

L'Arche

# L'Arche Ipswich The Cornerstone

## Inspection report






3 Warrington Road  
Ipswich  
Suffolk  
IP1 3QU  
Tel: 01473 216409  
Website: [www.larche.org.uk](http://www.larche.org.uk)

Date of inspection visit: 4 April 2016  
Date of publication: 05/07/2016

### 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 

### Overall summary

We inspected this service on 4 April 2016 and the inspection was unannounced.

L'Arche Ipswich The Cornerstone is an outstanding service that is registered for personal care and offers live-in support to people living with a learning disability. The people who used the service call themselves and are referred to within the organization as core members. The core members, or people who use this service, live as a

community along with their assistants (staff) in two lively shared houses close together in Ipswich. The majority of the assistants share the accommodation with the people they support. On one site seven people live with five assistants living in the community and three assistants living outside it. On the other site three people live with two assistants, they are also supported by other assistants that live outside the community.

# Summary of findings

The provider has progressive and unquestionably high expectations of itself; one of their stated aims is to make known the gifts of people with learning disabilities revealed through mutually transforming relationships. Another is 'Creating mutually supportive communities with people with learning disabilities.' L'Arche is a Christian based organisation, but welcomes all people whether they follow a faith or not.

There was a committed registered manager in post, who is creative in finding ways to support the people that use the service. 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.

There were more than sufficient assistants in place to enable people to live active and enriched lives. The assistants knew what to do if they suspected someone was being abused or harmed, and recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. People who use the service were included as part of the recruitment team in a meaningful way and the manager and staff were looking at ways to expand this within the organisation. The service found ways to make sure that people were able to be in control and manage their own medicines safely if they are able to do so. Medicines were managed and stored properly so that people received them as the prescriber intended.

The assistants had received a wide range of training so that they had a good understanding of how to meet people's needs. They understood the importance of gaining consent from people while working with them and they were clear about their roles.

People participated in all the stages of choosing, planning and the preparation of their meals. People we spoke with enthusiastically talked about their role in cooking meals for their housemates. House meetings were held weekly to discuss and plan the week's menu and shopping, among other things. One meeting we took part in provoked fervent discussion about what they wanted from life as well what activities they wanted to take part in and people who used the service lead the discussions from the front.

The assistants treated people in a way that reflected how they themselves expected to be spoken to and supported them to reach their full potential. Their interaction was indicative of two adults talking together on an equal basis. They were respectful of the people's privacy and dignity and offered guidance and reassurance if they needed it to maintain their health and wellbeing. The assistants also made sure that, if people became unwell, they were supported to access healthcare professionals for treatment and advice about their health and welfare. They did this in partnership with people so that the outcome matched their expectations.

The assistants showed commitment to understanding and responding to each person's needs and preferences so that they could engage in the way they wanted to. It was evident that people passed their time in the way they desired. The assistants worked hard in making sure this could happen for them while still taking risks in their day to day living. The service supported people in positive risk taking; taking a positive attitude to risk assessing helps services to find positive ways to manage risks that empowers people to make choices, while supporting them to take informed everyday risks.

The assistants understood the importance of responding to and resolving concerns quickly if they were able to do so. They also ensured that more serious complaints were passed on to the management team for investigation. The complaints procedure, as with all other communications, was produced in a format people could easily understand. People told us that if they had a complaint to make or a worry to voice, they felt confident to raise them in the open and inclusive atmosphere there was in the community.

The manager told us that they believed that complaints and concerns raised gave them opportunities to find way to improve the service they offered people.

The service was outstandingly well led by a management team that was committed to finding new and innovative ways to support the people to be citizens in the wider community, to lead a full and active life and to be in full control of what happened to them. The assistants told us that the manager led by example and was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service, which they did in a stalwart fashion as they did in all their duties.

# Summary of findings

The service continually asked people for their views about the day to day care they received through the services' annual quality assurance surveys. They were also given many opportunities to take part in debates and discussions about improving their quality of life nationally and internationally. This meant that their

thoughts and expectations led improvement to the service they received. The provider's outlook was reflected in the way this service was run and they included the people who used the service in decisions about how the organisation was run.

# Summary of findings

## 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 ensured that people received a service that was safe.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were ample qualified, skilled and experienced staff on duty to meet people's needs. People were involved fully with the recruitment of new staff.

People were involved with planning measures to make sure that risks they took in their daily living were minimised to keep them safe without reducing their ability to make choices and maintain self-determination. Each person had an individual care plan which they were fully involved in putting together and which identified and assessed risks they took in life.

The service managed and stored medicines properly and people were supported to manage their own medicines where they could.

Good



### Is the service effective?

L'Arche Ipswich The Cornerstone was run in a way that effectively met people's needs.

The assistants received the training they required to provide them with the information they needed to recognise how to do their job in a way that was best suited to support people to enjoy life and to reach their full potential.

The assistants were very skilled and knowledgeable about their roles and understood how to provide appropriate support to meet the person's health, social and nutritional needs, ensuring that they were included in that decision taking.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. If it was assessed that anybody lacked the ability to make decisions for themselves, the correct processes were in place so that decisions could be made in their best interest.

Good



### Is the service caring?

The service and organisation was outstanding in the way it cared about and for the people they supported.

Staff treated people as peers and they all interacted together as equals in their shared home.

People were treated with respect, as expected between house mates and their privacy and dignity was maintained and upheld. If people needed help to reach their aims the assistants were diligent in their efforts to make sure that this was given.

The service worked in innovative ways to rebuild and maintain relationships that were important to the people they supported. Relatives and friends were made welcome and were involved in activities in the home. Families were fully involved in and consulted about their family member's care and support.

Outstanding



# Summary of findings

## Is the service responsive?

L'Arche Ipswich, The Cornerstone responded to people's views and expectations exceptionally well.

The service sought people's views about what they thought their strengths, levels of independence and health were. They were also asked what they thought their quality of life should be. These thoughts were taken into account when care plans were being put together, including people's personal history.

People's preferences were always respected and taken into account when assistants provided care and support. People took the lead in the planning of outings and life events that were important to them. This included taking the opportunity to developing hobbies, volunteering and taking paid work.

Information was given to people in a way they could easily understand, in an easy to read format. Care and thought had been taken to produce information sheets and meeting notes in an interesting format that captured people's attention and involved people's thoughts and opinions in its content.

Although people were asked their opinion of the service they received formally every year, people were constantly prompted to share their views on how they were being cared for, future plans and their lifestyle.

People told us they had no concerns, but there were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

**Outstanding**



## Is the service well-led?

People who used the service, their family and friends, assistants and health and social care professional all told us how outstandingly well-led they thought the service was run and managed.

People who used the service in particular told us how well they got on with the manager and the community leader, feeling that they were involved and interested in their lives.

The organisation has a clear vision and set of values that includes the core values of respect, involvement, compassion, dignity, independence, equality and safety. This was reflected by the imaginative and person centred way the management team and assistants work with the people they support and care for.

Staff told us the management was very supportive and they worked well as a team. There was an open culture where the people who used the service were involved in making decisions about how they lived and how the organisation was run.

The manager actively sought ways to monitor the quality of the service to a very high standard and took appropriate action to improve the standards when necessary, as did the provider.

**Outstanding**



# L'Arche Ipswich The Cornerstone

## 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 4 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the manager 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.

In advance of our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This

is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we visited both houses where the service supported people to live. We observed how the staff, or assistants, interacted with the people they cared for. We were invited to join the people who used the service and assistants in a house meeting and were able to talk with people freely and openly. We also spoke with the manager, the community leader, two team leaders, or animators, and five assistants.

We were contacted by four people's family members, six health care professionals and social workers who were involved with people supported by this service.

We also looked at four people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

# Is the service safe?

## Our findings

The people we spoke with told us that they felt safe using this service. One person told us, “I’m safe; they [the staff] help me to stay safe.” Another told us “I’m a bit of a worrier, but I feel safe living here.”

Assistants told us and records confirmed, they had received training in protecting vulnerable adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Assistants understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. One assistant said, “We have the phone numbers and know who we can go to if we think something’s up.” Assistants were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The manager demonstrated a good understanding of keeping people safe. There had been no concerns raised in relation with the people living in this community. If there were, we would have confidence that the manager would take appropriate action and would liaise with the local authority to ensure the safety and welfare of the people involved. This was because we had been told by social workers and other healthcare professionals that the manager was quick to take action to safeguard the people they supported. One professional commented, “As soon as I contacted [the manager] they booked me in with themselves and the key worker and gave me access to any information I requested.”

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives, while enabling them to take positive risks so that they could keep their independence and self-determination as much as possible. The risk assessments were individual to each person and were in depth and detailed. For example, if people wanted to travel independently, the risk assessments clearly set out the process that was in place to enable them to get to know their local area, and how staff should help them understand what they needed to know to stay safe and how to get help getting home if they became lost.

One person asked to be independent around one particular area of their life. In the past this had been difficult to maintain and other agencies had voiced their opinion that the person should not be allowed to keep this independence. However, the manager met with all interested parties and the person and negotiated a way that they could all agree on to work together so the person could stay in control in this area of their life.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried out so that assistants and people using the service understood how to respond in the event of a fire. The service made sure that proper procedures were carried out to maintain infection control, which helped keep people safe from infections.

There were ample assistants living and working in the community to ensure that people were kept safe and to protect them from harm. One person told us, “I like going out and about and there are plenty of assistants around to help me, we plan our outings and I am not often disappointed.”

Assistants told us that they thought there were enough of them about to meet people’s needs throughout the day. One assistant said, “We live in the community with our core members, we eat, relax and get about together.” And added that they often spent their time off in the community and with the people they supported.

The manager told us that a minimum of two assistants were on duty during the day in each house, and that the assistants that were off duty often remained at the service and continued to interact with people within the community. There was no waking night staff on duty as people’s needs were not assessed as needing waking night cover. There was a duty system in place between the assistants who lived in the community to cover any support needed during the night. People told us that they knew who was on duty, and who they needed to speak to if they needed help at night.

The manager and the community leader were based at the service and were available if extra support was needed and the manager told us that they continued to assist people in every aspect of their lives.

The organisation actively recruited assistants from abroad; some worked at the service during their gap year before

## Is the service safe?

returning to their home country to finish their education. Other staff stayed within the international organisation and moved within it worldwide and other staff were based at this location long term. People told us that they liked the way staff at the service came and went and that they looked forward to meeting the new assistants when they arrived and throwing them parties when they left.

We were assured and saw evidence that safeguarding checks were carried out before people started work in the community. Robust recruitment procedures were in place to ensure that only suitable people were employed. Records showed that assistants had completed an application form and attended an interview. Along with the manager, people who used the service were included as part of the recruitment team in a meaningful way and were properly supported to carry out that role. The provider obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to ensure that the candidates were of a good character and suitable to work with vulnerable people.

Care necessity assessments were carried out and if people were assessed as needing extra support the manager took action to procure extra support funding from the placing

authority so that those needs could be met. This meant that people received care and support from sufficient numbers of staff to keep them safe and to meet their needs.

We found that medicines were prescribed and were taken by people appropriately. The people who used this service were supported to manage their own medication. People's ability to take that responsibility was assessed and their individual medicines care plan was written and contained a risk assessment which identified how much support people needed to be able to manage the medicines, to keep it safe and to make sure it was ordered on time. We saw evidence that there were checks and audits in place to ensure that people were taking their medicines as prescribed.

People's medicines were stored in locked cupboards. One person in particular took the responsibility of managing and taking their medicines with minimal support. This included keeping their own medicines in their room, being supported to make their own arrangements in ordering their medicines, collecting their prescription and getting it filled. They felt this was important to them and felt empowered by being trusted to do this.



# Is the service effective?

## Our findings

People told us that they were supported well and that the assistants made sure that they got what they needed. One person told us, “I have lived here a long time, they [the assistants] come and go, but they’re all good, friendly people who know what it’s all about.” Another person said, “They don’t take long to settle down, it’s good getting to know the new assistants.”

Records showed that assistants received training and support to enable them to do their jobs effectively. They told us they were provided with training, supervision, appraisals and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation’s training covered mandatory training, such as health and safety, first aid and infection control. It also offered training where appropriate to support people living with a learning disability, working with people with autism and developing communication skills for example. This enabled them to develop the skills they needed to carry out their roles and responsibilities.

The assistants were expected to complete competency checks after they had undertaken some training, such as managing medicines. On speaking with them we found them to be knowledgeable and skilled in their role. This meant people were cared for by skilled staff, trained to meet their care needs.

The assistants were encouraged to continue their self-development and gain qualifications relevant to health and social care, diplomas in health and social care level 3 for example. The assistants were very often young adults that were taking time out before continuing their education or starting work in their chosen profession. Many of them already have qualifications relevant to their posts and planned to move into associated work, social work or psychology for example. This meant that they were enthusiastic and willing to learn by their experiences of working with this client group.

All staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLS and when these should be applied to the people who

lived in the service, including how to consider their capacity to make decisions. The manager had made a few DoLS applications this had been so that they could better support people with their healthcare needs and accessing the community safely for example.

Where people lacked capacity, the care plans showed that relevant people, as set out the MCA had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

People’s care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. We saw that discussions had been set up; involving both people who used the service and healthcare professionals, and agreements had been made to enable people to have access to health care independently where desired.

Records showed that people were supported to attend hospital and other healthcare professionals outside the service. For example, specialist clinics and diagnostic tests. Some people were supported to make their own medical appointments, which they attended on their own if they wanted to. They were encouraged to share the outcome of the appointment afterwards, so that the assistants could offer support or take any necessary action.

People told us that they enjoyed their food. Assistants had received nutritional training and encouraged people to make healthy choices during the weekly meetings when they would plan the week’s menu, including any special event they had planned, such as birthday meals. Both the people who used the service and the assistants took part in celebrating each other’s birthdays. Once the menu had been debated a shopping list was put together. Shopping trips were arranged and it was a shared task. All the meals were made from scratch and if people had special dietary needs they were catered for. The assistants were knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. They were able to give us examples of people’s special needs, whether they were health related or weight control.

## Is the service effective?

We were told, “I like to cook, I have days when I do the cooking.” Another person told us, “I get enough to eat, and I can help myself if I want a snack.” Another person said, “I take my turn doing the cooking, and they [the assistants] make sure I don’t burn it.”

The day of our inspection was one of the assistant’s birthday and plans were underway to get a party together

for the evening. The food was being prepared and the dining table and room were being decorated. We observed positive, light hearted interaction between people and the assistants as the preparations were in hand, with much speculation about whether the food and decorations would be acceptable.



# Is the service caring?

## Our findings

The organisation, the management and staff teams truly cared for the people they supported in a way that did not stifle or prevent the people from being citizens within the wider community.

The people who used the service and the assistants lived as part of the same community. They all used the same facilities, such as the kitchen, living space and garden, which added to the open, lively atmosphere which developed relationships that were full and meaningful. During our inspection we saw everyone was engaged in discussions and debates over a wide range of topics, including arrangements to get to work, the weekend's plans, that evening's party, who would come, what would the new assistant be like and what were they doing for the bank holiday weekend? One person's relatives told us, "I would describe the care that [my relative] has received as outstanding. I feel that they, and I, have been privileged that they are able to live in such a community where they have found happiness and fulfilment whilst I have got peace of mind that they are cared for in the way that I would wish."

When answering our questions the assistants referred to people in a way that was respectful and empathetic. For example, "When I'm wondering what can we do or making plans, I always make it happen as I'd want it to, why would it be any different for the core member?" When talking with one person about their plans for a trip out, we saw an assistant question their plans in a way that opened a discussion about their attitude towards the trip and ended with the person suggesting a better plan. This was a valuable opportunity for the assistant to support the person in rethinking their plans and making a decision for themselves that would lead to a better outcome. The assistant's attitude was supportive and not confrontational. They vested that person with the opportunity to make a good decision; it was evident that they were very pleased with that decision and with themselves for making it.

This was an outing that the person was taking alone and was an example of positive risk taking; taking a positive attitude to risk assessing helps services to find positive ways to manage risks that empowers people to make choices, while supporting them to take informed everyday risks. One assistant told us, "It's important we work together to get things right, if things go wrong it can dent

people's confidence to make their own decisions... Sometimes it worries me to leave them to do things on their own, but if things go wrong it helps people learn. I'm here to talk things through and work out what needs to change for next time."

This positive attitude was used in helping people to develop adult relationships outside the service. Quite often this in an area that services supporting people living with a learning disability find difficult to address, which could lead to people being restricted in developing adult relationships. The assistants told us how they had to put their urge to be over protective to one side and to try to make sure they gave people the information they needed to stay safe emotionally and physically. One assistant told us, "I just have to remember they are adults with adult feelings and that I have to respect their right to relationships."

We were given other examples of how the managers and staff had worked creatively and resourcefully with other agencies to support people to take control of their lives by taking risks that others services may have felt was, 'Too risky.' However, to give these examples would identify individual people and would infringe their right to privacy. The management team worked tirelessly with the people they supported in finding ways around obstacles that stopped them living full and productive lives.

During our inspection we saw people and the assistants spending time together, making each other drinks, chatting and being sociable, it was obvious that this was a usual occurrence.

The people we met were welcoming towards us and were so engaged with life that it was a pleasure to sit in the homely, comfortable surroundings and chat with them. They were interested in everything and shared their thoughts freely, asked questions and challenged our opinions without any reservation or doubt that they were our equal and had the right to do so.

People chatted about what they thought of the care they received and how they got on with each other. Assistants joined in the conversation and supported people to express their point of view, without inhibiting what they had to say. No one had a negative comment to make, one person said, "These people are my friends, I love getting to know the new assistants. I'm sad when they go, but then another one comes and I have to get to know them." When



## Is the service caring?

we talked with the assistants they were able to tell us about the people's needs and preferences, specifically how they liked to be supported and when they just wanted to be left alone to get on with it.

A relative told us, "The assistants have always given so much more than required of them. For example, they have taken [my relative] out for coffee or to play tennis or to the pub, very often in their spare time. This has helped [my relative] build their confidence. Assistants have provided genuine friendship and care, doing their best to enable [my relative] to lead [their] life as [they] would wish. Indeed, [they] and an assistant went on holiday to L'Arche India which [they] loved. [They] came back brimming with confidence and lots of beautiful photographs! L'Arche offer great holidays to core members which have been so important to my [relative] as the whole community go away together which has really cemented friendships."

Another relative said, "My [relative] is so very happy there. We, his parents could not wish for [them] to be anywhere else. All the staff are so very caring and supportive and each core member is treated as an individual. The food is excellent; the atmosphere is like that of a big happy family."

A healthcare professional told us, "I was hugely impressed each time I visited with the set up and the staff. They obviously know the people they support as individuals, and treat them with care and compassion. It always feels homely there."

We saw that people were fully involved in planning their care plans and reviews were centred on them and were held in the way they chose for themselves. They were able to invite who they wished to the meeting, where it was held what the topics would be discussed. A Community Care Practitioner told us, "When visiting L'Arche (sometimes unannounced) the staff are always accommodating, friendly and helpful. If invited they are happy to join a meeting. They would respect what my customer had to say, listened but also challenged [them] when [they] might not be giving an accurate account of something. It is a friendly place with support workers and residents living side by side. Regular house meetings allowed everyone to have their say."

Another Community Care Practitioner said, "The way L'Arche is run is a very unique model of support and appears to work well for the customers, their families and assistants within the ethos of shared living. Customers are

evidently content living there and are actively supported to make the most of their lives and experience many different things, all of the customers I have met prefer the more hands-on approach to their support which L'Arche provides. L'Arche never has any problems finding new tenants when a space comes up. Probably due to the nurturing nature of this kind of living, which is something that is attractive to many people, I got the feeling that there is a strong sense of belonging which is so important."

Family members told us that they were always made welcome when they visited their relatives. They were also included in whatever activities taking place and were invited to special events held at the house like birthdays, Christmas and Summer BBQ's. There were no unreasonable restrictions on when people could receive guests and the service recognised the importance of people keeping in touch with people that are important to them. One relative told us, "I am never made to feel uncomfortable when I visit [my relative], it's completely the opposite. The assistants are friendly and understand our worries and work with us. I always know how [my relative] is getting on and what's happening in the community."

It was evident from the assistant's respectful attitude and the way they spoke about the people they supported that they respected people's dignity and privacy. One person told us, "I get treated fine, no one crosses the line and that makes me happy."

The organisation listened to the people they supported on all levels. They were proactive in giving people a voice and listening to them. During our inspection people came and went from the main administration office, passing the time of day and expressing their views on the day's events and future plans. They were welcomed into the office by everyone working there and were included in conversations, listened to and helped to make plans and decisions for themselves.

People told us that they kept in touch with friends outside the service as well as those that had once lived there and had moved on to live elsewhere. One person told us, "I get about, I go to my club and meet my friends there," Another person said, "I mainly meet my [friend] outside but he can come here for tea if I ask him to."

People were also asked their views about the way the service was run through annual surveys and were given the opportunity to attend house meetings and give their



## Is the service caring?

comments about the running of the service. One person told us, “We are always talking and having meetings, we talk about food, what we think of this place, what to do, who’s coming to work here and what we will do next or where to go on holiday.”

Relatives were also sent annual surveys and we saw they gave positive feedback, such as, “You and your team are really supportive.” And “You are doing fantastic work with and on [my relative’s] behalf.”



# Is the service responsive?

## Our findings

People using the service and their relatives told us that they thought the service was outstanding in the way they responded to people's needs and included them in planning how they would be met and how the service was run. People felt their lives had been improved by moving into this community.

A relative told us, "My [relative] has been fortunate to have lived in the L'Arche community... During that time I have watched [them] develop and grow as a person in a variety of ways.

People said that they had visited the community and had been told what they needed to know before they moved in and were asked about what they wanted for their future life. One person told us, "I liked this place so much on my first visit, I wanted to stay. I was made very welcome." People's families were included during the assessment process. The manager told us they worked hard to make the move as easy as possible and that any agencies involved were asked to have an input into people's assessments. Professionals, such as speech and language and OT teams were invited to have an input for example.

One professional told us, "I have found them very accommodating and helpful." And that the service was supportive in enabling someone to take their time over a number of weeks and several stays to decide if they wanted to move. They visited the service as often as they needed, at different times and had meals with people living there and joined in some of the activities. They moved in when they decided they were ready to. The manager told us that whenever a new person moved into the community they were treated as an individual and their move was taken at their pace and done the way they wanted it to happen, no two were alike.

A relative of someone, who had recently moved into the smaller house, told us that the manager and assistants had worked hard to get their relative settled and that they were well cared for. The relative said that they had worked closely with the assistants in giving guidance and advice about their relative's needs. They told us, "Living at L'Arche has helped [my relative's] confidence and independence and has enabled [them] to make new friends.

One of the houses had recently received their first female occupant who had helped to decorate one of the

bathrooms in a more 'girly' fashion. They told us, "I love it here, Everyone has made me feel so welcome and I have made friends. I like the way people listen to what I have to say. Have you seen my bathroom? It's so nice."

Highly person centred care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. It was evident from the wording in the care plans that they were written in conjunction with the people they involved. People had signed them to say they had seen and agreed with the information. The care plans were detailed enough for the carer to have a comprehensive understanding of how to support that person in a way that they wanted to be supported. One care plan talked about leaving the person to have time to enjoy their shower because, '...they enjoy the water.'

A member of the local authority review team told us, "I have just completed the reviews for the people living in L'Arche, the Cornerstone... support plans and risk assessments were all person centred and up to date with a good balance of information(not too much or too little), assistants were very helpful as was the manager..." They went on to say that the manager and the key worker attended the meeting along with the person involved and that they were given access to any information they requested.

The manager told us that they felt it was very important to support people to fulfil their wishes to work in the wider community. We saw that they had been successful in this aim and those people who wanted it, had paid jobs and volunteer posts in the community. One relative told us, "L'Arche have also supported [my relative] to work at [a pizza restaurant], [another restaurant] and they have found [them] an additional opportunity in a church cafe where [they have] learned a range of new skills and made new friendships in the work situation." A professional told us, "I have worked with the staff around finding employment for various tenants and they have always had a positive experience, staff always wanting what is best for the people they were supporting."

One person told us that getting paid work made them feel 'complete' and that, "I'm paying my way."





## Is the service responsive?

People were encouraged to develop their living skills and were supported to move on and to be supported to live independently. One person told us, “I have made plans and have talked about what I want. [My friend] has moved to [their] own place, [they] really wanted that.”

Two people had achieved this goal recently and were supported to move into their own homes in the wider community. The manager and assistants had worked closely with the organisations that would be supporting them in their new homes. The service shared information and had offered support during the move and afterwards. They continued to stay in touch with those people and welcomed their visits back to see their friends and invited them to attend special events held at L’Arche.

The supported housing manager of where one of the people had moved told us, “I have worked with them [the service] before and always felt that all relevant information was shared and the tenant was at the centre of all decisions.”

The service had shown willingness to take thoughtful, flexible and exhaustive steps in researching people’s history so that they could better meet their needs. For example, they had started a project that involved in depth research to enable one person to be protected from emotional harm, but to understand, redevelop and maintain relationships that were important to them.

People wanting to build adult relationships were supported to do so in an open manner, that was not judgemental. People were given guidance about ways to protect their health, safety and wellbeing. One person told us, “I get out to see my [girl/boyfriend] when I like, I call in to let them [staff] know where I am and when I’ll be back.”

People we spoke with told us about their life and gave us some amusing stories of things they had done and how they kept themselves busy. Planning their holidays was very important to them and we were told of the adventures and scrapes they had got into while on holiday around the world over the years. They could choose to go away individually or as a small group. One person had visited the L’Arche service in India and felt it was an experience of a lifetime. People had an active social life, joining in and taking part in many local community activities.

The service had recently instigated a new post of animator, one in each of the homes covered by the service. They were effectively live in house leaders, but the decision to call

them animators was made to give the post a three dimensional feel. It was not the intention that the post holder would only be responsible for paperwork and desk based tasks, but they would bring life into the house, to animate it. We spoke with the animators and asked them to describe their post to us. They told us, “My job is to balance the community with the care side. Because I’m living in this community, I get to know people and can see ways to improve their living experience.” And, “I look to the life of the house and find ways to light it up.” They went on to tell us that people who used this service were particularly outgoing and adventurous and that within the regional L’Arche area, this location was known as, “The party community!”

Both of the houses in the community used were very close to Christchurch Park in the centre of Ipswich and they took full advantage of many of the activities that take place there, such as the music festivals, open air theatre and other events. People were involved in the local community and invited the community into their lives. Neighbours were invited to supper occasionally and other special events the community held, such as charity events. From time to time short newsletters would be delivered to the houses close by to let them know what is going on in the community.

A relative told us, “Going out for meals or day trips have also been enjoyed by [my relative] and [they] love the fact that there is a celebratory meal for each member of the community when they have a birthday so there is lots of fun! I have been invited to [my relative’s] birthday meals which has been uplifting. Easter and Christmas celebrations usually involve parents too. I can visit the house whenever I wish, no matter what time of day and I have always been made to feel very welcome.

Assistants supported people to take part in activities that reflected their interests and pastimes. The focus was on what the individual wanted to do, whether that was sitting having a chat, attending the match or watching their favourite football team on the television or joining in a planned social activity. Some people told us that they travelled independently and come and go as they liked. They told us how they spent their time by going out with friends, attending church, the clubs they attended and the films they like to watch at the cinema.

The service had planned themed nights; Movie Monday, Games Night Tuesday, TV series Wednesday, House Night



## Is the service responsive?

Thursday, and Karaoke Friday. Volunteers helped to enrich people's lives by coming to the service to bake cakes together, do some gardening, play live music and supporting one person to fulfil their love of animals by walking dogs together. The volunteers become part of the community and attended the services' spiritual meetings and enjoy supper and were invited to the house parties.

The service enabled people to keep pets, which were particularly important to one person. A relative told us, "My [relative] has been allowed to keep [their] gerbils and guinea pigs at the house which has been so important in fostering [their] care and interest in animals."

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their

relatives. The complaints procedure was displayed throughout the service in a style that was easily understood by visitors and the people who used the service. The manager told us that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that the open atmosphere within the community, where people were able to openly talk about their feelings, made it easy to talk about things that made them unhappy and to find ways to get on better. One person told us, "I get on alright; I've never had to complain." They said, "I'd talk to the manager if I needed to. His door is open, I see him most days."





# Is the service well-led?

## Our findings

This was an outstandingly well-led service and has been for some time. Since their registration with the Commission in January 2011 they have always conformed to regulation and have maintained this high quality of care. During that time we have only received positive comments from the people who use the service, their families and other organisations. There have been no concerns raised with us in regards to the service they provide in the form of safeguarding alerts. However, they have shared any concerns they have had with us and the relevant authorities and have taken immediate steps to safeguard people's wellbeing if needed.

They have always been open and honest with us and have dealt with requests for information in a timely manner and have kept us informed of any changes within the service or events that might interfere with its day to day running.

The manager was very committed to improving the service and was conscientious in everything he did and maintained immaculate records which helped the inspection go smoothly. They have always been open and told us that they welcomed an inspection as an opportunity to learn and move forward.

Everyone we spoke with was unanimous in their high praise for this service, this included phrases like 'outstanding', 'going the extra mile' and 'I'd be happy for my relative to live there.' We contacted healthcare professionals and people's social workers for comment, all of whom responded to share their thoughts of the service, they were all positive.

One member of the local authority review team told us, "I found the service to be run very professionally. Assistants were very helpful as was the manager. As soon as I contacted him about the planned reviews he booked me in with himself, the key worker and the customer." A healthcare professional said, "I have worked alongside [the manager] on many occasions in the last few years and have always found him to be very helpful, approachable and friendly."

A community care practitioner told us, "I have worked with a customer who was at L'Arche for a few years and have visited many times. [The manager] was always very supportive to my customer and listened to [their] issues and tried to solve everything he could. Often they [the

service] would adapt [the customer's] support plan and make changes [they] wanted without my input. They were very good at coming up with new ideas for my customer to try motivating [them] to attend. They also worked well with [their] personal assistant for community Inclusion, trialling new activities. They respected [their] choice... [The manager] was very active in his participation in [their] support plan and we had monthly meetings. L'Arche have also arranged multi-disciplinary meetings ... enabling everyone to have the same strategies in dealing with my customer."

Another healthcare professional told us, "They [the service] have always worked very well with our service – professional, courteous and prompt. If a family member needed support, then I would be very happy for them to live at L'Arche."

As reflected throughout this report, family members we spoke with were full of praise for the care and support their relatives had received. In one of the emails sent to us by relatives, the family member told us how pleased they were with everything their relative had achieved and continued, "I could say so much more, but suffice to say that all of this has been achieved by the L'Arche team showing [my relative] great respect for [their] needs and aspirations. [They used] kindness, wonderful care, friendship and the willingness of staff to go the extra mile to make [my relative] happy, meeting [their] emotional needs. Any of [my relative's] problems are dealt with showing great empathy..."

As well as giving people the opportunity to speak out and to be listened to about the quality of care they receive on a day to day basis, they were also included in debates about how the organisation should be run and on wider national and international topics important to them.

On the organisation's website they say, 'L'Arche has always been good at speaking on behalf of people who can't communicate. This is a valuable skill, but it is not a substitute for including people in a decision making process. The UK's National Speaking Group was set up to ensure the inclusion of people with learning disabilities in debates which affect their lives and Communities.'

One person told us that they had represented their community in the organisation's listening group and another person told us that they had spoken at the national speaking group meeting. These meetings were



## Is the service well-led?

held nationally and internationally and people were supported to attend and take part. We saw that the assistants and the manager worked closely with the people who attended the meetings to building up confidence, to prepare their contribution and practice for the debate.

Another example of how the organization fights for the rights of the people they support was that L'Arche is represented on the UN committee on disability. They had submitted a paper to be considered during a Day of General Discussion (DGD) on the right of persons with disabilities to live independently and be included in the community.

The manager was knowledgeable about the people in the service and they spent time with them daily and monitored staff and the delivery of care closely. People told us that the manager was nice and easy to get on with and was around if they wanted to speak to him. One person told us, "[the manager] spends time with us, helps me when I need it and makes me laugh."

All communication and information sharing between people and the service was done in ways that suited each person's assessed needs. Whether this was by explaining verbally, through sign or other non-verbal methods. We saw that fire safety instructions and complaints procedure were given in an easy to read writing style and in an easy read pictorial format, which was more detailed than often seen and easy to understand. This style was also used in meeting notes and care plans where needed.

We saw a meeting agenda that used photographs of the venue and attendees' explaining clearly what each person's role was, people who used the service included.

Photographs were used to show what equipment was needed and recognisable symbols and pictures were used to set out what was going to happen and when. The whole document was cleverly and thoughtfully done. This enabled the people who were attending to know what was happening and allowed them to plan for the meeting in advance. This had been particularly helpful for people who get worried if they do not know what is going to happen and felt safer if it is explained clearly to them in advance.

Regular newsletters were produced in a similar way, both locally and by the provider. In the newsletters the service

took the opportunity to reflect their core aims and values. The way the articles were written was uplifting and positive, displaying the people who used the service in a positive way.

The local newsletter focused on individual people's achievements as well as reflecting on the past year and what they had done. A group of people who used the service and assistants had been on a pilgrimage and another group had attended the Greenbelt Festival, which was a festival of arts and faith, which had grown from a Christian music festival. One person had one of their paintings chosen to be placed in the L'Arche International on line Art Gallery.

We saw that recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Because the candidates often lived abroad, some interviews were held over the internet using video conferencing processes. Importantly, people who used the service were included as part of the recruitment team in a meaningful way. The manager met with whichever person had chosen to take part in the staff interviews before hand. They planned the interview questions together, which were written in a style and format people could understand, and decided who was going to ask which and in what order. The manager made sure people understood the questions and what sort of answer would be expected to show the assistant understood their role.

Once the interview was over, they discussed what they thought of the candidate and if they thought they would be good for the job. The manager told us that if the person who used the service did not think the candidate was suitable, they would go through their reasoning together and their decision would be taken seriously when the manager made the final decision. However, that was not done until the candidate had spent time in the main house and met with the other people using the service and assistants. The whole community would give the manager their opinion of the candidate and all thoughts would be taken into consideration in the final decision. One person told us they had taken part in staff interviews and enjoyed the process and thought they had chosen the best assistants.

One of the animators was in the process of undertaking their NVQ level 5, Leadership and management in health and social care. As part of their course work they had



## Is the service well-led?

decided to research the way that people participated in the recruitment process and whether improvements could be made. They explained, “The hope is of course, and in a way, the desired outcome of the research is to have a positive impact, which means that involving core members in the recruitment will improve in L’Arche UK. Core members will have more voice and the quality of service provision will improve.” One of the areas the animator planned to look at was whether people would benefit from training to take part in the staff interviews.

All the assistants we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. One assistant said, “The manager is great, he knows all there is to know. He helped me settle in and get down to working for the first time and in a different country. It was a big step for me, made easier by [the manager.]”

There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the management team. We also saw evidence of staff supervisions and appraisals.

We asked to see records and files to evidence that the service had systems in place to monitor the quality and safety of the service. The files were produced immediately and were found to be comprehensive, detailed and clearly recorded what had been done to monitor quality assurance. Evidence was captured that showed us that the audits were done in a meaningful way and showed us that they recorded real evidence. The monthly quality assurance report asked the manager routine questions such as if care plans were up to date and if risk assessments were in place as well as more in depth questions that the manager was expected to answer in full. For example, ‘Have core members attended regular health appointments? If not, give reason why not.’ And, ‘House meetings done weekly? Have they been recorded? Any issues? If any, describe briefly and what learning points

were there.’ As well as, ‘Attach a brief report on care and support issues. Please include challenges and positive outcomes as well.’ All of which the manager had completed in detail, reflecting changes to people’s needs and issues that had arisen, action taken and the outcome.

The community leader was also based at the service and carried out quality assurance audits, the outcome of which was discussed with the manager. Action plans were developed from the audits showed lessons learnt what action had been taken and when it was completed.

A committee of external people recruited from the community were also in place to oversee the running of the service and met regularly. They provided an additional and impartial view of the service to further and continually improve. The first item on every agenda was the manager’s report, when they were expected to give full and in depth feedback to the committee and to answer any questions the members might have. The committee also discussed other topics, such as service performance against Care Quality Commission care standards and reviewed policies and procedures. Committee members also carried out quality assurance visits to the service, which would also be fed back to the manager as well as the organisation.

All the above is evidence that the management and staff team worked diligently together to make sure that the service they gave people was of the highest standard and ensured that the outcomes for people were outstanding. This is not a recent position for them to be in; they have set themselves a high benchmark and have maintained this high standard for many years. The service has also been aware of what was needed to improve the service and have taken action to make these changes. In 2014/15 a new house was opened so they could offer this excellent model of care to more people. The manager has shared their plans to further improve the service which have not been finalised yet so we cannot share this information in this report.