

L'Arche

L'Arche Lambeth The Sycamore

Inspection report

34 Lancaster Avenue
London
SE27 9DZ

Tel: 02087614909
Website: 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

L'Arche Lambeth the Sycamore is a residential care home for five adults with a learning disability. At the time of our inspection four people were using the service.

At the last inspection on 29 September 2013 we found that the service had met all standards inspected. This inspection took place on 28 April 2016 and was unannounced.

At the time of inspection a registered manager was in post. The service also had a service co-ordinator and a deputy co-ordinator who managed the day-to-day running of the home. 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.

We found that the staff team had knowledge and skills to support people from harm. Appropriate systems were in place to monitor incidents and accidents, which meant that immediate support was provided for people when needed. The service ensure that a protection plan was in place for people who were at risk to abuse. Staff carried out people's individual risk assessments to assist them to stay safe from potential harm and injury. There were sufficient number of staff to support people with their care needs. Staff supported people to manage their medicines safely.

Staff were provided with support to identify their professional goals and developmental needs. They received regular supervision to discuss their performance and training needs. However, some staff had not had regular appraisal meetings because the provider had made a decision to undertake everyone's appraisal in the same month.

Staff attended relevant to their role training courses to ensure that the support provided for people was in line with good practice. The service worked within the principles of the Mental Capacity Act 2005 (MCA), which ensured that people received assistance to make decisions. Staff supported people to make choices about what they wanted to eat and drink. People were up-to-date with their routine health appointments and had access to health professionals for support where necessary.

We observed that people had good relationships with staff. Staff were kind to people and respected their privacy. People had support to follow their religious beliefs and maintain relationships in the community. Staff knew people's preferences and encouraged them to attend activities of their choice. People's friends and relatives were able to visit when it suited them best.

Staff supported people to plan their care. The service held regular review meetings to discuss people's goals and achievements. This meant that people were consulted about what was important for them. People's families were involved in supporting people to make complex decisions. People and their relatives had regularly provided feedback about the service and felt that the concerns raised were adhered to as

appropriate.

Staff told us they were supported by the management team and asked them for advice when needed. Regular staff meetings were carried out, which enabled staff to question practice and make suggestions to improve where required. Systems were in place to monitor the quality of care provided for people. The management team and staff had carried out regular audits to identify and make changes where appropriate.

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 supported to stay safe from harm and abuse. Staff supported people to manage incidents and accidents as required. Risk assessments were in place, which ensured that people had the support required.

There were enough staff at the service to support people with their care needs.

People had assistance to take their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective. Staff were receiving regular supervisions, which ensure they were supported in their role as required. We found that the service had not carried out regular appraisal meetings and this required improvement.

The service had carried out regular supervision for staff to discuss their performance and training needs. Systems were in place to monitor staff's training needs. Staff were aware of the Mental Capacity Act 20015 (MCA) principles and applied these in practice when supporting people to make decisions for themselves.

People's nutritional needs were met. Staff supported people to access health professionals as required.

Is the service caring?

Good ●

The service was caring. Staff were kind and treated people with respect. People had support to attend to their religious needs and to maintain relationships in the community. Staff helped people to attend their chosen activities.

People's friends and relatives visited them when it suited them best.

Is the service responsive?

Good ●

The service was responsive. People were involved in making

decisions about their care and support needs. Care plans had information about people's preferences and personal history. Where required, people had support from their families to make more complicated decisions.

People and their families were providing regular feedback about the service. They were supported to complain about the service if they wished to.

Is the service well-led?

Good ●

The service was well-led. Staff felt supported and asked the management team for advice when needed. We saw good team working practices at the service.

The service had carried out regular audits to improve the quality of the care provided for people.

L'Arche Lambeth The Sycamore

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.

We undertook the inspection of this service on 28 April 2016.

The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included statutory notifications and a Provider Information Return (PIR). PIR is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required.

During the inspection we talked with two people living at the service, three staff members, the service co-ordinator, the deputy co-ordinator and the registered manager of this service. We reviewed three people's care records, five staff files, training records, staff rotas and other records relating to the management of the service.

After the inspection we contacted two relatives and three health and social care professionals asking for their views about the services provided for people.

Is the service safe?

Our findings

We observed people appeared comfortable around the staff that supported them. A relative told us that the staff team were "managing risks very well."

Staff had knowledge and skills to support people from potential harm and abuse. A relative told us that people were, "safe and in good hands" at the service. A safeguarding procedure was in place and accessible to staff to follow when required. Staff were aware of different forms of abuse and the impact on people if the actions were not taken in good time. Staff told us the management team had ensured that people were protected from abuse and contacted the local authority to inform them about any abuse allegations. This meant that the service put a protection plan in place to protect people from harm. For example, a safeguarding concern was raised in relation to a medicines error. We saw that actions were taken to prevent such incidents happening in the future, including two staff members administering medicines to people where possible.

Staff followed the service's policies and procedures to ensure safe care for people. The service used incident and accident forms for recording and monitoring the incidents occurred. The management team reviewed completed incident forms to ensure that important details had not been missed and actions were taken in good time. Staff were aware of the service's incidents and accidents procedure. Staff told us they provided immediate support to people and where necessary reported the incidents to the management team for taking further actions. For example, a person had their support needs reviewed after they presented a challenging behaviour to staff. This meant that actions were taken promptly to provide people with necessary care and support.

The service supported people to manage risks as appropriate. Staff helped people to identify risks to their health and well-being and put a risk management plan in place to ensure their safety. For example, we saw a risk assessment for a person who required on-going assistance with their health condition. Risks identified guided staff on what support the person required to attend to their medical condition. People had their risk assessments regularly updated and when their needs changed. This meant that people's care and support needs were monitored as required. We observed staff helping people to take calculated risks whenever possible, while ensuring their safety. For example, a person was encouraged to take shoes and coat off in an activity session to support them with mobility safely. However, records viewed had not included information about the risk level to people. The team co-ordinator told us that the service had planned to use a new form, which included the risk level assessment to ensure that peoples' individual risks were rated accordingly. We saw the form and it included the risk level assessment to people. A health and social care professional told us, "risk management is incorporated well into people's daily routines."

The service provided sufficient numbers of staff to meet people's care and support needs. People's relatives told us there were enough staff at the service. The registered manager assessed staffing levels based on peoples' dependency levels. The service contacted the local authority for additional funding where people's needs changed and they required more support. For example, additional one to one hours were provided for a person who required help to go out due to their complex health needs. This meant that people were

provided with the required level of support when their needs changed. Staff sickness was covered by the permanent staff and where required regular agency staff who knew people's care needs well.

The service followed safe staff recruitment processes. Staff records included completed disclosure and barring checks, references, interview notes and application forms. This ensured that staff were suitable to work with people living at the service.

Staff supported people to take their medicines safely. A medicines policy was available for staff to use when required. Records showed that staff had attended the medicines training. Staff were assessed by the management team to ensure they were competent before they started administering medicines to people. The medicines administration records were up-to-date and signed as required. Care records had individual guidelines to people noting how to support them to take their medicines safely. For example, where a person required prompting and took their medicines themselves as required. A member of the management team told us there was always a more experienced staff member on shift to ensure that people were supported to take their medicines as necessary. People's medicines were locked in a secure medicines cabinet. The service returned unused medicines to the pharmacy for safe disposal.

Is the service effective?

Our findings

Relatives told us and we observed that the service met peoples' care needs effectively. A relative told us that the service is, "quite all right at the moment and people are supported well." Another relative said to us that people were, "very well looked after" by staff.

The service supported staff to identify their developmental needs as required. Records showed that staff had regular supervision meetings to discuss their training needs and performance at the service. We saw that follow-up actions were agreed and acted on to improve the service delivery. For example, a staff member had asked and was allocated time for carrying out administration tasks. Staff told us they were able to approach the management team for support and guidance at any time, which enabled them to provide good care for people. This meant that staff were supported to meet people's needs effectively.

The service had not carried out regular appraisal meetings for staff. Records showed that three out of four staff had not had any appraisals over a year. The service's policy stated that the appraisal should take place yearly. Monthly performance report showed that staff were due for appraisal in February 2016. The service co-ordinator told us that the appraisal meetings were not carried out because the provider had made a decision to undertake everyone's appraisal in the same month. The service co-ordinator intended to carry out the appraisal meetings in June 2016. However, there were no dates planned to confirm this. Staff told us, they were provided with opportunities to discuss their professional goals during the supervision sessions.

Staff were supported to undertake training courses relevant to their role. The provider had monitored the training courses attended by staff and sent reminders when they required to undertake refresher courses. Records showed that staff were up to date with mandatory courses, including safeguarding vulnerable adults, health and safety, manual handling, and fire training. This ensured that staff had necessary knowledge and skills to provide effective care for people. Staff also undertook service specific training courses, such as death awareness and sign language. Staff told us they received good induction at the service. Newly employed staff received guidance and training before they started working with people, including allocated time to read service's policies and procedures and shadowing more experienced team members. This enabled staff to get to know people and their support needs. The management team assessed staff's competence to carry out tasks before they started working with people alone.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff worked within the principles of the MCA. Records showed that staff had attended the MCA training and were aware about the support people required to make everyday decisions. Staff told us they helped people to make informed choices about their daily activities and tasks they wanted to carry out. They used people's preferred communication methods to help them to understand the choices provided. This ensured that people were involved in the decision making process as required. The management team contacted the local authority for support where people's capacity was doubted to make complex decisions. A meeting was arranged to gather the relatives and the health and social care professionals' views and to decide on further actions to support the person to make the decision. For example, a person was supported to decide if the current accommodation was suitable for them after their health needs had changed.

The service protected people who lacked capacity to understand the risks involved in relation to their care and treatment. The registered manager was aware about their responsibilities under the DoLS and completed application forms to request the local authority for authorisation. This meant that the service took appropriate actions to ensure they were not unlawfully restricting people. At the time of the inspection, the service was awaiting for the local authority's decision to the service's request for authorisation.

Staff supported people with their nutritional needs as required. Care records had information on the support people required during their meal times. For example, a person required their food to be cut into small pieces to support them with eating. Staff were aware of people's dietary needs and made daily records of their food and fluid intake. This ensured that people's nutritional needs were monitored and shared within the team as required. The service approached health professionals for support and advice as necessary. For example, records showed that a person was provided with eating and drinking support plan and equipment recommendations by the speech and language therapist and dietician. People were provided with a choice of what to eat and drink. Staff helped people to plan and undertake their food shopping daily. People chose the food they wanted to buy in the shop. Staff assisted people with meal preparation depending on their needs and wishes. One person liked preparing their own breakfast. Staff encouraged the person to prepare their chosen meal by reminding them about the activities they had to undertake in order to prepare the breakfast.

People were supported to meet their health needs as required. A health and social care professional told us that people were supported to attend medical appointments by staff who knew their needs best. Staff were aware of people's health needs and helped them to book and attend their health appointments when needed. People had individual medical files that included a hospital passport, a health action plan and a record of attended medical appointments. The hospital passports had up to date information about people's health needs and people used it to provide the health professionals with important information about their health. For example, how they wanted to be supported if they were in pain. Records showed that people were up-to-date with their routine health appointments, including annual GP and dentist check-ups. This meant that people had their health needs monitored and attended to as necessary. Care records had contact details for people's health professionals, which meant that staff were able to get hold of them for advice when required.

Is the service caring?

Our findings

The service was caring and attended to people's needs with respect. A person told us they liked, "the home" and people living with them. A relative said to us, "Staff are very kind and very caring." A health and social care professional said to us that staff were, "caring and supportive of people's needs."

We observed people having good relationships with staff. A health and social care professional told us that the service had, "a homely feeling". We saw staff being attentive to people's needs and treating them with kindness and respect. Staff were aware of people's preferences and personal history and helped people to maintain what was important for them. For example, a person was supported to spend couple of days with their friends. Care plans had important personal information about people. This included people's social contacts, likes and dislikes and their routines. Staff updated care records when people's needs changed. This meant that information about people's care needs was available to the staff team as required.

The service encouraged people to follow their religious and cultural believes. Records showed that people were assisted to go to a church when they wished to. Staff helped people to maintain contacts with religious communities through regular visits and celebrations. People had a choice of having one-to-one meetings with a spiritual guide who helped them to understand the meaning of religion and explore new ways of developing their spiritual practices. The service encouraged people to socialise and build relationships in the community. The service had a volunteer who visited people regularly and spent time with them socialising.

People told us they enjoyed attending activities. Staff helped people to make choices about the activities they wanted to attend on the day and offered them alternative activities when people chose not to take part in their routine activities. A weekly time table was available for people to remind them about their routine activities. Records showed that a person was provided with informed choices about the activities available to them instead of the day centre. This meant that people were provided with support to identify and plan their preferred activities. The service supported people to attend day centres. We saw that people took part in a variety of courses, such as music, cooking and craft classes.

People's privacy was respected. People had their own bedrooms and liked spending time there. The service decorated people's bedrooms according to their tastes and preferences. People displayed their personal belongings in their bedrooms, such as family photos. We observed staff asking people's permission before they entered their bedrooms. We saw staff being attentive to people's requests. For example people were supported to have birthday parties when they wished to. This enabled people to be appreciated and valued in their own home.

People had visitors when they wished to. People's relatives told us there were no restrictions to visiting times and they came to the home when it suited them best. A family member told us the staff team helped them to make arrangements for their relative to visit them at home. This meant that people were supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

People were involved in planning their care. Records showed that people had regular review meetings undertaken by the local authority. The service supported people to attend these meetings where people spoke about their goals for the coming year. In one of the meetings a discussion took place about the support required for a person who wanted to find paid employment. A health and social care professional told us there was, "a lot of service user involvement" in care planning. This meant that people were consulted about what was important for them. People had regular meetings with their key workers to discuss their preferences and support needs. A key worker is a named member of staff of support for a particular person in the care home. We saw that people received individual support to plan tasks and action them. For example, a person was assisted to buy a laundry basket. The management team told us that the key worker's skills and experience were taken into account when choosing a person for the key working role. This meant that staff were matched to the care needs of people.

Families and friends were involved in supporting people in their care planning. Records showed that relatives took part in the meetings where people required support and agreed for their relatives to be involved. In one of the meetings a person was supported to discuss their end of life wishes. Weekly information sheets were produced to inform people's families and friends about the changes taking place in the organisation. People's relatives and friends were also invited to attend the L'Arche London events such as community suppers, garden open days and concert plays to celebrate and share people's achievements. This ensured that families were involved and had up to date information about people's care.

The provider had regularly asked people for feedback about the service. People were involved in making choices about the staff that supported them. For example, they had opportunities to give a feedback about the new staff before they were confirmed in post. The service facilitated weekly house meetings to support people to raise their concerns and ask questions as necessary. For example, in one of these meetings we saw a discussion taking place around general rules in the home. The provider had also held a 'Service user forum'. The aim of the forum was to encourage people to speak up about their concerns and to consult them about their care needs. For example, a discussion took place about the important staff qualities to people to inform the recruitment process.

Relatives and friends were supported to express their views and concerns. They were asked to complete a survey for collect their feedback about the support provided for people. The survey results showed that the participants were mainly happy with the quality of care and support provided for people by the organisation. All relatives and friends noted that they would recommend the L'Arche to other people. Positive comments were made noting that the service was, "friendly", "safe", "relaxed and carrying environment". Relatives told us they knew how to complain and were confident that their concerns were dealt with appropriately. However, a family member said to us that there was a lack of communication between the staff team and therefore some information was missed. For example, on occasions staff were not aware about the family members coming to visit their relative after they called to inform the service about this. The management team told us they were aware about this and had addressed the issue in the staff meeting.

Is the service well-led?

Our findings

People's relatives told us they were happy with the leadership at the service. One family member said, "Management is very good" and "very approachable." A health and social care professional told us that the "Time management at the service seems to be utilised well."

The L'Arche Lambeth has three community groups, each of which were led by a registered manager, a service co-ordinator and a deputy co-ordinator. The L'Arche Lambeth the Sycamore is a part of Olive group. The registered manager told us that the shared leadership roles ensured stronger management of individual services and continuous support provided for individuals. A health and social care professional said to us that staff's contacts with the health professionals had, "significantly improved" since the new service co-ordinator started working for the service.

The provider had included staff in developing the service and supported them to question the practice. Staff told us they were involved in decision making process and their views were taken into account. A staff member said, "It is great that big decisions are made with consultation from staff. The managers are also taking actions, which is really good." We saw the feedback surveys completed by staff, which enabled them to share ideas and express any concerns they had. Staff felt L'Arche London was a good place to work and they were happy in their current role. Staff also identified some service improvements required in relation to communication within the organisation and poor performance management. We saw that the identified improvements were included in the provider's strategy plan for actioning.

There was a good leadership in the service. A health and social care professional told us that the managers, "take feedback on board in order to improve." We observed that people knew the managers well and asked them for guidance where required, for example in relation to their activities. The service had carried out regular team meetings for staff. Records showed that staff were encouraged to make suggestions and actions were taken to improve the quality of people's lives. In one of those meetings, the staff team discussed fire alarm adaptations for a person's room.

The management team provided guidance to staff in their role. Staff told us they received on going management support, which ensured good service delivery for people. A staff member said they, "learnt to ask for management help" and support was provided when they needed. The service provided an out of office hours on call service for staff to get advice and support on urgent matters. Staff were encouraged to take initiative in providing good care for people. For example, we saw staff supporting people to have holidays abroad.

The management team had systems in place to monitor the provision of care at the service. Monthly performance reports were used to identify areas of concern and agree on action plan to make the changes required to improve. These included feedback on people's wellbeing, staff support and service management. We saw that progress was made on updating people's care records, including risk assessments and health actions plans. This meant that people's care was monitored and actions taken to improve where required.

Staff were responsible for assessing quality of services provided for people. Staff carried out regular audits at the service, including cooked food, fridge and water temperature checks. Records showed that the service was up-to-date with health and safety checks. We saw that actions identified were undertaken as required, for example staff ensured that fire exits were clear and easily accessed by people in emergency. Staff also regularly tested fire safety equipment and carried out drills to ensure that people knew what to do in case of fire. The service co-ordinator told us they were impressed how quickly people left the building during the last fire drill carried out at the service.