

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

L'Arche London Gothic Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support to a maximum of five people. At the time of the inspection there were five people using the service.

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.

At the last inspection in November 2015 we rated the service 'Good' overall. At this inspection the service remains 'Good'.

The service continued to have systems and processes in place to protect people against the risk of harm and abuse. Staff received safeguarding training that enabled them to identify report and escalate suspected abuse and keep people safe.

The service had developed risk management plans that were regularly reviewed and detailed identified risks and strategies on how to manage those risks. Staff were aware of the importance of familiarising themselves with risk management plans and these were updated to reflect people's changing needs.

The provider demonstrated good practice in the administration, recording and storage of medicines. Medicine administration records were completed accurately and stocks and balances identified people received their medicines as prescribed.

People continued to be protected against the risk of infection, as the service had sufficient infection control plans in place. The service employed ancillary staff who ensured a deep clean of the property was undertaken twice monthly, in addition to daily cleaning. Staff were aware of the importance of ensuring Personal Protective Equipment (PPE) was used to minimise the risk of cross contamination.

People are supported to have maximum choice and control of their lives and staff do support them in the least restrictive way possible; the policies and systems in the service do support this practice. Staff had a comprehensive understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there were five people subject to a standard DoLS authorisation.

People were supported by staff that had undergone pre-employment checks to ensure their suitability. Staffing levels were flexible and ensured people's needs were met in a safe manner. Training systems in place ensured staff had the right skills and knowledge to deliver effective care to people. Records confirmed staff training covered safeguarding, Mental Capacity Act 2005, deprivation of liberty safeguards, food

hygiene, health and safety and medicines management. Where identified training had expired, the provider had booked refresher training.

People were supported to have access to sufficient amounts of food and drink that met both their dietary needs and preferences. People were supported to participate in the purchasing of food and meal preparation wherever possible. People who required specialist dietary requirements were catered for.

The service encouraged and empowered people to access healthcare services to monitor, maintain and enhance their healthcare needs. Records confirmed people had access to G.P, psychiatrists, psychologist, dentist, optician and learning disability specialists. A healthcare professional commented that the service will work with them to ensure people's healthcare needs were met.

The service carried out adaptations to the property to ensure people's needs were effectively met. For example, adaptations to bathrooms were made to ensure those with mobility issues and aids, could access the facilities safely and freely.

People were supported in a caring, compassionate and emphatic manner by staff. People's right to privacy was respected and encouraged. People were treated with dignity. The service had an embedded culture of supporting people emotionally.

People continued to be encouraged to make decisions about the care and support they received and had their decisions respected. Care plans detailed people's preferences in communicating and staff were observed supporting people to understand what was being asked of them in a manner they understood and preferred, which enabled them to make informed decisions.

The service had an embedded culture of delivering personalised care tailored to the individual. Care plans were regularly updated to reflect people's changing needs. Where possible people were encouraged to develop their care plans with support from staff.

People were able to express their discontent and share their concerns with staff. The service had a complaints system in place; and staff were aware of how to respond to, report and escalate complaints in line with the provider's policy.

The service was aware of the importance of supporting people at the end of their lives. At the time of the inspection the service were in the process of developing support circles for people, which meant they would be able to share their wishes in line with the end of life care they received.

Staff and relatives spoke positively about the registered manager, saying she was approachable, compassionate and supportive. The registered manager was a visible presence within the service and operated an open door policy, which enabled people to approach her at any time convenient to them.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service had an embedded culture of ensuring people's views were heard, listened to and where appropriate acted on. This was done through regular keyworker and house meetings. People were supported to access advocacy services should they wish. Relatives and healthcare professionals were encouraged to give feedback on the service through quality assurance questionnaires.

The registered manager actively encouraged partnership working with other healthcare professionals to drive improvement and enhance people's lives where possible.

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.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# L'Arche London Gothic Lodge

## **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 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 comprehensive inspection took place on 12 and 19 December 2017 and was unannounced.

This inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service. For example, statutory notifications, provider information return (PIR) and information shared with us from members of the public. Statutory notifications are information about important events which the service is required to tell us about by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with two people, one care worker, three relatives, one healthcare professional, deputy manager, service manager and the registered manager. We carried out observations of the service and how staff interacted with people. We also reviewed three care plans, two medicine records, three staff files, health and safety records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People confirmed they were happy living at the service and felt safe. One person indicated through the use of Makaton signs that they were happy at the service. A relative we spoke with said, "Yes [relative] is safe at the service. [Relative] has constant supervision and doesn't leave the house without being accompanied by staff."

The service continued to ensure people were safe from the risk of harm and abuse. Staff told us and records confirmed they received training in safeguarding training and this enabled them to identify, record and report any suspected abuse. Staff were able to identify the different types of abuse and confirmed they would inform the registered manager immediately if they suspected any abuse was taking place. They also stated should their concerns not be taken on board they would contact the local authority safeguarding team.

People were protected against identified risks as the service had comprehensive risk management plans in place to keep people safe. Risk management plans were regularly updated to reflect people's changing needs and then shared with staff to ensure people's care was up-to-date. Risk management plans covered, for example, eating and drinking, behavioural management, mobility, accessing the community, accessing the kitchen and finances. Risk management plans also incorporated guidance from healthcare professionals where appropriate. Staff were aware of the importance of being familiar with risk management plans and confirmed changes were shared with them in a timely manner.

During the inspection we reviewed the health and safety management of the service. We identified that the service employed a maintenance personnel to ensure all health and safety issues were addressed in a timely manner. However, we also identified that the emergency lighting checks were not always completed as recommended in the provider's policy. We raised our concerns with the registered manager, who confirmed this was an error. At the end of the first day of the inspection the registered manager confirmed this had now been completed and that additional responsibilities for senior staff to check this had been completed once a week, were now in place. We were satisfied with the registered manager's response.

The service continued to employ suitable numbers of staff to keep people safe. Staff personnel files confirmed the provider had undertaken the necessary pre-employment checks prior to staff commencing in their role. For example, staff files contained references, photographic identity and a disclosure and barring services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions. Staffing levels were flexible and as such ensured there were sufficient numbers of staff to keep people safe. The service had recently employed 3 staff members and their use of agency staff to cover any staff shortages was minimal. This meant that people were supported by familiar staff who knew their needs well.

The service ensured people received their medicines as prescribed. Staff were aware of the correct procedure in administering medicines and where errors were identified these were escalated and action taken to address them. We checked the medicine records for two people and found these had been completed in

line with the provider's policy. Stocks and balances were accurate, and this meant people received their medicines as intended.

People continued to be protected against the risk of cross contamination and infection, as the service had embedded systems and processes in managing infection control. Staff were aware of the importance of using personal protective equipment (PPE) and had sufficient supplies of gloves, aprons and other equipment that minimises the risk of the spread of infection. The service had a clear policy which enabled staff to have a greater understanding of their roles in effective infection control, coupled with receiving regular infection control training.

## Is the service effective?

### Our findings

People continued to receive support and guidance from staff that received on-going training to effectively meet their needs. A relative told us, "From what I see I assume the staff have lots of training. And staff have lots of experiences." A staff member told us, "I have had training in medicines, safeguarding, mental health and lots more. The training has helped me." Training covered a wide range of topics and staff confirmed they put their training into practice. Records confirmed training included, for example, equality and diversity, communication, fluids and nutrition, health and safety, medicines management and safeguarding. Training provided was both via E-learning and classroom based.

Staff continued to reflect on their working practices to drive improvement through regular supervisions and annual appraisals. Staff confirmed they found supervisions helpful in reflecting on what work has gone well and any areas of improvement that were required. We looked at staff supervision records and found key topic areas for discussion included their role, training, supporting people, communication and additional support required. Staff confirmed they could speak to senior staff at any time, should they have something they wished to discuss and did not have to wait for their planned supervision to do so.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 when this is in their best interests and legally authorised under the MCA.

Staff had significant knowledge on supporting people in line with the MCA. Staff were aware of the importance of seeking consent prior to delivering care and support. Records confirmed the service had adhered to the legislative process in ensuring people's capacity was assessed; and where appropriate DoLS authorisation request had been submitted and where appropriate granted by the relevant local authorities. At the time of the inspection there were five people subject to a standard DoLS authorisation.

People continued to be supported to access food and drink that met their preferences and dietary needs and requirements. People were encouraged to eat their meals together, however where people chose not to, this was respected and catered for. During the inspection we observed staff supporting and encouraging people to participate in meal preparation. People's preferences were clearly documented in their care plans and choices were offered to ensure people had meals of their choice. People who had specific dietary requirements were catered for in line with guidance from healthcare professionals.

The service had implemented adaptations to the design of the service to ensure people's needs were met. People who required mobility aids to support them in mobilising around the service were catered to. In the main bathroom on the ground floor, the service had created a wet room, this enabled people to use mobility aids to keep them safe when receiving personal care and support.

The service had maintained the links with healthcare professionals so that people's health and wellbeing could be monitored. A healthcare professional and records confirmed people had access to a wide range of services, for example, G.P, dentist, optician, physiotherapist, occupational therapist and mental health team, as and when required.

## Is the service caring?

### Our findings

People continued to receive care and support from staff that demonstrated compassion and respect. One relative told us, "I think the staff are very caring people who look after [relative] well." Another relative said, "The staff are caring, compassionate and competent."

People appeared to be happy with the care and support they received, this was echoed by comments received by relatives. Staff had significant knowledge of the people they supported, their likes and dislikes and preferences. The service had a very welcoming environment where visitors were encouraged to attend, with no restrictions. Throughout the inspection we observed staff speaking to people with compassion and kindness. Where people appeared agitated, staff were quick to respond in a reassuring and emphatic manner, which resulted in the person calming sufficiently to continue with their planned activity. Staff were also observed laughing and joking with people, which resulted in a harmonious environment.

People were supported and encouraged to make decisions about the care and support they received. Care plans clearly documented people's preferences and people were supported to devise their own plans for the day and had their decisions respected by staff. Staff were often observed throughout the inspection supporting people by giving them choices and affording them time to make a decision. Staff appeared to have reached the right balance in supporting people to make positive choices about their care.

Staff were aware of the importance of maintaining and encouraging people's privacy and dignity. Staff gave examples of how they would do this, for example, ensuring doors and curtains were shut when providing personal care. Staff were observed talking in hushed tones when discussing topics of a sensitive nature.

The service staunchly supported people in relation to the equality, diversity and human rights. Staff received on-going training in equality and diversity and confirmed they put the training into practice. People were encouraged to recognise their cultural and religious needs whenever they wished. For example, people were supported to attend their local religious places of worship weekly and the service held prayers each day, for those who wished to participate. The registered manager confirmed that the service had links with the Lesbian, Gay, Bisexual and Transgender (LGBT) community and were able to effectively support people who were members of that community. The service employed a diverse team who brought with them a wealth of experience, which further enabled them to effectively meet people's needs.

People continued to be supported to retain their independence where possible and safe to do so. The service actively encouraged people to enhance their daily living skills, for example with kitchen skills and finances. The service held regular meetings known as 'L'Arche London Local Speak Group', whereby different topics were discussed. For example, we saw the pictorial minutes from a meeting relating to the cost of eating out. People were given pictures of foods and were supported to choose their preferred meals, how much they thought the meal would cost and how much it would cost. This enabled people to have a greater understanding of budgeting.

## Is the service responsive?

### Our findings

People continued to receive personalised care that was responsive to their needs. People and their relatives were encouraged to participate in the development of their care plans which were reviewed regularly to reflect their changing needs. One relative told us, "Yes we have been involved in [relatives care plan] review meetings. On the whole our views were taken into consideration." A staff member told us, "Care plans give us [staff members] guidance on how to support people."

Care plans were comprehensive and documented people's preferences likes and dislikes, family history, diagnosis, communication from healthcare professionals, healthcare needs, medical needs and social care needs. They also included any goals the person wanted to achieve and how these could be met. Care plans clearly documented the level of support required to support people safely. For example, one care plan reviewed highlighted what level of direct support one person required when accessing the kitchen, how to communicate with the person and how to de-escalate behaviours others may find challenging.

At the time of the inspection the service was implementing a new care plan format that was further person centred. The roll out of the new care plans is scheduled for 2018. The new care plans will be in pictorial format and streamlined so that people can have a greater understanding of the care they receive.

People were supported to make choices about the care and support they received. One relative told us, "From what I've seen, yes, staff do offer choices. They do the best they can." Where people found making choices difficult, staff would use visual aids to aid their decision making process. For example, with what to eat and what clothing they may like to wear for the day by showing them options available to them. Staff knew people well and were able to support people in a way they preferred to enable them to make choices at their own pace.

People continued to be encouraged to participate in activities of their choice that met their social needs. The service had a large out building on their grounds, whereby people could attend daily to participate in music and art classes. We observed one music class during the inspection and found people were encouraged to join in and were given praise which boosted their self-esteem. Throughout the inspection people were supported to access the local community, for example to go shopping, for walks and to visit the hairdresser. People had their own activity plans which included day trips, meals out, shopping, religious services and shows.

Care plans documented people's religious affiliations and preferences around spiritual needs. We spoke with the registered manager to ascertain how they would support people at the end stages of their life. The registered manager informed us they were implementing workshop and training sessions for staff and people that included, supporting people with loss and bereavement, disability as an experience of loss, preparing for death and ceremonies and traditions. The provider sent us the documentation including plan of action for implementing the end of life care records, which were person centred and compassionate. The registered manager ensured us this would be completed early in the new year.

Although people were unable to tell us how they would raise a complaint, we did observe people sharing their concerns with staff. For example, one person was somewhat anxious and appeared unhappy and staff demonstrated compassion, and enabled the person to share their concerns before reassuring them. The registered manager was aware of the provider's policy on responding to complaints, at the time of the inspection, there had been no complaints received in the last 12 months.

## Is the service well-led?

### Our findings

One person indicated to us through signs that they liked living at the service and very much liked the registered manager. A relative told us, "I think they do a really good job, it's a very demanding house and I'm really touched by the team and how they seem to enjoy being there. They often spontaneously have celebrations. The management are very easy to talk with and share Ideas." A staff member told us, "[Registered manager] is approachable."

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 service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

L'Arche Gothic Lodge is a service that promotes a person-centred culture where people were encouraged to lead the service. Staff were aware of the service's visions and values and relatives and friends were encouraged to visit the service and attend parties and social gatherings should they wish. There was a homely atmosphere, where people were able to walk the grounds without restriction.

Throughout the inspection we observed people and staff seek guidance and support from the registered manager. People appeared confident in approaching the registered manager and were happy in her presence. Staff confirmed they could contact the registered manager at any time and that she was approachable.

The service carried out regular audits to monitor the service provision. Audits included, fire safety, medicines management, care plans, health and safety, infection control, accidents and incidents and staff training. Audits that identified issues were then shared with the registered manager who then took action to address the issues in a timely manner. The registered manager completed a monthly report to share with the provider, thus ensuring a transparent and inclusive oversight of the service with stakeholders.

People, their relatives, friends and staff views were sought regularly to drive improvements. Regular meetings were held whereby people could share their views and give the provider meaningful feedback on the service. Feedback was also gathered through regular one to one meetings, care plan reviews and general discussions. Issues identified during the meetings was then shared with the registered manager and action taken to address these matters.

The registered manager actively sought partnership working from other external agencies, advocates as well as other L'Arche services. The registered manager explained that L'Arche services served as a community whereby guidance and knowledge was shared to drive improvements for people. We spoke with a healthcare professional who confirmed the service actively sought guidance and support and implemented

said guidance into the delivery of care.