. It is a pleasant home. The assistants are very caring." The provider had procedures in place to safeguard people from the risk of abuse. Staff had completed training in safeguarding adults from abuse and could recognise the signs of abuse and knew of actions to take to report any concerns of abuse. There was an equality and diversity policy in place and staff received training in this area. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. The service had effective systems to safeguard people's money. Records and receipts of financial transactions were maintained. Regular audits and checks were conducted to ensure accounts tallied.

Risks to people were managed to improve their health and well-being. The service conducted assessments to identify risks to people's physical and mental health; behaviours and activities that may cause harm to people. The provider worked closely with learning disability health professionals who were involved in assessing and drawing up risk management plans for people. We reviewed management plans for people who displayed behaviour that could put them and others at risk. Their management plans included giving them reassurance and space when needed, talking to them about their concerns, engaging them in activities and reminding them of the consequences of the behaviour. Each person living at the home had a personal emergency evacuation plan (PEEP) that described the level of support and intervention they required to evacuate the building in the event of an emergency. These were regularly reviewed and updated.

The service maintained a safe environment for people. Risk assessments were conducted to identify hazards to the environment, such as, fire risk, gas safety, water and electricity safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. Staff conducted regular health and safety checks such as weekly fire alarm tests to ensure equipment were in good condition. Staff also practiced fire evacuation procedures regularly to ensure both people and staff knew of actions to take in the event of a fire.

Staffing levels were appropriate and people were supported according to their needs and preferences. Rotas for the week preceding the inspection showed staffing levels had been consistently maintained. When new staff were recruited they completed a number of pre-employment checks. These included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

Medicines were stored securely in a locked cabinet. There were arrangements in place for any medicines that needed to be stored at lower temperatures or have stricter controls in place in line with legislation. All staff had received training to enable them to administer medicine. Some people had prescribed medicines to use 'as required' to help them when they were anxious or distressed. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine

Administration Records (MAR) were well organised and clear.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. Cleaning schedules were in place so staff were aware of their responsibilities. People were encouraged to take part in cleaning tasks. Personal protective equipment (PPE) was available to all staff that worked at the home. This included gloves used by staff when undertaking personal care tasks. Staff understood the importance of regular hand washing and how infection was spread. Staff had completed infection control and food hygiene training.

The service maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The registered manager reviewed these and considered ways to prevent them from happening again. We saw additional protocols were introduced to ensure medication was managed safely as a result of minor errors that had occurred. These included counting medications each time it was removed from where it was kept and the introduction of weekly medication auditing to ensure medication records had been correctly signed, look for any errors and check that labelling of medication was correct. Handover and team meetings were used to discuss incidents and actions or lessons learned.



# Is the service effective?

## Our findings

At our last inspection in February 2016, the key question effective was rated good. At this inspection we found effective remained good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This considered their physical, mental and social needs and records seen were regularly reviewed and updated. Staff had the appropriate skills, knowledge and experience to deliver effective care and support.

Staff had an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced staff. We spoke to one new staff member, who told us they felt well supported. They told us, "I feel very supported, I am reading people's care plans before working with the individual. I am here to observe and talk with the people I am supporting to build a rapport. Tomorrow I will then shadow a staff member and work alongside a person, going from what I have read as well from the care plan."

Staff told us and records confirmed, that they had the training they needed to carry out their role effectively. This included training associated with people's specific and diverse needs such as epilepsy, stoma care and communication. Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

Records demonstrated staff had monthly team meetings to discuss their roles, training, people's individual needs, recruitment and changes in policy. Staff told us this was also an opportunity to suggest improvements to the registered manager. Records showed the discussions that had taken place, together with a review of actions agreed from previous meetings. This provided an opportunity for the team to work together to deliver effective care.

People's dietary needs had been identified as part of their plan of care. We saw the individual was supported to improve their daily living skills and encouraged to help with shopping and the preparation of their meals. Staff told us that people's individual's needs were assessed in the planning of weekly menus. People's weights were regularly monitored and recorded.

Support was provided to access healthcare as required. Care and support plans included details of planning and support needed to maintain the person's physical, mental and emotional health and wellbeing. The service had good links with other healthcare professionals and specialists such as; occupational therapists, learning disability professionals, psychologists, GPs and dentists. Feedback from these appointments was clearly documented and any recommendations or guidance was included. We saw that staff were proactive in seeking input from advocacy services. Advocates help people to make decisions that are right for them and in line with their personal preferences and choices.

People were supported to attend annual health checks with their GP when required. Staff were observant of people's changing health conditions and sought prompt medical advice for them. Hospital passports had been developed to provide clinical staff with detailed information about each person should there be a need for them to be admitted to hospital. Records demonstrated relatives were kept informed of any changes following incidents and updates from health intervention.

The design and layout of the premises and garden was appropriate to meet people's needs. People were involved with the decoration of the premises.

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 law 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 make 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 with appropriate legal authority. 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 Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. We found DoLS applications had been made to the local authority and authorised where appropriate. People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and demonstrated they understood MCA and how this applied to the people they supported. We observed staff taking the time to listen to people and respected their decisions.

# Is the service caring?

## Our findings

At our last inspection in February 2016, the key question caring was rated good. Records and our observations found people remained happy living at the service, they continued to be complimentary of the staff and management team and people told us felt cared for. Therefore, at this inspection we found caring remained good.

There continued to be a supportive family atmosphere, where people and staff shared a mutual respect and understanding. People supported are not called service users or clients as it was explained to us this did not reflect the relationship between the person supported and the staff. L'Arche find it more appropriate and respectful to refer to the people they support as 'core members' and to staff as 'assistants'.

We observed an informal and friendly atmosphere at the home. We observed staff and people engage in lively conversation and enjoy 'banter'. We observed that newly employed staff had built friendly relationships with the people living at the home and knew their care needs and preferences.

People were relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care and their personal histories. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people.

People's independence was encouraged and respected. Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. Staff were seen supporting people to cook, make hot drinks and to get ready for their day service, consistently supporting people to do as much as possible for themselves whilst ensuring people were safe throughout. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

The registered manager told us they were committed to meeting people's needs with regards to their age, disability, gender, race, religion or sexual orientation. These areas were covered in their care plans. Staff understood the importance of respecting people's diversity. People told us where possible they were involved in decisions that affected their lives. Observations and records confirmed people could express their needs and preferences in their care at house meetings which took place every week for people to discuss the upcoming week.

The home encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff including their key workers monthly. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan.

To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Care plans also detailed people's cultural and religious preferences. People were supported to practice a faith should they choose to do so. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed to help give people a normal life. There were no restrictions about when people could have their relatives or friends visit.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed.

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records held in the office and were locked in cabinets. The staff induction programme included handling information, and staff had a good understanding of how they maintained confidentiality.

# Is the service responsive?

## Our findings

At our last inspection in February 2016, the key question responsive was rated good. Everybody we spoke with told us they liked being supported by the staff at L'Arche. Some people we spoke with didn't use speech to communicate, however it was clear from their signs, body language and the comfortable interactions with their staff that they liked the support they received. Therefore, at this inspection we found responsive remained good.

Before people came to live at the service a full assessment was completed with them and their relatives to determine if the service could meet their support needs. We saw care support plans were very inclusive of people's views and wishes.

Each person continued to have a support plan which detailed how their individual needs and goals would be achieved. Support plans were developed jointly with the support team. The plan focused on improving people's physical and mental health well-being; reducing isolation and maximising people's independence. These were reviewed annually to ensure they were current and reflective of the persons wishes. The review documents produced were in a pictorial and easy to read format. If people wanted assistance could be supported to fill them in. People were asked about their accommodation, support, decision making and activities.

People's support plans were set out in a format meaningful to them, some plans we looked at had a copy of the information in picture format, other plans were in easy read. People's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This included instructions for staff in the care plans on how best to support people, and took account of their needs, choices and preferences. This information enabled staff to get to know people quickly and to care for them in line with their wishes. Care plans were detailed and were kept under regular review. They were kept secure.

People continued to have their own activity schedules which showed what they were doing, when and with whom. This ensured that people were informed about who would be supporting them during the day to reduce their anxieties. Staff gave people time to communicate their wishes and did not rush them. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and to decide when they had had enough.

Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns. Staff completed a handover at the start of each shift, to discuss what was happening in the day with people and any changes to their needs or well-being.

People were happy with the service they received and told us that they knew how to make a complaint should they need to. The complaints process was visible within the service. There was an easy read version available for those who needed it.

The organisation had a policy and procedure for end of life care in place to support staff in meeting people's needs. Some staff had received training in caring for people at the end of their life, if this should occur. There was no one at the time of this visit who was receiving end of life care.

# Is the service well-led?

## Our findings

At our last inspection in February 2016, due to not having a registered manager in place at the time of our visit this had limited well-led to requires improvement. At this inspection the service had a registered manager who had been registered with the Care Quality Commission since October 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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.

There was a regular programme of audits. We saw that these identified shortfalls which needed to be addressed and where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, changing the medication competency records to ensure they were more robust to prevent mistakes. The registered manager collated information relating to the running of the service which they shared with the provider through regular reporting. This covered everything from admissions, safeguarding, maintenance of the building, to incidents and accidents and care reviews. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

The registered manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives and staff. People's and relatives feedback was sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives. Comments were positive from a recent survey and any suggestions made were taken on board by the registered manger and acted on. Comments included, 'Staff are approachable', 'Management are excellent.'

The organisations care and support coordinator explained to us the organisation embraced diversity and employ and support people of different faiths and those with no particular faith. The registered manager told us, "It is an honour and privilege to run this care home to support their [core-members] aspirations. I have a great staff team and a dedicated deputy manager."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the management team.

People told us they felt able to talk to the manager about anything they wished. There was visible leadership and management support available to staff. Staff told us they knew who to go to for guidance and direction and they felt well supported. The registered manager was available during the day to give support and direction to staff. An on-call duty system was in place to ensure staff had out of hours support when needed.

A representative from the service participated in the provider 'Core-Members Council.' The purpose of this

group was to provide quality monitoring on behalf of people using the service and to discuss any issues or feedback relating to service provision and how people would like it to be managed. Minutes of these meetings were observed. The meetings were well supported by all the representatives participating.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

The service worked well with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.