

L'Arche

# L'Arche Kent Faith House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

L'Arche Faith House is a service for up to 5 people with learning disabilities and autism. The service is in a residential area of Canterbury. There is a main house where 4 people live and an annex for 1 person to live with support. L'Arche is a Christian based charity that supports people of all faiths and none in their services. There were four people living at the service when we inspected.

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

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.

### Right Support:

Risks to people had been identified but there was not full guidance in place to mitigate the risks. Environmental risks had not always been identified and resolved to limit unnecessary risk to people.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

Staff were recruited safely and there was enough staff deployed to ensure people received the care and support they needed, when they needed it.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People were supported to play an active role in maintaining their own health and wellbeing.

People had 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. Staff communicated with people in ways they could understand and respond to. The staff gave people care and support in a safe, clean, well equipped, well-furnished environment that met their diverse needs.

People were assisted to achieve their aspirations and goals. Staff focused on people's strengths and abilities to learn and develop new skills. People pursued their interests that they had chosen.

### Right Culture:

Quality assurance systems were in place to monitor the service people received. However, they had not identified the shortfalls we found at this inspection in regards risk assessments and risks within the environment.

Staff placed people's wishes, needs and rights at the heart of everything they did. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

#### Right Care:

People were treated with kindness and care. Staff showed genuine affection in their approach. Staff knew people well. Day to day choices were offered to people and staff demonstrated a good understanding of people. People were encouraged to take an active role with tasks such as making meals and helping around the service. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support promoted their wellbeing and enjoyment of life.

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 9 May 2018).

At our last inspection we recommended that the registered provider reviews the timescales for following up issues identified during quality audits. At this inspection we found some improvements had been made however we found that the provider had not identified risks during quality assurance audits.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This 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. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

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

#### Enforcement

We will continue to monitor the service and will take further action if needed. We have identified a breach in relation to safe care and treatment and have made a recommendation in relation to governance and oversight.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# L'Arche Kent Faith House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 information we had received about the service since the last inspection. 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 all this information to plan our inspection.

### During the inspection

We communicated verbally and nonverbally with 4 people. We spoke with 4 members of staff including, the registered manager, locality leader, and 2 support workers. We looked at 3 people's care plans and risk assessments. We looked at a range of other records including accidents and incidents, 3 staff recruitment files, medicines records, surveys and audits. We looked at staff rotas minutes of staff and residents' meetings and quality assurance

After the inspection we spoke with 4 relatives and sought feedback from visiting professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were monitored and recorded. Action was taken to reduce the risks. However, some risk assessments did not include full step by step guidance for staff on what action to take if the risks occurred. Some people were at risk of choking there was guidance in place on the action to take to prevent this from happening but not what to do if a person actually started to choke. Staff were able to explain what they would do in this situation. Other people were at risk of experiencing epileptic seizures this was identified in their risk assessments but there was no information on what action to take and how to recognise if people were having a seizure. Staff had not received training in epilepsy and there was a risk they would not know what to do.
- Environmental risks were not always addressed. Risks within the environment were checked regularly and records kept. We found that water temperatures within people's shower/bathrooms and sinks had exceeded the recommended temperatures for many months. The high temperatures had been recorded but no action had been taken to reduce water temperatures. People had independent access to bathrooms. There was a risk that people could be scalded. Whilst there was no evidence people has been scalded as a result of this failure the potential risk of injury was increased as staff were not following safe processes.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives said they felt their loved ones were safe living at Faith House. One relative said, "This is the only place (my relative) has lived that I don't have to worry. I don't have to constantly check. They do everything to make sure (my relative) lives a fulfilling and safe life".
- Risk management plans were in place for some people in relation to anxiety, how they expressed their emotions and how staff should engage with them. This included information regarding things which may cause people to become upset.
- Risks in relation to daily living and doing things people enjoyed were assessed such as personal care and medicines management and these were managed well. Risk management plans were in place for others in relation to people going out to enjoy activities. Staff were able to describe the risks to people were aware of and how to support them to remain safe.
- Regular checks on equipment and fire procedures were carried out. Staff completed health and safety audits to ensure the property was maintained to a good standard.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong



- People were protected from the risk of abuse, harm and neglect. Staff knew people well and understood how to protect them from abuse. The staff worked well with other agencies to do so. If safeguarding concerns were identified they were reported to the local county council safeguarding team. Investigation were completed and appropriate action was taken to prevent them occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered manager or locality leader, and they were confident action would be taken. They also knew who to report concerns to externally.
- People appeared relaxed and confident in the company of staff and relatives told us they felt their loved ones were safe. One relative told us, "When (relative) comes to visit and it's time to go he is quite happy to go which I like. They are good and I don't have to worry." Relatives described how the service kept people safe without restricting their independence.

#### Using medicines safely

- People's medicines were managed in a safe way. A relative told us, "Staff seem to go out of their way to ensure [my relative's] medications are correct when they come to visit."
- Medicines were recorded in Medication Administration Records (MARs). Following some medicine errors increased checks on medicines had been introduced. Two staff checked the records of medicines. Medicine errors had reduced. All homely remedies had been agreed with the GP.
- Staff had undertaken training and competency checks for the administration of medicines. Staff told us, "We've had training and we check the medicines every day for any errors."
- We reviewed medicines audits which showed that the management team checked for any potential errors and lessons that could be learnt in relation to medicines.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

#### Staffing and recruitment

- There was enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staffing fluctuated day to day to allow for people to take part in the activities they enjoyed. Staff knew how to take into account people's individual needs, wishes and goals.
- Staff told us they felt staffing levels were sufficient and that staff worked well as a team. Staff said, the provider had recently employed new staff, and this had made a big difference. They said they were getting back to normal following the pandemic.
- Staff had been recruited safely. Recruitment checks continued to be carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff knew how to take into account people's individual needs, wishes and goals.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the service in accordance with the current guidance

#### Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again.
- Staff knew how to respond to and report any accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things reoccurring.
- Lessons learned were shared with the staff team.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended that the registered provider reviewed the timescales for following up issues identified during quality audits. At this inspection we found some improvements had been made however we found that the provider had not identified risks during quality assurance audits.

- Management quality assurance checks of key areas of the service had been completed but they had not identified the shortfalls found at this inspection. Quality assurance audits had not identified the water temperatures were not within safe limits. The audits had not identified the risk assessments did not have guidance on the action staff needed to take to take if risks occurred. Audits had not identified that staff did not have appropriate advice and guidance on how to support a person who was at risk of choking. In addition, they had not identified that staff were not given guidance on how to support people with epilepsy.

The provider had failed to fully monitor and mitigate the risks relating to the health, safety and welfare of service users. This is a breach of regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- Other quality assurance checks and audits had identified areas that needed improvement for example staff training and staff supervision. Medicines, fire safety, incidents and accidents and finances were audited regularly, and action taken to address any shortfalls. The service had a continuous improvement plan which identified shortfalls and action to be taken by whom and when.

- People indicated they were happy and contented with the care and support they received from management and staff. Relatives and staff spoke highly of the registered manager and locality lead. Staff were clear about their role and were positive about the management team. Comments included, "The management team are very supportive. We all get on well together" and "The communication between everyone is good. We all know what we are doing and when to do it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff understood the aims and values of the service to provide personalised care and support and this was the culture amongst the staff team. People were priority and at the heart of

the service. People were involved in planning how the service was run and how it could develop.

- People were supported to do as much as possible for themselves and live fulfilling and active lives within Faith House and in their local area.
- Relatives said "The registered manager is very responsive. They always let you know immediately if there are any concerns and "Since living at Faith House (my relative) is the happiest and calmest they have ever been. Staff said they feel supported and listened to by management.
- A visiting professional said, "I feel that Faith House is well led and the manager has a strong work ethic that reflects on her staff. The staff that I have met have all been polite and welcoming on visiting Faith House. On observing the staff they engage well with their residents and are responsive to any change. Care is individualised and tailored to meet the resident's needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- 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 and had systems in place to report appropriately to CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns with their loved one.
- A relative said, "Yes, well informed by them all. The registered manager will call me with updates. We are involved in all aspects of [my relatives] care. They have put lots of things in place to make sure [my relative] is getting everything they need."
- When things had gone wrong the manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and locality leader promoted equality and diversity in all aspects of running the service. People's individual needs were identified and respected.
- People, and those important to them, worked with the registered manager and staff to develop and improve the service. Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Relatives said, "The staff always listen and act if I have any concerns. Another said, "I feel really involved and included in (my relatives) care."
- The service sought feedback from outside agencies to help them improve.

Working in partnership with others

- The registered manager and staff team had good working relationships with the local authority and local healthcare professionals including GPs and community nurses.
- Visiting professionals told us that the registered manager worked with them to make sure people received safe and effective care. A visiting professional told us, "Faith House are proactive and engage well with us. They have embraced new ways of working and forged a positive relationship between themselves and the GP practice. Through this partnership approach it has improved the wellbeing and health outcomes for their residents."

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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to fully assess, monitor and mitigate the risks relating to the health, safety and welfare of people.  This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.