

L'Arche

# L'Arche Kent

## Inspection report

18a St Radigunds Street  
Canterbury  
Kent  
CT1 2AA

Tel: 01227643025  
Website: [www.larche.org.uk](http://www.larche.org.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This service provides care and support to people with a learning disability living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This inspection took place on 19 and 22 January 2018. The inspection was announced.

At the time of the inspection four people were being provided with a regulated activity. CQC inspects services against the regulated activity they registered to provide. This service is registered to provide personal care.

At the previous inspection of the service on 11 and 17 November 2015, we found a breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and a breach of section 33 of the Health and Social Care Act 2008. We found that the quality assurance process was not effective in analysing, providing feedback and demonstrating improvements made to the service. Records were not always accurate, up to date and easily accessible. The service was managed at a different location from which it was registered. We also made a recommendation that the service seeks the relevant guidance about the roles and responsibilities of a registered manager. Overall, the service was rated Good.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question well-led to at least Good. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

At our inspection in January 2018, we found that improvements had been made. The regulated activity of personal care was taking place at the registered location. The provider was now compliant with the conditions of registration. Quality assurance processes were effective in analysing, providing feedback and demonstrating that improvements had been made to the service. And records were accurate, up to date and easily accessible.

The service had a registered manager in post. 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. Staff told us that the registered manager was supportive and people told us that they knew the registered manager well.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were involved in planning their support and support was person centred. People had time on a monthly basis to discuss their support and told us they felt they were listened too. Support plans contained information about people's life, friends and relatives, preferences and goals. There were details about what people could do independently and what support they needed to undertake tasks for themselves.

Staff understood the risks to people and were aware of the appropriate action to take to minimise the occurrence of the risk in the least restrictive way. Staff knew people well and understood how to support them in the way they wanted. People were supported to increase their independence and take new risks in a managed and safe way. People seemed relaxed and comfortable with staff.

People participated in activities and maintained friendships both within and outside the L'Arche community. People were supported to visit each other in their homes or in the community. People were encouraged to cook for each other and view meals as a social time. Technology was used to improve people's lives and aid communication.

Medicines were managed safely. Staff were aware of the policies and procedures for the management of medicine and had undertaken appropriate training.

There were policies and procedures in place to protect people from abuse. Staff had undertaken safeguarding training and could demonstrate that they knew how to identify abuse. People and staff knew how to raise concerns and were confident their concerns would be listened to. When things went wrong the service took action and lessons were learnt and shared. Incidents were reviewed by the service and trends were identified.

There were sufficient numbers of staff to meet people's needs. Staff were recruited safely, there was a recruitment policy that was followed and pre-employment checks were carried out. People had the opportunity to meet staff before they provided them with support. Staff had received an induction and mandatory training. Staff told us they felt supported by the organisation and that there was a positive culture. Staff had completed appraisals and attended meetings to discuss best practice and share information.

People were supported to live healthier lives and had access to health care professionals when they needed it. Professional guidance was followed to improve people's health. If people became unwell they had access to medical care.

People's privacy and dignity was respected. People's consent was gained before staff gave support and people were supported to make their own decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in the MCA, and knew and understood their responsibilities.

People were encouraged to provide feedback and felt listened too. There were regular meetings for people using the service to express their views. People knew how to complain and complaints were responded to in a timely way and action was taken. Audits and systems were in place to ensure the service ran effectively and improvements were made.

The registered manager engaged with local and national networks and worked with other services, to keep

up to date and share best practice.

The provider met their legal obligations by displaying their last inspection rating in their offices and on their website. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

## 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 were protected from abuse.

Risks to people were managed and action was taken to mitigate risk whilst respecting people's freedom.

There were sufficient numbers of staff who were recruited safely.

Staff had been trained in infection prevention control and there was protective equipment to prevent the spread of infection.

Medicines were managed and stored safely.

Lessons were learned when things went wrong. Staff knew how to report incidents and accidents and these were documented and actioned. Trends were analysed.

### Is the service effective?

Good ●

The service was effective

People's needs and choices were assessed and care was delivered in line with best practice and guidelines.

Staff had the skills and knowledge to deliver effective care and support. Staff were up to date with mandatory training as well as days of reflective practice.

People were supported to eat and drink and maintain a healthy diet. People were encouraged to be involved and become more independent with shopping and cooking. Where appropriate people were encouraged to socialise at meal times.

Staff worked as a team and worked in partnership with other care professionals to ensure people received effective care and access to treatment.

### Is the service caring?

Good ●

The service was caring.

The service ensured that people were treated with kindness and compassion.

People were supported to express their views. Technology and pictures were used to improve people's communication and enable them to communicate decisions.

People's privacy and dignity was respected, people were encouraged to become more independent and do things for themselves.

People were encouraged to maintain friendships both within and without of the L'Arche community.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Peoples care was personalised and responsive to their needs. People were involved in regular reviews of their care and their views were listened to.

People knew how to complain and complaints were dealt with in line with the providers policy.

People were supported to understand loss and grieve at the end of life.

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

**Good** ●

The service was well led

There was a clear vision and strategy. Staff told us that there was a positive culture and that they felt well supported.

Responsibilities were clear, the registered manager understood their role and regulatory requirements were understood and met.

People who used the service and their friends and families were engaged and involved. Feedback was collected annually. People could attend regular meetings with the registered manager and community leader to express their views.

Audits were carried out and the service undertook to continuously learn and improve.

The service worked in partnership with other agencies and attended local and national events for learning disability.

# L'Arche Kent

## 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 19 and 22 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is supported living service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The service was last inspected in November 2015 where we found two breaches of regulation.

Before our inspection, we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the previous inspection report, information about the agency and notifications. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection, we visited two people in their own home and met with one person at the registered office. We looked at two people's support plans and asked them for their view of the service. We observed people being supported by staff and their interactions. We also spoke to the registered manager, director of the service and four care staff. We reviewed two recruitment records, complaints, accidents and incidents, quality audits, medicines management, staff and resident's meetings minutes and policies and procedures. There were no relatives we could talk to about the support people were receiving.

## Is the service safe?

### Our findings

People told us they felt safe when receiving support from the service. One person told us "I feel safe here, L'Arche is nice". Staff told us, "There are enough staff and sickness is always covered."

Risks to people's health and wellbeing had been assessed and guidance had been put in place for staff to mitigate risks. All areas of people's daily lives had been assessed including activities outside the home and on holiday. Staff were able to demonstrate that they understood the risks to people and describe the action they took to minimise risks. For example, one person was at risk of choking and had been advised by a speech and language therapist (SaLT) to ensure that food was cut up in to small pieces and eat slowly. Staff were required to stay with the person during mealtimes to avoid the risk of choking. To assist the person to remain safe staff helped them to cut up their food and encouraged them to eat slowly whilst they were having meals.

Some people had health conditions that required them to apply a paraffin based cream. Paraffin based cream is flammable and there can be an increased risk of fire. One person's risk assessment detailed how to reduce the risk of fire through regular cleaning of the home. Staff encouraged the person to keep their home clean and tidy by helping them create a home they enjoyed. Staff helped to create display spaces so that the person could set out collections of items that were important to them. When we visited the person they showed their collections and were proud of their home.

People were protected from abuse. The provider had policies and processes in place to protect people and staff had received safeguarding training. When we talked to staff, they were able to describe how they would recognise abuse and gave examples such as seeing bruising or a person becoming withdrawn. Staff were able to describe what action they would take to report any concerns. Staff told us that they had raised concerns to the registered manager who had dealt with the concern quickly and appropriately. The registered manager referred concerns to the local authority when required.

Where the service helped people manage their money it was managed safely. We saw that receipts were kept for purchases and the balance was checked and audited by the management team.

People's support plans contained information that would be useful to the police and others if they went missing. There was a photograph of the person and details on how to approach the person when they were found. For example, one person's information said to "explain things clearly and simply".

People told us that they knew the staff that visited them. There were sufficient numbers of staff and staffing levels were set according to people's needs and adjusted as their needs increased or as they became more independent. There was a robust recruitment process. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS checks helps employers to identify people who are unsuitable to work with vulnerable adults.

People were supported to take their medicines safely. Only one person's medication was routinely administered by staff. The support people needed with their medicines was included in their support plans. Staff who administered medicines had received up to date training and their competence to administer medicines was checked regularly. Medicines were stored and disposed of safely. We saw that medicines administration records were complete and accurate.

Staff told us that they knew how to report accidents and incidents and we saw that these were documented, investigated and acted upon. Staff told us "I have taken concerns to my team leader and this was investigated." When an incident occurred an action plan was created to address any issues and minimise the risk of reoccurrence. The registered manager reviewed the action plans to ensure that actions had been undertaken and add additional actions. There was a system in place to identify and act upon any trends. For example, a person had received a telephone call and they were asked for their bank details. Staff were present during the call and they ensured that no financial details were given. With the person's agreement unsolicited phone calls were blocked. Staff talked to the person about the importance of keeping personal data such as bank details safe and there have been no further concerns.

Staff were trained in the prevention and control of infection. Staff told us that personal protection equipment (PPE) such as gloves was available and that they used them.

## Is the service effective?

### Our findings

There had been no new admissions to the service since the last inspection. The registered manager told us that as part of the admissions process they would meet with the person and assess what support the person required. If people were going to live together, they would meet so that they could decide if they were well suited and there would be a trial period.

There was a system to monitor staff training and records showed that staff had undertaken the training needed to support people. The service had produced a programme of "toolbox talks", these were workshop based training sessions that could be used at team meetings to refresh staff learning on areas such as safeguarding and fire safety. Staff had the support of a personal practice mentor to help them identify and meet their development needs and provide extra support. As well as mandatory training staff had structured days of reflective practice on topics such as the ethics of touch, autism and communication, and diversity and unity. Staff told us "The training is really useful, I've learned things I didn't know before and feel more confident in my role".

There was an induction process in place during which staff told us that they had the opportunity to shadow other staff before providing support to a person. Staff told us, "The induction training is quite long and I went two or three times to the same member [person] with different care assistants before I went alone". New staff completed the care certificate, this is an identified set of standards that social care workers work through based on their competency.

Staff told us, "The registered manager is very supportive and approachable". Staff received regular supervision during which they discussed training needs and personal development. The team leaders discussed with staff any practice issues that had been identified during observations and spot checks. Annual appraisals were completed and other staff were asked to give peer feedback to help staff reflect on their performance.

People told us that they were supported to choose, buy and prepare their own food according to their likes and dislikes. Support plans identified what support people needed to prepare food and what they could do for themselves. One person told us that they enjoyed going shopping and liked to bring the shopping in from the car themselves. They regularly cooked Sunday lunch for themselves and their friends with support from staff.

Staff encouraged people to eat a healthy balanced diet and follow professional advice. One person's GP had advised that they lowered their cholesterol. Staff were aware of the guidance and supported the person to make healthier meals. The person told us that they were happy with the healthier meals staff helped to prepare.

People were encouraged to lead healthier lives. Some people chose to attend regular dance sessions and go out walking and were supported to do so. Another person wanted to lose weight and was supported to go to the gym to achieve their goal.

Peoples medical history was well documented so staff had access to information if people felt unwell. People were supported to access health care services and receive on-going health care support and had a health action plan in place. We saw evidence in people's support plans that they attended healthcare appointments. Each person had a hospital passport. This provided the hospital with important information about the person and their health if they should need to be admitted to hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards, when people are living in their own home these applications must be made to the Court of Protection. No one at the service was subject to an order from the Court of Protection.

Staff knew and understood the principles of the MCA. Staff asked people if they wanted to talk to us alone or if they wanted support from staff. Staff said, "We encourage people to make decisions, and respect these even if they are unwise." People had been assessed as having the capacity to make their own decisions with support from staff. Staff were aware that best interest meetings needed to be held if people lacked the capacity to make decisions. People were involved in planning their own support; they had regular meetings with staff to discuss their care and changes they wanted. People told us that staff asked for their consent before providing any support.

## Is the service caring?

### Our findings

People told us that they were happy with the service. One person told us that "Staff are friendly" and that they had "a good life". Staff told us, "People we support feel like an extended family", "I feel I am able to truly support people in a way that is centred around them".

We observed that people seemed relaxed and comfortable with staff. Staff spoke to people kindly and treated them with dignity and respect. One person told us about places they visited with their friends using pictures and signs and staff listened patiently and supported them to express themselves.

The service was introducing technology to improve communication. We met with one person who had limited vocabulary and was supported to use a tablet with a pictures-to-speech program. Using their tablet the person could communicate independently without help from staff. Staff helped the person to add new words and sentences to tablet when they wanted to do so. The person used this device to tell us that they were happy that they had been able to go out alone for a coffee for the first time.

Staff told us that encouraging and developing independence was a key part of the role. For example, one person wanted to make journeys by bus on their own and told us "They [staff] help me with the journey before I go on the bus". There was detailed guidance for staff on how to support the person to plan these journeys so that they could be undertaken safely. Another person was supported to move out of residential care and was now able to spend time on their own and go out independently, using pictures and signs they indicated to us that they enjoyed being able to spend time alone.

People were encouraged and supported to maintain relationships with people who were important to them. Staff knew about people's friends and family and supported them to make regular phone calls and plan visits. People were encouraged to invite other people to their homes to visit or for a meal. One person told us that they liked to invite friends over for lunch and that friends came regularly. Another person showed us how they used social media to keep in touch with friends and share pictures.

People were supported to go on holidays and to attend events such as a music festival. One person told us that being supported to go on holiday was very important to them. Staff had helped people put together a diary of each trip which included photographs of people undertaking activities they told us they enjoyed. When we met people they showed us these photographs and our impression was that they had fun on the holiday and liked being able to share the photographs.

The service was part of the wider L'Arche community in Canterbury, which also provided residential care to people living with a learning disability. L'Arche had restructured in to hubs and each hub included a residential home. People could access emergency support 24/7 through an on-call system if they needed it. People seemed to know each other well and told us that they enjoyed spending time with others in the community.

People's privacy was respected, when we asked people told us they felt listened too. Staff told us they

always knocked on people's doors when they arrived and that would leave, if it was safe to do so, if the person had decided that they did not want them to visit that day.

Support plans included information on how people communicated and what tools or support they needed to do so. Staff had made referrals to the advocacy service in the past to enable people to express their views. Advocates support people to express their choices and or feelings. No one was currently being supported by an advocate.

## Is the service responsive?

### Our findings

People said that staff listened to them and one person told said that they were able to "do what they wanted to do". In feedback to the service one care manager said the people were provided with "meaningful and positive experiences".

Support plans were personalised and provided details about people's preferences and what support they needed, what they were able to do for themselves and where they needed prompting. For example, one care plan included details about which chair a person preferred to sit in whilst being supported with personal care tasks and how they preferred those tasks to be undertaken. When we talked to staff they were aware of these preferences.

The L'Arche community offered a range of activities that people could choose to join. One person told us they liked to go to the candle-making group and another person went to the gardening group. Activities offered included a book club, cycling, swimming, card making and nights out at local nightclubs.

Staff were able to demonstrate that they knew people well and understood their likes and aspirations. Staff told us about people's favourite hobbies and people confirmed that staff supported them with their hobbies. One person liked to collect models, they showed us their collection and explained to us that staff helped them to find new models. Another person enjoyed craft and when we visited them they showed us a number of items they were proud of and had displayed in their home.

Each person had a key worker who saw them regularly. People told us that they knew who their key worker was. A key worker is a person who takes the overall lead for that persons support. There was time scheduled for people to discuss their support needs with their keyworker each month to identify any changes that they wanted to be made. Staff used pictures to help people express their views. When people requested a change in support, the key worker worked with the registered manager to put the support in place. When we asked people if they were involved in planning their care they told us that they felt listened to.

People were encouraged to participate in volunteering activities and the wider community. The service was setting up a beer making social enterprise which people could participate in. One person was supported to be involved in developing the hospital passport with the learning disabilities community of practice. The service ran events and people were invited to participate. For example, there was a Christmas fete and people told us that they had been involved in running the event by welcoming members of the public and helping on stalls.

The provider had a complaints policy in place and we saw that there was an easy read version in people's homes. One person told us that they had no complaints but if they did, they would telephone the office. Staff told us that they would support people to complain if they wanted to do so and needed assistance. There had been one written complaint since that last inspection which had been dealt with by the registered manager in line with the provider's policy.

The service was not currently supporting anyone at the end of their life but did support people with bereavement. The service used a picture book to support people to understand and grieve when a person died. One person was supported to attend a family member's funeral. The registered manager told us that they were planning to send out forms for people and families to complete in regards to people's end of life wishes. One person had completed the form and had been supported to arrange a funeral plan and discuss their wishes for end of life arrangements. The registered manager recognised that planning for end of life care was an area for improvement.

## Is the service well-led?

### Our findings

People told us they thought the service was well managed. One person said, "I see [registered manager] a lot, she is nice". Another person said that they "wouldn't change anything". Staff told us, "the culture is very supportive", "The deputy team leader is very supportive and works with us all the time".

Previously we found that quality assurance systems were not effective. Visits such as health and safety visits and spot checks were not recorded. At this inspection, we found that spot checks were recorded in people's supervisions. The registered manager completed audits including health and safety, medicines, recruitment and support plans. When shortfalls were identified, an action plan had been put in place with a six-week timescale and who was responsible for completing the action. The registered manager checked that the action was completed.

At the last inspection we found that the statement of purpose did not contain accurate information about the running of the service. At this inspection we found that the statement of purpose was now up to date and accurately reflected the service.

At the last inspection we found that the service was managed at a different location from which it was registered. We also made a recommendation that the service seeks the relevant guidance about the roles and responsibilities of a registered manager. At this inspection we found that the service was meeting the conditions of registration. The service was being managed from the registered office and the registered manager understood their roles and responsibilities.

At the last inspection we found that records were not always accurate, up to date and easily accessible. At this inspection we found that records were up to date and accurate and the provider had a process in place to identify when documents such as support plans and health action plans needed to be updated.

Evaluation forms were completed yearly by people, family, friends and staff. People were supported to complete feedback forms using pictorial prompts. The general outcome from feedback was positive; people indicated that support was either good or excellent. One concern raised was that communication needed to be improved to families and staff. Action had been taken and documented; staff were given an email address so that they could receive information from the service. Information and newsletters were sent to people and families in both written and easy read formats.

Surveys were also sent to stakeholders and one care manager replied. The feedback from the care manager was positive "very good working relationships, providing flexible support which is often above and beyond 'normal' support".

People had the opportunity to attend regular membership meetings where they could feedback on the service they received and make suggestions for improvements. The service ran two meetings, one for people who were able to verbally communicate and one for those who used non-verbal communication to ensure that everyone had a chance to be listened too. World events and news, such as the elections, were also

discussed at these meetings as part of promoting engagement in wider society. Feedback on suggestions and updates were given at the following meeting.

The service had a clear vision and strategy that staff knew and understood. Staff attended monthly team meetings to discuss the people using the service and any changes in the service. Staff were able to make suggestions at these meetings.

The registered manager provided a monthly report to the provider including accidents and incidents and any issues from the meetings. The registered manager said that they felt supported in their role and had regular supervision sessions and that the director had an "open door" approach if they needed support in between meetings.

The registered manager worked with other services, kept up to date and shared best practice. They had attended the learning disability England annual conference. The registered manager also attended the registered manager's network for learning disability providers.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating by the entrance to the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.