

L'Arche

L'Arche Liverpool

Inspection report

The Ark Workshop
Lockerby Road
Liverpool
Merseyside
L7 0HG

Tel: 01512600422
Website: www.larche.org.uk

Date of inspection visit:
21 June 2016
23 June 2016

Date of publication:
01 November 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 21 and 23 June 2016. The first day was unannounced, on the second day we visited people in their homes after first arranging a convenient time with them.

L'Arche originated in France in 1964 and is an international movement supporting people with learning disabilities all over the world. L'Arche Liverpool is based upon Christian values; however the organisation welcomes people of all faiths and those with none. People supported by the organisation are called 'core members' and staff are referred to as 'assistants'. The organisation believes this more accurately reflects the relationship between people and is respectful to the people they support.

Due to the nature of their support needs some people did not use speech to communicate with us. However every person we met communicated with us in some way using speech, gestures, actions, guiding us to places and in showing us aspects of their lives and support.

L'Arche Liverpool provided care and support to 32 people who lived in their own homes independently or who shared a home with other people who also received support. When a home was shared, each person usually had separate en suite facilities. Each person held their own tenancy with a housing association. One senior member of staff explained to us that the organisation advocated on people's behalf with regard to housing as part of their overall support.

Each person we spoke with told us in words or by their actions that they were happy with the support that they received. Staff showed patience and thoughtfulness in their interactions with the people they supported. They were also careful not to have undue influence on people's decisions and choices. We saw that relationships were respectful and staff demonstrated empathy towards people in their words and actions.

Each person was supported as an individual with their care and support adapted to their needs and wishes. The support people received was centred on their needs, wishes, beliefs, relationships, goals and passions in life. This was reflected in people's care plans, the plans were meaningful, aspirational and reflected people's day to day support. People could choose to be supported in every aspect of their lives, to learn new skills, achieve goals and have life enriching experiences. There was a focus on people's social needs and supporting people to maintain their existing relationships and to make new friends and community connections. We found people's support was responsive to people's growth and also their changing needs and wishes.

We saw that people supported were listened to and communicated with constantly, at times in innovative and creative ways. The perspective of people supported was sought in the recruitment of new staff members by meeting candidates before their interview and also at the end of the probation period for new staff. One staff member reasoned, "The staff member is working most of the time in someone's home, it's important to gain their perspective". People's views on the direction of the organisation had been sought through a series

of listening café's. Action plans and organisational documents had been produced in an easy to read format so people were kept up to date.

Safeguards were in place to ensure people were as safe as possible without being restrictive or risk adverse. Staff received appropriate training in keeping vulnerable adults safe. New staff members had been safely recruited. There were effective and robust systems in place that ensured that people's medication, money and personal information was kept safe. There were also systems in place that recorded, analysed and learnt from accidents and incidents that had occurred. This had resulted in improvements being made to some people's support.

Every staff member we spoke with told us they were happy in their role. Staff told us they felt well supported in their role and benefited from an office open door policy, training and training refreshers, supervision meetings with their line manager, staff team meetings and appraisals. We spoke with staff members who did not share a Christian faith who told us the organisation was inclusive and celebrated diversity in many areas of life including religion. We found the staff to be knowledgeable about the people they supported and their responsibilities within their work. The staff were caring, kind, patient and showed empathy in their thinking and actions. Their approach had contributed to a positive and upbeat atmosphere throughout the organisation and in people's homes. On many occasions we saw good humour between people.

The service had a registered manager. 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.

People supported, their families and staff told us the registered manager was approachable and friendly. We observed that she knew people's names, was knowledgeable about people and staff, and was passionate about having a positive impact on other people's lives through her work. The registered manager had a clear vision with regard to the culture and ethos of the service and we saw that she had taken practical steps to lead and develop this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us in words and by their actions that they felt safe.

Staff received training in and were knowledgeable about safeguarding vulnerable adults. Information about staying safe was made available to people in an easy to read format.

New staff were recruited and introduced to people in a safe manner.

People's medication was administered, stored and documented safely.

Accidents and incidents were recorded and learnt from. Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to do their job well. It was important to the organisation that the staff held values in line with the way support was provided.

Staff received appropriate core training which was refreshed every two years. Additional training was provided in line with their role.

Staff had a clear understanding of the Mental Capacity Act and its principles. This was demonstrated in how people were supported.

People were supported with their healthcare needs, in interacting with medical professionals and in managing appointments.

Is the service caring?

Outstanding ☆

The service was very caring.

People told us they were treated kindly by staff. People were at ease and confident with the staff supporting them.

People's family members told us people were well supported and cared about. People described staff as often going above and beyond.

Staff showed patience and were careful not to have undue influence on people's decisions and choices. They were respectful and showed empathy in their words and actions.

People were communicated with, consulted and kept informed. People were respected in how they were referred to in speech and writing.

People had received caring end of life support, personalised to what the person believed and wanted.

Is the service responsive?

The service was very responsive.

The support people received was centred on them, their needs, wishes, beliefs, relationships, goals and passions in life. The service was responsive to people's growth, their changing needs and wishes.

There was an embedded practice and culture of listening to people in many different ways. People's care plans were written with the person and reflected their day to day life and the support they received.

There was a focus on helping people to maintain their relationships and community connections and make new ones.

People were involved in the recruitment of and decisions made regarding new staff members that worked in their home.

Outstanding 

Is the service well-led?

The service was very well led.

The registered manager had a clear vision with regard to the culture and ethos of the service and took practical steps to lead and develop this.

People, their relatives and staff told us the registered manager was friendly and approachable. She took a personal interest in people and knew them well.

Outstanding 

The registered manager worked in partnership with people's families and outside organisations to improve the care and support people received.

The registered manager had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The registered manager was curious with regard to how people's support could be improved.

L'Arche Liverpool

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 21 and 23 June 2016, the first day was unannounced. The inspection was conducted by an adult social care inspector.

We spoke with 12 people who received support from the organisation and four people's families. We spoke with 10 members of staff, including the registered manager. We contacted some health and social care professionals who had worked alongside L'Arche and received written and verbal feedback from four of them.

We looked at a variety of records and correspondence relating to many aspects of people's care and support, including care planning, risk assessments, medication, safe keeping of people's monies. We also looked at the registered manager's records of organisational planning, complaints and compliments received, health and safety audits and documents relating to accidents and incidents.

We checked the training records for eight staff members and the recruitment and supervision records for five members of staff. We looked at the care files for six people.

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 improvements they plan to make. We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner.

We also looked at the local authority contract monitoring report from May 2016.

Is the service safe?

Our findings

We asked people supported by L'Arche if they felt safe. They told us they did and by their actions and confidence showed us that they felt safe. When we asked one person they told us that they had a pendant they kept on their person which they could use to call for help if needed. One family member told us, "They are brilliant, absolutely brilliant. I know she is safe, I know they look after her".

Staff received training on how to safeguard vulnerable adults, this training was periodically refreshed. Staff members we spoke with were knowledgeable about safeguarding and could explain what they would do if they suspected a person was being abused in some way. Staff described signs that could indicate a person may be being abused. Staff knew who to report this to and when it would be appropriate to tell outside organisations. One staff member told us, "First I would make sure the person is safe and then straight away report it to the right person".

One staff member told us if they were uncertain they would ask the person. They would quickly plan this according to the person's needs and make sure the environment was right for them ensuring they were comfortable and relaxed, with the right staff involved who knew the person well. The staff member explained, "Then the person may be more willing to share, it's about trust and relationships and its important people are comfortable telling you".

We saw an easy read guide to safeguarding which gave useful information for people supported by the organisation. This provided important information about a matter people may be confused or afraid to speak up about, in a format meaningful to them. This helped to ensure that people were aware of their rights and what to do if a situation arose. Staff also received training on equality and inclusion, this made staff aware of ways in which they could stand up for people's rights, keeping them safe from discrimination.

We looked at the arrangements for ordering, storing, and administration of people's medication. We checked a sample of people's medication and found that people received their medication safely and appropriate procedures were in place. Medication was safely stored in a locked cabinet in each person's bedroom. There was a medication administration record (MAR) for each person that had been correctly filled in by staff. This outlined that the person had received their medication as prescribed. New medication was checked in as correct and signed off by two staff members when it arrived, this helped to ensure no errors had been made and the medication was correct. People's creams and liquids were appropriately stored and had opened on and discard by dates on them.

People had a medication file which contained documents outlining the reasons why a person was prescribed their medication, potential side effects to look out for and details of any contraindications. The dates when people's medication was reviewed by a medical professional were noted in the file.

People who administered their own medication had a medication risk assessment in their support file. We saw that these had been reviewed regularly. Depending on any risks identified people's support with medication was adapted to their needs and wishes. Some people administered their own medication and

were observed by staff, other people were not observed but handed the empty blister pack to staff at the end of the week. There were weekly checks of the medication records (MAR) and medication inventory by a senior member of staff.

People who were supported to keep their money safe had their income and expenditure documented, this was signed by two staff members and the person themselves if they were able. There was a running total of monies held and receipts were kept of any expenditure. If it was appropriate to do so a copy of expenditure was provided for the person's family. The money and records were regularly checked by a team leader.

New staff members had been recruited safely, applicants to the organisation provided information on an application form outlining their background, skills and experience. The organisation checked people's proof of identification, right to work in the UK and a check was made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. The provider completed a risk assessment if any applicant had any criminal convictions. DBS checks had been renewed every three years in line with the organisations policy. They were also renewed if a staff member changed roles. We saw that applicants were asked for the names of three referees. The organisation sought three references and verified these references when received. New staff had a probation period of three months.

The organisation had a system in place to ensure that incidents and accidents were both recorded and responded to appropriately. They were categorised minor, moderate and serious. Minor and moderate ones were responded to within 24 hours after notifying the person on-call. Serious ones were responded to immediately by a senior member of staff who was available at all times.

The registered manager told us they asked what incidents can tell them about the person's environment, their staff, support needs and any activities they may be involved with. They don't want to be risk averse, however the information was used with the person's support staff to see if improvements can be identified and made. This is an embedded practice; we saw records of incidents being assessed in this way going back to 2012. The registered manager told us of an example of one trend that was identified by this analysis which had led to a safeguarding referral being made to the local authority, helping to ensure a person was safe. Logs of calls made to the 24 hour on-call service were audited every two months and the information was used to learn more about the support people receive, looking for themes. The registered manager showed and explained to us how learning from this information had led to additional training needs being identified.

People's care plans contained risk assessments covering any potential risks in the person's support, helping people to remain safe. Risk assessments covered amongst other things medication, people's health needs and any mobility or health care equipment a person may use. We saw that risk assessments were clear, contained necessary information and had guidelines for staff to follow. We looked at one example of a risk assessment for a person who may need increased support when they experience depression. This was person centred in its approach and gave clear guidance for staff. Another risk assessment was for a potential deterioration in a person's mental health. This contained important information about the person's needs, how these could be met and who the staff should contact at what point if there was deterioration. These risk assessments made sure the staff had important information when needed to help people remain safe.

Is the service effective?

Our findings

A family member told us they were, "extremely impressed", with the service. They added, "From our first contact, the support workers have been of high calibre". A staff member told us, "I feel very comfortable in my role, I have great relationships with people supported and other staff". Staff members told us and gave examples of good teamwork among them. They told us there was high morale amongst them. We were told that during times of pressure many people ask, "Can I help others?" A different staff member said, "I love the ethos of L'Arche, I love the work". A fourth told us "I love it".

The recruitment process for new staff members focused on exploring what the applicant felt was important. One member of staff explained that the organisation was looking for a good mix of competency alongside values compatible to the role. They asked the question, "What is driving this person to apply for the role"? The values and characteristics that had an impact on the quality of support were having respect for people, treating people with dignity, empathy, openness and people with a connection to their community. The staff member told us, "We focus on what's important to the people supported and us. This was a more thorough recruitment process that had led to fewer, but more suitable applicants."

New staff told us they had a thorough induction into the organisation. They started the induction period with computer based learning and also familiarised themselves with important organisational policies. One staff member said, "I went through very intense learning before starting my role. Then I spent two weeks shadowing an experienced staff member. In my three month probation every week I met up with my team leader or a manager". Another staff member told us, "The shadowing helped me to get to know people and how to understand people's wishes and their support needs".

New staff had a three month probation period before being made permanent members of staff. This period is used as part of the process of matching staff to people supported. The probation meeting is held with a manager and another senior member of staff after gaining the perspective of the people the staff member had been supporting. The probation looks at what the person has learnt, how they are performing in the role and their approach to the people they support. We were told by the registered manager this was a thorough but worthwhile process.

Staff we spoke with told us the organisation provided training and opportunities for ongoing development. This was by a mix of face to face and classroom style training; computer based learning and practical sessions. One staff member commenting on some recent training told us, "The training was brilliant, the trainer was knowledgeable and we had to have try out practical exercises during the course to make sure we understood. It was very useful". A health professional we spoke with told us, "Even in the most complex situations I have found the staff willing and keen to learn new skills. They really listen to what people are saying".

Core training for staff was refreshed every two years. There was also team specific training that related to the people that team was supporting. For example diabetes training, how to support a person who has epilepsy or is prone to pressure sores. Training is recorded and tracked in a computer program to ensure people's

training is kept up to date and is in line with people's support needs and the organisations policies. We saw the training planner covering the current six months. This included the organisations mandatory training, team specific training and also time set aside for team reflection on their practice and exploring belonging together as staff.

Staff told us they felt well supported in their roles. One staff member said, "We support each other as a staff team. We have discussions every day and often check things out with our colleagues on other teams. We have team meetings every two months; staff members can put things on the agenda ahead of the meeting. The agenda is emailed to staff". Another staff member told us that at some team meetings the support of a person may be looked at in detail gaining all staff perspectives for learning. A third staff member said that if people wished to they can chair a meeting as part of their own development.

One team had an action plan which was displayed on a wall. This was in picture form as a path to a destination, with team goals represented in graphics. The staff member showing us said, "Each team decided what they want to achieve. For example our team goals are to take risks, use our initiative and don't wait for someone else to do it. Teamwork is great; we all need to feel part of something".

Staff told us they had regular supervision meetings with a team leader. One staff member said, "During supervisions you discuss how you are in general, talk about any changes, discuss each person supported, team matters and any learning from safeguarding or health and safety that has arose". Another staff member said, "Supervisions are not formal, staff show a genuine interest in you and your work life balance. They are interested in people as a whole".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards . We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff understood the principles of the Mental Capacity Act. A staff member told us, "People make their own decisions, we are here to assist". They also said, "People have the right to make unwise decisions. We weigh up the risks together, if it's a low risk it can be an opportunity for the person to learn and develop. If it's a high risk, I would try and delay to get some advice. But I would not say no".

The registered manager had a thoughtful approach to the MCA, decision making by people was promoted and they were supported to do this. Risk assessments guided staff in what was the agreed least restrictive option available to keep the person safe if an identified risk arrived. We saw one risk assessment that had prompted a capacity assessment to work out if acting in the person's best interests needed to be explored. We saw that this assessment had been completed. People had consented to their care plans and assessments by signing them; we saw that often they were in an easier to read format, for people to understand the information.

People were supported to plan for and attend their health appointments. They may also be supported to communicate with the doctor if necessary. We looked at the care plan for one person who had high health support needs. The records were clear, comprehensive and followed a logical pattern to enable staff to be sure that the person's health needs are being cared for. The staff team worked in partnership with health professionals in their training and in planning the person's day to day care. We saw notes from staff taken during health appointments outlining agreed staff goals and actions. Well maintained care records had been used by health professionals to gather information which had led to improvements in people's health

care. One health professional told us, "The staff at L'Arche always give me the information I need to enable me to help people. In fact they analyse the records with me".

Is the service caring?

Our findings

People told us they felt well cared for and gave us positive feedback about the caring nature of the staff. People who didn't use words to communicate showed their comfort and the quality of their relationships with staff by gestures, facial expressions and their warm interactions. One person told us about the staff, "They treat you nice, they are kind". Another person told us they were happy with their staff and jokingly said, "I think we're spoilt".

A family member had written in feedback, 'We always get a smile from the staff when we come to visit'. Another family member told us, "The staff are very approachable and very, very helpful. I'm extremely impressed with their approach".

One social care professional told us, "When I visited L'Arche I was pleasantly surprised to find such a gem. Staff at L'Arche seem to buzz with a love for their job, which I know from experience counts for everything in how people feel as service users". Another professional wrote to us, "I have always found this service to be person centred, caring is the core ethos of their values. This may seem like an obvious thing but many services do not care in the way L'Arche do".

We saw kind, friendly and respectful interactions between staff and the people supported. People appeared confident and at ease with the staff supporting them. We saw many examples of the person taking the lead in the support they were receiving and the staff listening to people by picking up on nuances of what a person was telling them. One staff member told us, "To listen to [name] we look at his face, that's how he tells us".

At times we saw staff members providing prompts and making suggestions for the person they were supporting. When they did this it was always respectful and with patience. Staff were careful not to have undue influence on people's decision making by their approach. For example we saw one staff member ask the person they were supporting, "Shall we go and eat?" The staff then waited for the person's response and allowed the person time to work out their answer. Another time we saw a person was asked, "Shall we go for a coffee?" Making a suggestion when a person appeared unsure of what to do, allowing the person space to make their next decision.

There is an emphasis on respectful relationships and friendships both within L'Arche and with the community. One staff member told us, "Here it's different than some other places; there is more emphasis on relationships and community". Another staff member told us, "I like it here, there's a family atmosphere. People are accepted for who they are. When people come into the office, everybody knows everybody's name, it makes people feel valued". One senior member of staff told us they thought it was important and respectful to people that there are, "No blurred boundaries between people supported and staff. We always acknowledge that we are paid to support a person. However we always treat people with mutual respect in a friendly way. Nobody is better than anybody else". 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'.

One family member wrote to L'Arche and thanked them for the support their loved one had received. In part they wrote, 'It was a very worrying time for his family but we felt re-assured that he meant a lot to the people who looked out for him. We feel sure that some of the L'Arche family gave up some of their free time to spend with [name] and we will be forever in their debt'. They concluded their letter by stating, 'We are aware that staff come and go, but still L'Arche pride themselves on being a caring community, this is shown in how content [name] is'.

Staff members had empathy for the people they cared for and thought about their perspective, sometimes in a creative way. One staff member told us, "Sometimes I just sit and Imagine what it must feel like to be in need of support". Another staff member told us they had put themselves in the same physical position as the person they were supporting and with permission used their furniture and bed. They explained to us this was to, "Help me to see the world through [name's] eyes and explore why he appears to be so frustrated at times". The staff member told us that this curiosity in the staff team and trying to see the world through another person's eyes had led to changes being made in some people's support. For example the position of one person's chair was changed and he had indicated that he liked this. After introducing us to this person and telling us about their care that staff member told us, "It's not our view that's important, but those of the core member".

A family member told us that their relative could become anxious meeting lots of new people. To support the person with their anxiety, the registered manager arranged for pictures of the person's new support workers to be given to the person first before meeting to allow the person the time to become familiar with who they were and what they looked like. Their family member told us the registered manager also explored and agreed the methods of communication they would use that the person supported and the family would find the most comfortable and effective. One person whose family relationships were very important to them had been supported to make a family tree the full size of their bedroom wall, this contained pictures of all their family and relatives.

We saw times when staff paid attention to important details. For example one person who didn't take their food or fluids via their mouth, had a variety of lip balms which had many different flavours that the person could taste. The staff supported the person to buy and try out as many flavours as possible. The person seemed to enjoy doing this. One staff member told us that they still support this person to go to social events that involve food and he has occasional dinners with his housemates as he likes being around people and going to gatherings. This may be a time when the person would use a flavoured lip balm.

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. One person we spoke with used their pictorial support plan along with making signs and gestures to tell us what support they received and what they had planned for their week ahead. It was evident that the plan was meaningful and important to the person.

The service also had an easy read guide to the support people could expect. We saw one document a person had in their home entitled, 'If you are sad or angry you can talk to...' This contained descriptions about feeling's a person may experience that could indicate they are being mistreated or neglected in some way and helped them to know what to do and who to contact. This was a creative and meaningful way of helping people to understand safeguarding. The organisation had provided training for staff on how to support people in a safe and person centred way if they chose to express themselves sexually.

People were supported in organisational decision making. People supported were involved in recruitment and decision making around staff members on their teams. As part of planning the organisations priorities the organisation had set up a series of listening café's at different times for people to attend. There was a pictorial information leaflet we saw that had told people, 'The team want to hear your ideas and answers to questions about the plans we should make for our community for the next three years'. An easy read document was produced to feedback to people information about this process.

One manager told us that caring and compassionate end of life care was a big part of the organisation's ethos and it was important that end of life care was carried out in line with the wishes and traditions of the person. One health professional told us, "Their end of life care was very supportive. They were never afraid to ask for help or question things in ensuring things were the best they could be. They have ensured dignity for a number of people with many examples of going above and beyond". We saw notes from meetings where end of life arrangements had been planned with a person's family and if possible the person themselves. One social worker had written to L'Arche about a person's end of life care telling the team they thought it was exceptional.

In one home we saw pictures from celebrations of people's lives that had happened previously. The manager explained that a celebration of a person's life involves the person's family, friends and people from their community spending time together. Often this is done as well as a traditional religious service if the person chose to have one. One staff member told us, "We get together to share stories and memories of the person. It helps everyone, their families, other housemates, neighbours and staff". A manager also showed us pictures and told us of a person who was terminally ill and asked for support to organise an occasion to gather together with family and friends to share memories and stories together. It was clear the person had been very important to the manager. They told us, "It's all about celebrating people".

Is the service responsive?

Our findings

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. In feedback to the organisation one person's family member had written, "[name's] lifestyle has improved immeasurably since being supported by L'Arche". Another person's family member had written in feedback, '[name] is always asked what her needs are, or I am asked'. One social care professional wrote to us saying, 'The environment as a whole provided at L'Arche is one I feel to be therapeutic and empowering for its service users'.

People supported told us they were listened to. One person said, "If I want to change anything I'll just tell the staff". Another person told us, "We've been asked how we want to be supported". The staff listened to people in many person centred, creative and discerning ways. For example staff were matched to people on what they had said or indicated they liked about staff members. An example of this was one person told us they liked being supported by a person of a similar age and with similar interests. Another person told us it was important they were supported by someone who had "a good sense of humour". A staff member involved in recruiting new assistants told us, "When recruiting, I always ask myself the questions. Who would I like to be supported by? Who would this person like to be supported by?" When one new person was not able to communicate their preferences in this way a family member helped to write the person specification as they knew the person best. Another staff member told us about the person they were supporting, "I listen and he teaches me".

We saw that at the end of a staff member's probationary period the person was asked in confidence their opinion of the staff member. This was done in a discussion using a pictorial and easy read questionnaire. This information formed part of the organisations decision making process if the staff member was to pass their probation to become a permanent staff member. One senior staff member told us that if the feedback was not positive it may mean it was not a good match for the person or it may confirm that the staff member was not suited to the role. They commented, "The staff member is working most of time in someone's home, it's important to gain people's perspective".

People's opinions and views were also gained from questionnaires, these were also produced in a pictorial and easy to read format. If they wanted assistance people could be supported to fill in these questionnaires. People were asked about their accommodation, support, decision making and activities. The information gathered in this way contributed to a 12 month action plan for the organisation. A copy of this action plan was given to people in an easy to read format to show what was being done with the feedback they had given. We saw that complaints were accepted, given attention, responded to and learnt from. We saw examples of comprehensive feedback; follow up information and action plans provided as part of some responses to complaints. Some complaints had resulted in the complainant being invited to a meeting so the matter can be discussed in person if they wished. The registered manager was not dismissive or defensive. If people needed support to make a complaint this was made available.

The service responded to people's changing needs and wishes. The registered manager told us that people had been supported to move out of larger group homes and change their accommodation. People moved into more personalised and accessible homes that were more appropriate for them and their needs. Some people had indicated they wanted to change the way they lived when their person centred plan was reviewed. Other people, who may not have been able to articulate their choice, communicated by their actions that they were not happy. The registered manager showed us how they had looked at trends and patterns of incidents. The patterns identified had led them to the conclusion that one of the contributing factors to these incidents was people's living arrangements. This had prompted the organisation to act.

The registered manager gave us examples of people who now had accommodation and lifestyles better matched to their needs and wishes and the positive impact this had on their lives. One person experienced a sharp decline in the number of incidents that happened whilst they were being supported. Another person had been able to make more friends, increased their family contact and had a reduction in the amount of input from mental health professionals that was necessary in their life. A family member wrote, 'Initially we had reservations about him moving on to pastures new and having more independence in his flat. But we are pleased that the transition went so well and that all efforts were made to ensure [name] was safe in his new surroundings, giving his family a great deal of comfort. We cannot express enough our pleasure at seeing [name] happy and settled in his new flat'. The registered manager gave us further examples of how the service had listened to people through their actions. She told us that they are working on further developing their learning and becoming better at discerning information from and responding to incidents as a way of listening to people.

People's care files contained information that guided staff in how the person had expressed they wanted to be supported. The service used Essential Lifestyle Planning as a social rather than medical based model of planning a person's support with them and working out who and what was important to them. The plans were written with people and had been contributed to by anyone who the person had chosen to be involved. We found that people were supported in many different and diverse ways with regard to their day to day needs, interests, hobbies, their friends and relationships. The care plans clearly matched what we observed and what people told us about their support. The care files had been regularly reviewed with the person and had been added to in between reviews as staff became aware of more information. We saw evidence of reviews with people's families, if people wanted this. Documents in people's care plans included a communication passport, which contained information for staff to help them understand what a person may be telling them about their emotions, being stressed or feeling pain.

People were supported with their hobbies, interests and passions. One person showed us the sign for cycling and their assistant told us they had their own cycle and enjoyed being supported to go for rides. Another person told us that they went to a church group and enjoyed chatting and knitting. One person said simply that they, "love going out". Some people told us they went to music therapy sessions. Another person told us, "I like working in the workshop. I've made rugs and cushion covers" and they showed us some of their work. Their support worker joked with them telling us they, "Work during the week and at the weekend like to go for a pint".

The organisation had a focus on people being supported to express their faith. People who had a faith were listened to in regard to how they wanted to express their spirituality. This formed part of their support plan. This ensured people were supported to express this personal matter in a way that was meaningful to them.

There was a focus on helping people to maintain their relationships, friendships and community connections. One document people had filled in was called, 'How I keep my friendships and build new

ones'. We saw and heard of examples of how this information was put into practice. For example one person told us they had recently had a barbeque in their home and had invited their friends and neighbours. Other people told us that at times they like to go to the pub, for a wine or a coffee. One person said they went to the pub at same time every week to join in 'play your cards right' game with people they had got to know. One person's care file had a pictorial personal and family history which explained to people which relationships were important to them and what support they needed to maintain them. The service facilitated social events but also encouraged people to make and maintain their own friendships in the wider community.

We saw a 'house night' where a group of people who shared a house and some neighbours got together once a week, to eat together. One person said, "I like to get together with my neighbours". A staff member told us about the person they were supporting, "He knows people and they know him. This is very important to [name], he needs to feel secure".

People were supported with maintaining their home, learning life skills and setting goals. One person we spoke with told us they had enjoyed learning to go food shopping and cook at home. They told us they had had learned new skills and now bought and cooked their own food. This offered them better value for money and greater flexibility and choice. This had enabled people to have a more everyday life and to learn new skills. Another person we spoke with had bought new clothes with support. One person had her hair and nails done. They told us they liked to look nice.

People were also supported to organise short breaks or holidays. One person told us they were looking forward to their holiday in Spain, they told us how they were supported to plan, arrange and book this. Other people told us they had been supported to go on short breaks which they had enjoyed. One person's family member said after describing to us the opportunities their loved one now had, "She has more choice, has learnt more skills. She's now the person she should have been years ago".

Is the service well-led?

Our findings

A family member had written in feedback, 'I value L'Arche's vision and the ongoing commitment of core staff members to [name's] welfare at every level of her being and life'. Another person's relative wrote in feedback to the organisation, 'It was a pleasure meeting with the manager today. I was very impressed by her approach, knowledge, expertise and her passion and commitment to L'Arche'.

Staff told us they found the registered manager friendly and approachable. A staff member said, "The manager is very approachable; she doesn't sit behind a closed door". Another staff member told us of a time they had felt the need to raise a concern. They told us, "This led to a good discussion with the manager, it was open and honest. Which is what I think was needed". A third staff member told us, "The manager includes you. There is one matter at present I'm involved in, I feel she has shared appropriate information and I've been kept in the loop". One person's family member told us that the registered manager took time to meet with their family at length. They commented, "I was impressed with the manager, she was very knowledgeable and friendly with a proactive approach. She has kept us up to date with ongoing communication".

When we spoke with the registered manager she told us her aim was to, "Foster a culture of celebration and appreciation for people". She gave us an example of when a staff member had been complimented on their approach in supporting a person by a social worker. The registered manager told us they arranged a meeting with the staff member to pass on this compliment and to congratulate them. She told us, "I want to have a culture where staff feel valued". A family member told us, "They demonstrate their values, it's not just talking the talk, but walking the walk".

The registered manager was friendly, open and approachable. A staff member told us they were confident going to her with any concerns. We asked them why they felt confident, they said, "Because I trust her". The registered manager was enthusiastic and passionate about her role and the positive impact it could have on people. During our visit people supported stepped into her office to say hello, it was clear she knew people well. We found the registered manager to be curious with regard to how people's support could be improved and had effective systems in place to make sure she captured available information to do this. This curiosity had led to questions that had enabled the service to assess their practice, for example in how people's accommodation was organised and how people can stay safe when expressing their freedom; and to then make changes based upon the learning from people's feedback.

The registered manager and staff at L'Arche were involved in their local community and neighbourhood. L'Arche has been based in the same area for many years and shared the building they owned with other community organisations. Many people they support lived nearby. There were allotments in the grounds of the building that were used by staff, people supported and neighbours. The building held different workshops, training, community groups and classes. Produce from the allotment was for sale from the building. The registered manager told us that being involved in the local community and making connections had helped with recruitment. Many support workers were based locally and had good local knowledge which helped them support people to get more involved in their own community and use local

facilities. Some people who had previously been employed stayed involved in a voluntary role or kept in touch with people at L'Arche.

The main office for L'Arche was based in a multicultural inner city area and this was celebrated. For example there had been a milestone celebrated at L'Arche. The event had been used to celebrate diversity, staff members and any people supported who wished to brought in a food dish typical of their culture, celebrating the variety of cultures within the organisation.

The registered manager gave examples of partnership working with other support providers. When L'Arche was not the only provider of services in a person's life they had taken steps to work in partnership for the benefit of the person being supported. One example that we saw resulted in a multi-disciplinary meeting taking place involving both support providers, the person's family and health and social work professionals. Agreements were made between the two support providers that would be of benefit to the person supported. The registered manager explained that they take a collaborative approach. We were told of one example when she offered both organisations staff teams joint training for a person's benefit.

The registered manager told us they were constantly learning and looking for examples of best practice and how this could be used in people's support. The registered manager had signed up to the social care commitment from 'Skills for Care' and was a member of a regional network of managers from different organisations. She was involved in L'Arche UK's development programme. The registered manager made sure that other staff members had development opportunities relevant to their role. For example the human resources manager who led recruitment told us they benefitted from going on a values based recruitment workshop along with other managers. They also took part in an interview master class. This had let to them using their learning and making changes to the way L'Arche Liverpool recruited new staff members.

One example of promoting feedback was in the registered manager contacting people's families for their perspective on senior staff members who are involved in their family members support. Before the appraisal of senior staff members, feedback was sought from people's families using a questionnaire. We saw some completed questionnaires and these focused on how family members felt communicated with and involved with their family members support. We saw an example of one completed questionnaire that highlighted some concerns a family member had. We were able to see that these concerns were explored with the family member and a thorough written response with agreed actions was sent to them. This feedback was also used in the staff member's appraisal as part of their development. This was handled sensitively by the registered manager and she wrote back to the family member thanking them for their honest feedback.

The registered manager told us it was important to look at different ways of gaining feedback from people supported other than questionnaires even though these had been overwhelmingly positive. She told us about the questionnaires, "Although people are telling me they are happy with their support. I need to change the process as this is not providing further outcomes for people or giving me enough information that I need as the manager to make further improvements". She told us and showed us examples of how it had been useful to use the information from occasions when people had not been happy, feedback from families, informal listening cafés and from meeting up with people and their teams to help develop people's support. The manager was keen to build upon their learning and develop other new ways to listen and gain feedback.

The service had a history of gaining feedback from family members by questionnaires. Recent questionnaires had been positive about improvements in people's lives and a nice atmosphere in the

organisation. Family members were specifically asked about the number of staff available to support people. Some had given feedback that they were concerned about staff turnover and at times the numbers of staff supporting people could be more. The registered manager told us this feedback had prompted a change project focusing on staff recruitment and retention. The human resources manager had met 30 staff ranging from 6 months to 22 years of service and focused on finding out, what makes you stay? What do you enjoy? And, what could we do to help people stay longer? The themes that came from the family questionnaire were also discussed at one of the family meetings. When the project is finished feedback will be given to family members.

The registered manager told us they attended some of the team meetings. She explained to us this was to assess the quality of team meetings, to have an opportunity to work alongside staff so people were confident with the manager, to share her experience and to learn from staff. She explained, "Often the answers to any problems in supporting a person lay with the teams" and "It's a great way to get to know the core members better".

The registered manager helped ensure people were safe by completing health and safety audits in people's homes and communal areas. We saw copies of these audits; they were comprehensive and covered different aspects of safety. We saw that the audits had highlighted areas for improvement which had been acted upon. The service also completed a regular quality assurance framework. The aim of this was to, 'Address the needs and hopes of the individuals it serves'. Quality assurance assessments by another organisation within L'Arche were completed which offered an outside of the service perspective. There had been a recent local authority contract monitoring assessment where the organisation had scored 96%. This demonstrated that the provider's quality assurance systems were being effective.

We looked at the organisations policies. In particular the safeguarding policy, whistleblowing policy, equality and diversity and inclusion policy and the personal and professional boundaries policy. We found these to be clear and informative. The professional boundaries policy was person centred, unambiguous and balanced. The policy accompanied a training session for staff. A staff member told us, "It was a great refresher, with lots of real life scenarios".

The organisations community director explained to us that the organisation was originally established as a Christian community and has a strong Christian ethos. There had recently been a celebration of fifty years of L'Arche, she described this celebration as being proud of where the organisation came from. However the organisation embraced diversity and employ and support people of different faiths and those with no particular faith. We spoke with some people who didn't share the Christian faith. One staff member who was not a Christian told us, "It's a very Christian organisation, but people of all faiths and those with none are welcome. I feel free to speak my mind, it's respected. I really love my job; people of different faiths make it fascinating". One senior staff member told us, "It's not important what your faith is, it's important how you view people".