

L'Arche

L'Arche Kent

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

L'Arche Kent supported 15 people in their own homes. Only 8 people received the regulated activity 'personal care'. The rest of the people did not receive regulated support.

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.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People, their relatives and staff were very complimentary about the service. The registered manager promoted an open and inclusive culture where people had support to be themselves and develop their own skills and abilities. The service was well-run with processes in place to promote safety and ensure people received consistent good quality care.

Staff were appropriately trained to meet people's needs and keep them safe. The provider's recruitment procedures helped ensure only suitable staff were employed.

Staff supported people to take their medicines as prescribed by their doctors. Staff monitored the effects of the medicines people received. People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service focused on people's strengths and promoted their independence.

Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights. People received kind and compassionate care. Staff understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Risks that people might face were assessed and mitigated. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

The registered manager was appropriately qualified for their role and had developed effective systems to monitor the quality and safety of the service.

Ethos, values, attitudes and behaviours of the registered manager and staff we spoke with ensured people using services lead confident, inclusive and empowered lives. Staff and the management team ensured that people were at the centre of the delivery of care. People were treated as individuals whose life and experiences were considered and factored into care planning.

People who used the service, their relatives, friends and staff were able to contribute their views and the registered manager acted on their feedback. The registered manager worked effectively with other professionals to ensure people received the care they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 March 2018).

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for L'Arche Kent on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

L'Arche Kent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to 8 people living in 6 'supported living' settings, so that they can live 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we needed to be sure the registered manager was available to support the inspection.

Inspection activity started on 18 April 2023 and ended on 26 April 2023. We visited the location's office on 18 April 2023.

What we did before inspection

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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager about how the service was run. We spoke with a person who used the service and a staff member. We also spoke to the Community leader and the administrator.

We reviewed care plans and risk assessments for 3 people, recruitment records for 3 members of staff and records of accidents and incidences. After the inspection we spoke with three relatives. The registered manager sent us training records, quality audits, meeting minutes and staff rotas. They also sent us some policy and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked well with other agencies to keep people safe. If safeguarding concerns were identified, they were reported to the county council safeguarding team. Investigations were completed and appropriate action was taken to prevent them occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. They were committed to supporting people to stay safe within their own homes and in the community, Staff told us they would not hesitate to report any concerns to the registered manager. They were confident action would be taken. They also knew who to report concerns to externally.
- When staff supported people manage their money it was managed safely. Receipts were kept for purchases and the balance was checked and audited by the management team. People were involved in advisory groups which gave them education, advice and discussion on fraud, scam and spam and what action to take if they thought these were occurring.
- Relatives were confident that their loved ones were safe when receiving the care and support they needed. One relative said, "I know (person's name) is perfectly safe and very well supported. They encourage them to go out and about live a good life."

Assessing risk, safety monitoring and management

- Risk assessments had been completed and were regularly reviewed and updated. People were involved in managing their own risks with support from staff. Some people were at risk of choking when they ate. They had been assessed by the Speech and Language Team (SALT) and risk assessments were in place. Staff knew what to do to make sure risks were kept to a minimum and what action to take should the risk occur.
- Staff understood how to support people in a personalised way to increase their independence and to minimise any risks to their safety, health and wellbeing. The staff used different ways of talking with people about risks which included information in pictures and symbols so people could learn in their own way and at their own pace.
- The provider promoted people's safety and investigated all incidents and accidents and looked at how they could learn from these and make improvements.
- Relatives and friends were complimentary with how their relatives had been kept safe during the pandemic whilst still maintaining their independence and well-being.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff empowered people to make their own decisions about their care and support and obtained people's consent in an inclusive and respectful manner.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means Staff could describe people's ability to make decisions and how to support with this.
- When people lacked mental capacity to make certain decisions, they had representatives such as a Power of Attorney to oversee their assessments and any best interest decisions. A staff member said, "I treat everyone as individuals, we support people to make their own decisions".

Staffing and recruitment

- Staff were recruited safely. Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Full employment histories had been obtained and references had been sourced before the staff member started work.
- Enough staff were employed to make sure people received the care and support they needed. There was enough staff to provide safe care. The management team aimed to provide the same staff team to consistently support people. One relative told us, "A while ago (my relative) was having different members of staff to help them. This seems to have got a lot better recently. They now have the same staff visiting and this makes a difference as staff get to know them and how they like things done." One person told us that they have the same members of staff supporting at their home.
- The service operated a 24 hour on call service to support both people and staff.

Using medicines safely

- Staff were trained and assessed as competent to administer medicines. Staff competencies in giving people their medicines were regularly checked. Staff told us, "We've had training and we check the medicines for any errors."
- People were supported to take their medicines safely. People had plans in place with regards to medicines they needed. When people had medicines prescribed 'as and when necessary' (PRN), information was available for staff. The guidance included why the medicine was prescribed and when the person may need to take it. This ensured the medicine was given consistently and safely.
- Staff were aware of the fire risks involved in the administration of petroleum based topical creams. They knew what procedures to follow to mitigate the risks.
- Regular medicine audits were completed to ensure people received their medicines safely. If any errors or mistakes were identified or reported, then action was taken by the registered manager to reduce the risk of reoccurrence.

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Preventing and controlling infection

- Risks to people from infection were managed to ensure they were minimised.
- People were supported by staff who understood the importance of infection prevention and control measures. Staff completed training and to make sure personal protective equipment (PPE) was used

appropriately.

- Staff told us they wore PPE when they were delivering personal care. Staff told us they had plenty of PPE and had access to more stock whenever they needed it.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
- Any accidents and incidents were reviewed by the registered manager. Details were analysed to check if any action was required to minimise the risk of the incident happening again.
- The registered manager was aware that accidents and incidents needed to be reviewed regularly to identify any trends and patterns. If any patterns and trends were identified they were then shared with the wider staff team to mitigate the risk of reoccurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, management team and staff put people's needs and wishes at the heart of everything they did. A family member told us, "I think the service is perfect for my relative. The support they get is fantastic. Since they started receiving this service, they have become more independent and living a happy life. I cannot fault it."
- The registered manager promoted an atmosphere of openness and continuous learning. Staff were supported to develop and move forward within the organisation.
- A person-centred, and open culture, which supported good outcomes for people had been developed. We received positive feedback about the registered manager and the staff team. Comments included, "[Registered manager] is really good and really supportive. They listen sort things out." Relatives told us they were happy with registered manager and staff. One relative said, "You can contact them at any time, and you can talk to them with any concerns. I can honestly say they really care. "

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

- The registered manager understood their duty of candour when things went wrong. They told how improvements were continually being made to the service. Statutory notifications were sent to CQC as required. The structure of the service provided clear oversight and lines of responsibility.
- The registered manager demonstrated openness and honesty throughout the inspection process. They were fully aware of their responsibilities for monitoring improving and developing.
- The registered manager had undertaken transparent investigations into complaints and accidents/incidents. They had learnt from these and had taken action to prevent any re-occurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and the staff were clear about their roles, responsibilities, and their duties. The staff team and the management were very supportive of the inspection, and information we requested was provided.
- Systems and processes were effective in continually assessing, monitoring and driving up improvement of the service. The quality of care people received, and the staff support systems were monitored by the registered manager and the management team. All risks had been identified and mitigated. People received person centred care that was tailored to their individual needs. People had access to their care plans and

knew what was in them. Staff had completed specific training to meet people's specialist needs.

- Meetings took place to cascade and share information, and to reflect on events to ensure good outcomes for people. People, their relatives and staff spoke highly of the registered manager. Staff were positive about the management team. Comments included, "The management team are very supportive. We all get on well together" and "The communication between everyone is good. We all know what we are doing and when to do it."
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements.

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

- People and their families were involved in the development of the service. The staff and management team were visible and approachable and engaged people to work together to achieve good outcomes for people.
- People could express themselves in the way they wanted to, and their lifestyle choices were supported and respected. People were listened to, and their views and ideas were acted on. People were involved in the day to day living activities, for example buying pots and plants, furnishing their home, and organising and cooking meals. People were encouraged and supported to take part in a wide range of activities. People went horse riding, the gym, trips to theatre. People visited their families and friends and got together regularly for meals and parties and other events. One relative said, "It's a great place to live. People from all the houses get together regularly. There are a lot of parties."
- People and staff produced a monthly newsletter to let everyone know what they had been doing. People and events were celebrated. One person had attended a paramedic event at the local university.
- Feedback from people was used to develop the service. There were regular meetings for people and staff.
- People, relatives, staff and stakeholders were asked for feedback about the service and about their involvement. One relative told us, "We are often asked for our feedback. I am very happy with service (my relative) receives. They are very happy, and I am confident in the support and care they are receiving."
- Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board. A staff member said, "I feel I am listened to and what I say matters." The staff said the ethos and culture of the service was supportive, welcoming and inclusive and L'Arche Kent was a good place to work. Comments included, "I feel valued and supported in my work."

Working in partnership with others

- The staff worked closely with other professionals to support care provision and joined up care. For example, learning disability specialists, social workers, speech and language therapists and GP's.