L'Arche

L'Arche Bognor Regis

Inspection report

51 Aldwick Road
Bognor Regis
West Sussex
PO21 2NJ

Website: www.larche.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 6 September 2016 and was announced.

L'Arche Bognor Regis is registered to provide personal care to people living with a learning disability and other complex needs, including autism and mental health. The provider offers care and support to people who require help with day-to-day routines including personal care, meal preparation, housework, accessing the community and companionship. People have their own service user/tenancy agreements. At the time of our inspection, the service was supporting two people in their own flats and three people in shared accommodation in West Sussex.

There was no registered manager in place at the time of the inspection. However, a manager had been appointed in May 2016 and had begun the process of applying for registration. 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.

The management of the service was inconsistent and lacked continuity. There were ineffective systems or processes in the service to ensure that the services provided were safe, effective or well led.

Risks to people's health, safety and well-being had not always been mitigated and staff had not followed risk management strategies set out in people's care plans.

Staff demonstrated that they understood their responsibilities to support people with making decisions about their care, but the provider needed to improve their record keeping in demonstrating that people's rights were being upheld.

People said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff understood their responsibilities to keep people safe from the risk of abuse.

There was a reliable service from regular staff. There were sufficient numbers of suitably experienced staff employed to meet people's individual needs. Thorough recruitment processes were in place for newly

appointed staff to check they were suitable to work with people who may be at risk.

There was a policy and procedure in place with regard to medicine administration and this was understood by staff. People were supported to take their medicines when they needed them.

People being supported each had a care plan, which gave guidance to staff on how support should be given.

There was suitable training, support and induction for staff so they could support people effectively. Staff told us they received regular training and that they had a good induction before they started to provide support to people.

Staff had received training in the Mental Capacity Act (MCA) 2005 and associated legislation. Staff knew what action to take if they thought a person lacked capacity to consent.

Staff monitored people's health and they supported people to access healthcare professionals when needed.

Staff were kind and caring. People were able to express their views and said they were encouraged to be independent as possible. They confirmed they were treated with dignity and respect and said their needs were regularly reviewed. A person told us, they were contacted on a regular basis to ensure that their current up to date needs were being met. A complaints procedure was in place that described how concerns should be raised.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 always safe.

When risks to people had been identified, guidance to reduce the risks had not always been followed.

Staff were aware of the procedures to follow regarding safeguarding adults.

There were sufficient numbers of staff to support people's needs safely, in their home and out in the community. Safe recruitment systems were in place.

Suitable recruitment checks were carried out so the provider could be assured that staff were suitable to work with people.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood their responsibilities to support people to make decisions about their care but improvements in record keeping were needed to demonstrate people's rights were being upheld.

Support and training to staff were provided so they had the skills required to support people effectively.

People were supported to access health care services when needed and staff worked with health care professionals to provide coordinated care to people.

Is the service caring?

Good

The service was caring.

People were involved in decisions about the type of support they received and the provider listened to what people had to say

about their care.

People said they were treated well by staff and that they were kind and caring.

Staff said they always treated people with dignity and had respect for the people they cared for.

Is the service responsive?

Good

The service was responsive.

Care and support was personalised and responsive to individual needs and interests.

Care plans gave staff information to provide support in the way they preferred. Plans were regularly reviewed and updated to reflect any changing preferences and needs.

There was an effective complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

The manager was not in day-to-day control of the service. The system in place to keep the appointed manager informed of how the service was running was not effective. The manager did not have the current service information to manage the service safely and effectively.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service was effective in identifying shortfalls and driving improvement.

Views about the service were not sought by the provider so the quality of the service provided could be monitored and improved.

L'Arche Bognor Regis

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 September 2016 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure someone from the management team would be available to speak with us.

One inspector carried out the inspection.

Before the inspection, the provider completed 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with one person and their allocated support worker. We chatted with the person and observed them as they engaged with their day-to-day tasks and activities.

We spent time looking at records including two care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

We spoke with the operational manager known as the 'community leader', the appointed manager, another

manager known as the 'house leader', who oversees part of the service on a day-to-day basis and one support worker.

Following our inspection, we spoke with two relatives of people using the service, to ask them for their views of the service.

The last inspection of the service was carried out in January 2014 and no concerns were identified.

Requires Improvement

Our findings

We looked at how risks were managed. Although the majority of risks had been identified, and assessed, a person's risk assessment in relation to water temperature did not mitigate risks. The risk assessment stated, '[person] needs supervision when using hot water. Especially in the bathroom'. The risk assessment stated the provider was in the process of installing special devices that kept hot water to a maximum temperature of 45°. The provider had identified this as a risk in August 2015. The risk assessment was updated in April 2016, which stated 'The hot water taps are not controlled and the water out of the hot taps can be scalding hot.' The guidance for staff around this risk was to ensure the person did not use the bath, to encourage them to use the shower and ensure there were signs near all the hot water taps to warn the person there is hot water. The person told us, they did not mind having showers. The manager told us, the person needed the hot water signs and was able to understand them. The manager and community leader could not give assurances of when the taps would have mixers fitted, to ensure the temperature did not run scalding hot. We visited the person at their home and we found that not all taps had hot water signs this included the bathroom tap. The community leader informed us that for this tenant, although L'Arche was not the person's landlord, they was responsible for the upkeep, décor and adaptations needed for the persons flat. The provider told us that the local council also shared responsibility for the maintenance of the physical environment.

We found that risk assessments relating to nutrition and hydration, continence, weight management and nail care required daily or weekly monitoring. The risk assessments indicated this was to ensure people received safe care and treatment. However, we found multiple gaps within these particular care records with poor or missing information to safely manage these risks. For example, one person's continence was being monitored, to ensure the best course of treatment was sought and given. Another person, whose diagnosis meant they required to be kept hydrated, was not having their monitoring forms checked or analysed to ensure the person had had enough to drink. The person was at risk of developing further health complications if not encouraged to keep hydrated. The impact of this meant, the manager could not be certain care and treatment had been carried out as needed to keep people safe.

The above evidence demonstrates the provider did not always assess the risks to the health and safety of a service user receiving care and did not do all that is reasonable to mitigate such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risk assessments had been carried out for individual risks; such as self-neglect, finances, accessing the community and mobility. These were person-centred and reflected the risks to each individual and the

action to be taken by staff to minimise each risk.

The person supported by L'Arche told us they felt safe with the staff. They said the staff who provided support to them were very good and that they felt comfortable with them.

Two relatives felt their family members were safe, that staff had a good understanding of risks associated to their needs and what support was needed to alleviate those risks.

The manager had an up to date copy of the local authority safeguarding procedures and understood her responsibilities in this area. The service also had its own safeguarding policy and procedure, which was provided to all staff and was included in the person's care plan folder. Staff were aware of and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people. One member of staff told us that they would ensure people were safe and secure and report any concerns to the house leader.

There was a lone working policy for staff when working alone in the community. Staff were aware of what they should do in emergencies such as when they could not gain access to see a person in their home. This meant that appropriate action could be taken so people were safe.

There were sufficient numbers of staff to meet people's needs. Staff said they had sufficient time to carry out the tasks as set out in the care plan. The manager told us that people were informed who would be calling to provide support prior to each visit. The person concerned said they always knew who would be coming to provide support.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Prospective staff underwent a practical assessment and role related interview before being appointed.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. All staff were trained to administer medicines. The manager completed an observation of staff to ensure they were competent in the administration of medicines.

Requires Improvement

Our findings

We checked to see if the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA), which 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that decisions had been made in people's best interests and professionals and people who knew them well had been involved. However, although staff understood their responsibilities to support people to make decisions, the manager and community leader did not understand the full extent of their legal responsibilities under the Mental Capacity Act in order to protect people's rights. The manager told us they had not received training in this area. The manager and community leader had not always recorded the steps taken in the decision making process to demonstrate how it was in a person's best interest. For example the community leader had agreed that a staff member could live with a person L'Arche supported. The staff member was employed to work in the provider's day service and was not employed to work with the person they would be living with. The manager and community leader were able to demonstrate they had notified the person's social worker, however, could not provide any evidence that demonstrated the person was consulted in this decision. The person's care plan indicated when important messages were being communicated, but this needed to be done in an accessible format. The care plan stated, 'With visual tools and pictures will help [person] to understand better what we say, to know what is going to happen, or for [person] to express what they want. [Person] needs time to process what is being said.' The community lead told the inspector they had not followed the person's communication care plan, but had had various meetings with the person to ascertain the person's views and gained their consent. These meetings had not been documented. The manager told us they knew that this was an area that required improvement and during our visit arranged for herself to be put on MCA training. The manager told us once she was trained in this area, she would be able to ensure the principles of the MCA were applied when operational decisions were being made that could impact on people receiving a service.

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 MCA. Where services are provided in people's homes the process is known as a 'community deprivation of liberty safeguard' (DoLS) and is authorised by the Court of Protection. The manager told us that people supported by the service were potentially being deprived of their liberty in their best interests because they were subject to constant monitoring and supervision. They told us they were working with the local authority DoLS team who were making an application to the Court of Protection for

the legal authorisation. This was confirmed by the DoLS team and meant the provider was fulfilling their responsibilities.

A person supported by the agency told us the staff who supported them knew what support they needed. They said staff always completed the tasks as set out in the care plan and that staff stayed for the agreed length of time and sometimes longer. They described their care workers as "Lovely!" and "They do everything I ask".

Training records showed staff completed training in a number of relevant subjects. These included fire safety, first aid, infection control, health and safety and learning disability / mental health awareness. Guidance was also provided for staff on how they could identify any changes to people's health and how and when to report any concerns. This meant that people were supported by staff that knew them well and understood their needs.

Staff told us they had a good induction. The manager said new staff carried out shadowing shifts with more experienced staff and that staff were not allowed to work unsupervised until both the manager and staff member were confident they could carry out their duties. The manager told us shadowing was an important part of the induction and this could go on until both the agency and the staff member were confident to go out and support people alone. The manager told us induction training had been amended to reflect the Care Certificate requirements. The Care Certificate is a national qualification covering 15 standards of health and social care topics.

The manager said that all staff received regular supervision every month. Supervision included observations of care practice. Records and staff confirmed this and said they could discuss care issues, staff training or any other issues openly with the house leader or manager.

The person receiving care was aware they had a care plan and told us they were consulted and had agreed to the arrangements made for their care.

When required, staff provided support to people with their food and drink. This was mainly with shopping, budgeting, and included support to help them maintain a healthy diet.

People were supported to maintain good health and had access to a range of healthcare services and professionals. Care records contained health assessments for people, which were reviewed annually. People were supported by staff to attend GP and hospital appointments with consultants, as well as visits to the dentist and community nurses. 'Care passports' were in place, which included 'Red – things you must know to keep me safe', 'Amber – things that are important to me' and 'Green – my likes and dislikes'.

Good

Our findings

One person supported by the agency described the staff as caring, kind and respectful. The person made positive comments about how they were treated by staff and included: "The staff are kind. They help me with everything I need".

Positive, caring relationships had been developed with people. A staff member told us they knew the people they supported well, including their likes and dislikes and supported them to be involved in making decisions about their care. They said they enabled people to be as independent as possible and provided people with support and encouragement.

The person supported by the agency told us their views were listened to and taken into account by the support staff visiting when care and support was provided. They said staff always explained what they were doing and asked permission before providing any care. The care provided was minimal and the person receiving support said, "I am in control here, I do as much as I can. I do my cleaning and staff help me with my cooking". A staff member told us they always sought agreement before completing care tasks. People and staff confirmed that they had regular care visits and this meant it was possible to build up good working relationships with each other.

Staff said they treated people with respect and acknowledged the need to also respect people's privacy and dignity. Care tasks were only carried out in the privacy of people's own home. Staff understood the importance of treating people with dignity and respect and of gaining their consent before any care or support was given.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to others who did not need to know. Any information that needed to be passed on about people was passed verbally in private or put in individual care notes.

Good

Our findings

People supported by the agency received personalised care, which was responsive to their needs. Records sampled showed that the agency was responsive in changing the times of their visits when needed. A person told us staff always arrived on time and stayed the correct amount of time.

One relative told us, "They [staff] have done a marvellous job and [person] has never been so happy." Another relative told us, "I appreciate L'Arche very much; [person] has been there for 20 years, I am very grateful. [Person] is in independent living now and acquired a life of their own."

Care and treatment was planned and delivered in line with the person's care plan. We looked at two people's care plans. People had an individual care plan, which set out their needs, the support needed by staff and how the support should be provided. Care plans included information regarding the support people needed to maintain their independence such as with bathing, while allowing the person to do as much as possible for themselves. The care plans contained information on the type and level of support needed. This meant that care and treatment was planned and delivered in a way that people wanted.

The person supported by the agency told us they were involved in the compilation of their care plans. The person receiving care was aware they had a care plan and confirmed they had a copy. Staff told us they used the care plans to guide them when providing care, but also asked people how they wanted to be helped. One staff member said, "People we support tell us what help they need and we respect their decisions."

The person we spoke to told us they received care and had three calls per day. These were regular and staff took it in turns to provide care on a day-to-day basis. The staff member would always inform the person what member of staff would be calling the next day. The manager told us that if there were any changes to the timings of care calls, the person receiving care would instigate this and staff would be informed of the changes by phone.

We asked the manager how they managed if a care worker was sick or on holiday. They told us this was not a problem, as they would contact other staff who worked in three local registered care homes also owned by the provider, to ensure the care call was not missed.

Records were made each time care staff supported people. These were detailed and showed the time the care worker arrived and left the person's home. There was also information recorded on the care tasks that had been carried out. These showed people received care as set out in their care plans and that people

could choose what they did and how they preferred to be supported. Staff confirmed they recorded all relevant information about people.

People supported by the agency had their care needs reviewed monthly and changes were made to care arrangements when needed. A person confirmed their care plan reflected their current needs and preferences. Staff told us that if they noticed any changes in a person's needs they would contact the house leader who would visit the person, talk with them and amend the care plan to reflect any changes. The manager said the information was also recorded in the care notes so staff could be made aware of any changes.

The complaints procedure was displayed in written and pictorial format to ensure it could be understood and met people's individual communication needs. A copy of this was in people's care plans, which the manager told us they had copies of and was confirmed by the person we spoke with. Records sampled showed us the last complaint made was in August 2016. This complaint had been dealt with within the timescale stipulated in the complaints policy and to the satisfaction of the complainant. The person we spoke to said the staff listened to their views and said they knew they could use the complaints procedure if they needed to. A person was able to give an example of how they have done this and how their concerns were resolved.

Requires Improvement

Our findings

Our findings from this inspection demonstrated that the manager and provider had failed to provide good quality and safe care to people and had not acted upon known risks. The provider had a system in place to check the quality and safety of the service but this was ineffective. The manager told us the house leader was responsible for doing a weekly audit for two people's care/services received and the deputy manager was responsible for doing the same weekly audit for the remaining three people's care/services received. The manager told us, the frequency of these audits had been determined by the provider and formed part of their quality assurance system. The manager told us she would then analyse this information to monitor and improve the quality and safety of services provided. However, the manager was unable to provide evidence of this. The manager confirmed that these audits were not completed regularly, for example, she told us the deputy manager had only completed one weekly audit since May 2016. The manager confirmed no action had been taken with regard to this. The manager told us, she did not have the current service information to ensure the services were being managed safely and effectively.

The manager told us that since May 2016, she had completed one audit for two people in receipt of services but could not be sure what service the three remaining people were in receipt of. The manager told us she was also responsible for and managing three other registered residential care homes for the provider. The manager told us she had focussed her time on those services. The manager confirmed she relied on the information handed over to her from the house leader and deputy manager, which she stated was not up to date information and irregular.

Monitoring forms such as fluid charts, behaviour charts, continence checks, nail care and weight records had not always been fully completed for people. The manager did not have a system in place to review or check these forms for accuracy and changes in need. It was therefore difficult to determine if people had received safe and appropriate care. Accidents and incidents were recorded. However, there was no evidence of audit or review of incidents and accidents to identify patterns to inform care planning or flag up concerns. The evidence above shows that the provider had failed to maintain an accurate, complete and contemporaneous record in respect to people's care and treatment.

The manager was unable to demonstrate how they seek feedback for example, from people they supported or their relatives. Therefore, the manager had no system in place to gather feedback in order to evaluate and improve the service.

There was no robust system and processes to assess, monitor and mitigate risks or, monitor and improve

the quality and safety. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there was a manager in place, there was a lack of leadership at the service and this impacted on the care people received. People and staff said if they needed advice, support or information, they would contact the house leader or deputy manager who was available and visible across the three locations. Relatives said they would contact any member of staff who worked at the service or the house leader. Relatives confirmed that they did not usually see or speak to the manager. One relative told us they thought the house leader was the person who managed the service overall. The manager did not work within the service and was not in day-to-day contact with it. They were not involved in running the service, their role involved providing a monitoring and oversight function but this oversight had been ineffective at times.

The manager was applying to the Commission to be a registered manager for three other L'Arche residential care homes, as well as for this domiciliary service. The Care Quality Commission guidance on the definition of a registered manager is that, 'The registered manager should be in day-to-day charge of carrying on the regulated activity or activities they apply to be registered for'. The guidance goes on to say that although the regulations do not prevent a person from being registered to manage more than one location, the manager must have the capacity to do so. Following our inspection, the community leader supplied an action plan on how they intend to remodel their services. However, these plans dated back to November 2015 and were reviewed in July 2016. The community leader confirmed the delay for the remodel was because they were waiting for a new manager to commence. The manager appointed commenced in May 2016. The plans supplied did not give a target date of when the remodel would be completed. The provider was receptive to our findings and said they would be addressed.

We recommend that the service seeks the relevant guidance about the roles and responsibilities of a registered manager and takes action accordingly to ensure good leadership and oversight in day-to-day operations of this service.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The Provider did not always assess the risks to the health and safety of a service user receiving care and did not do all that is reasonable to mitigate such risks. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no robust system and processes to assess, monitor and mitigate risks or, monitor and improve the quality and safety. Regulation (1) (2) (a) (b) (c) (e) (f)