

L'Arche

# L'Arche Kent Faith House

## Inspection report

21-22 Redwood Close,  
Canterbury,  
Kent CT2 7TH  
Tel: 01227 459133  
Website: [www.larche.org.uk](http://www.larche.org.uk)

Date of inspection visit: To Be Confirmed  
Date of publication: 14/12/2015

### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection was carried out on 23 and 24 September 2015 and was unannounced. At the previous inspection in December 2013, we found that there were no breaches of legal requirements.

L'Arche Kent Faith House provides accommodation and personal care for up to five adults with a learning disability and there were four people living there at the time of the inspection. The philosophy of L'Arche is that people with disabilities live in a community. Therefore, some staff members also live in the home. The

accommodation is over two floors, with some bedrooms on the ground floor and some upstairs. There is a communal lounge and a large dining room/activities room and a garden to the rear of the home. .

The home was run by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the locality leader and not the registered

# Summary of findings

manager were in day to day charge of the home. The locality leader was present at the home on a daily basis, organised staff rotas and training and was available to people who used the service and their relatives. The locality leader was responsible for managing the service and also part of the companies supported living scheme.

Staffing levels did not always reflect people's assessed needs as staff were not available when some people got up in the morning. There had been, and due to the recruitment of staff for short periods of time, there would continue to be a high turnover of staff at the home so that people were not supported by a consistent staff team.

Assessments of risks to people's safety and welfare were carried out and identified people's specific needs, and how these risks could be minimised. However, when people's needs had changed and they needed less support, a formal assessment process to any potential risks had not always been carried out.

Health and safety checks were not effective in ensuring that the environment was safe and that equipment was in good working order. An internal audit had identified that the home had not kept up to date with fire drills and maintaining firefighting equipment. Also, a record was not kept to show when people visited the home, so that staff knew who was in the home in the event of a fire. Comprehensive checks were not carried out on all staff at the home, to ensure that they were fit and suitable for their role. Applicants were interviewed and criminal record/barring checks were undertaken. However, the reason for gaps in people's employment history were not routinely sought. An employment reference had not been gained from one person whose last work was with vulnerable adults.

The management of medicines was potentially unsafe. Staff competency in administering medicines safely had not been checked to ensure that people received their medicines as intended by their doctor. There were no guidelines in place for staff to follow for people who had been prescribed medicines which should be given 'as required'.

The laundry room was unhygienic as the flooring had a temporary repair which allowed water to penetrate. The units in the room were damaged making them difficult to clean. Not all staff were not following the home's procedure when dealing with soiled laundry.

Staffing levels had been assessed to make sure that there were enough staff on duty during the day and night to meet people's individual needs.

Clear and comprehensive guidance was in place for staff about how to recognise and respond to abuse and staff knew how to put it into practice.

The house was clean, but there were shortfalls in the maintenance and refurbishment of the home. This resulted in rooms, such as the laundry room and bathrooms in need of attention. Although systems for reporting maintenance concerns were in place, it was difficult to track when issues had first been raised and when and if they had been completed. Some entries had first been made over a year ago, showing that issues of maintenance were not dealt with in a timely manner.

People's health needs were assessed and professional advice was sought when it was needed. However, important information about people's health care needs had not always been transferred to all records about their care. Where people were required to drink a specific amount of fluid each day to maintain their health, the amount they drank each day had not been totalled to monitor that they were drinking sufficient amounts.

Staff understood people's likes and dislikes and dietary requirements such as if they had allergies or needed their food cut into small pieces so that they could swallow it more easily. However, the menu showed that the meals people ate were very similar each week and we have made a recommendation about this. Meal times were relaxed and a positive social experience for people.

New staff received a comprehensive induction, which included shadowing more senior staff. Staff were trained in areas necessary to their roles and staff had completed some additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff showed that they understood their responsibilities under the Mental Capacity Act 2005. DoLS applications had been made for people who lived in the home to ensure that people were not deprived of their liberty unnecessarily. However, the

# Summary of findings

provider had not notified the Commission when Deprivation of Liberty Safeguards had been granted by the local authority, which they are required by legislation to do so.

Some staff lived at Faith House with people who used the service, and all staff knew people well. Good positive relationships had developed with staff who treated people with kindness and compassion. Relatives described the service as “unique” because of the way that people were treated as equals with staff.

The home was not open and transparent when dealing with concerns and complaints. A formal complaint had been made about the home and action taken to respond to it, but the home had not recorded or identified this as a complaint about the service. When a person had raised a number of verbal concerns about the home, the home’s complaints policy had not been followed, which stated that verbal complaints or concerns should be treated as formal complaints.

People’s care, treatment and support needs were personalised and identified in their plans of care, but not all parts of their plans had been reviewed to ensure that they were an accurate record. People knew that they had a plan of care and had been involved in its development.

People led active, busy lives and were fully involved in community life with L’Arche and the wider community.

People had the opportunity to take part in a wide range of differing activities and maintain their faith. People regularly went on holiday in Europe and to take part in Christian festivals.

There were not robust systems in place to review the quality of the service. The home was not proactive and waited until they were aware that things had gone wrong, before trying to put them right and improve the service. Neither was the home proactive in gaining the views of relatives and stakeholders of the service. This meant that there was not a culture of continuous improvement in the home.

The home was managed on a day to day basis by a person who was not registered with the Commission to do so. The registered manager was office based, acted as a senior manager and only visited the home every two weeks. We have made a recommendation in relation to the day to day management of the service.

Most relatives said that they would recommend the service as it was unique and integrated people into life in the L’Arche and wider community. Staff were aware of the aims and values of the service to treat people who used the service as equals.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# 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 was not always safe.

There were not sufficient numbers of staff available at all times to meet people's assessed needs.

Potential risks to people's safety and welfare had not always been assessed and monitored.

Comprehensive checks were not always carried out on staff before they started to work at the home. People were not fully protected by the service's management of medicines.

The service had not taken all reasonable steps to ensure that the occurrence or spread of any infection was minimised.

Requires improvement



### Is the service effective?

The service was not always effective.

The service was not adequately maintained as repairs and refurbishment were not undertaken in a timely way.

People's health care needs were assessed and they had access to healthcare professionals when needed. However, health care records did not always reflect people's current needs.

People's dietary needs were assessed, but menu planning did not always ensure that people were offered a variety of differing meals.

Staff were trained to ensure that they had the skills and knowledge to meet people's individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Requires improvement



### Is the service caring?

The service was caring.

Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the staff and people who lived in the home. Some staff and people lived together and shared their lives on a daily basis.

People were supported to maintain their dignity and privacy and were treated as equals with staff members.

Good



### Is the service responsive?

The service was not always responsive.

Requires improvement



# Summary of findings

The service was not open and transparent when dealing with and recording complaints and concerns.

Staff were knowledgeable about people's support needs, interests and preferences, in order to provide personalised care, but care plans which gave guidance to staff were not all up to date.

People were offered a range of diverse and individual activities in the home and the local and wider community and had many opportunities to take part in community life.

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

The service was not always well-led.

Quality assurance and monitoring systems were not robust as they had not identified a number of shortfalls in the service nor actively sought the views of relatives and stakeholders.

The registered manager was not in day to day control of the service and had not notified the Commission when people had been deprived of their liberty, in accordance with legislation.

Staff were aware of the aims and values of the service and put them into practice.

**Requires improvement**



# L'Arche Kent Faith House

## 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 checked 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 over two days, on 23 and 24 September 2015 and was unannounced. One inspector carried out the inspection.

As the inspection was brought forward we did not send the service 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. However, we looked at previous inspection reports and notifications about important events that had taken place at the service. We received feedback from five relatives/friends; two care managers from social services and an advocate. An advocate is someone who can help people express their needs and wishes, by supporting people to speak, or by speaking on the person's behalf. They can weigh up and take decisions about the options that are available to people.

People varied in their ability to tell us about their experience of living in the home. Some people were able to talk to us and other people had limited verbal communication and/or communicated by Makaton. Makaton is a language programme using signs and symbols to help people to communicate. We talked with four people, including one person who had recently moved out of the home and into supported living; joined some people for breakfast, and observed staff helping people throughout the day, including with food and drink. We spoke to the locality leader, deputy locality leader, four staff, and the registered manager. Two people showed us the communal areas of the home and we saw three bedrooms. We spoke with staff about the care needs of two people who lived at the home, spoke with these people, looked at their care plans and observed how staff supported them. This was to track how people's care was planned and delivered.

During the inspection we viewed a number of records including four care plans, three staff recruitment records, the staff training programme, staff rota, medicine records, environment and health and safety records, risk assessments, safeguarding, recruitment, complaints and infection control policy, menus and audits.

# Is the service safe?

## Our findings

Most relatives and all professionals told us that Faith House was a safe place to live. “I have no concerns about the home and staff keep on top of things”, a professional told us. A relative said, “When I leave I do not feel anxious. I have no worries. I have never felt that anything is wrong and my relative’s reaction shows that they are happy to see staff and be with them. They never back away from staff”.

Relatives told us that there was a high turnover of staff, but had mixed views about whether this had an impact on the people who lived in the home. One relative told us, “Live-in staff change regularly, but this is not an issues as they are trained and it has always worked like this”. However, another relative told us, “There is a high staff turnover. Staff are not consistent as they keep coming and going. People get to know one member of staff and then they leave and have to get to know another person all over again”.

Out of a staff team of eleven four staff had started to work at the service in the last four months. The other seven staff had previously been employed by L’Arche, but not necessarily at Faith House. Staff told us there had been a lot of staff changes. The recruitment policy was that live-in staff should commit themselves to working at the home for one year and it stated this on the application form. However, recruitment records showed that a number of staff that were employed were only available for three or four months. Although the locality leader stated that these staff were usually recruited during the summer and helped to cover regular staff’s annual leave, this resulted in people having a number of new staff to get to know each year. This compounded with a high turnover of staff meant that people were not supported by people that they knew well and a staff team who had the right knowledge and experience to meet people’s needs.

The staffing rota for Faith House was complex. Each Sunday, one staff member from Faith House left the home to support someone in supported living and therefore, an extra member of staff was needed to cover this shortfall. Any staff shortages such as sickness were covered by existing staff and bank staff. The registered manager said that five bank staff were available, but the locality manager told us that in practice there was only one bank member of staff available to cover at the home. Staff said this had

resulted in there being some shifts when only two members of staff were available, although it had been assessed that three staff were needed to meet people’s needs and to keep them safe.

Staffing levels were not always based around people’s needs. The locality leader said they were able to use staff flexibly, so that if there was a specific event in the evening, some staff could start late morning and stay later in the day. However, on the day of the inspection one person was up before 8am. In another person’s care plan it stated that the person liked to rise between 7.30 and 8.30. But staff were not available to support people until 8am. Therefore, there was no staff around to give assistance to these people when they had been assessed as requiring 24 hour residential care.

The lack of sufficient numbers of staff to make sure they can meet people’s care needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Systems used to assess individual risks to people were not effective as they did not identify all potential risks so that action could be taken to minimise them and help keep people safe. Risks had been identified when people went out in the community, undertook activities, and in relation to people’s health, such as the risk of people choking when eating. Where people were at risk of choking, clear guidance was in place to supervise people at mealtimes, to ensure that their food was presented in small pieces and that they eat slowly. We observed staff put this guidance into practice on the day of our visit. However, for the person got up before staff were on duty at 8am there had been no formal assessment of any potential risks involved nor any written evidence of how the decision had been made that they were safe. Another person had been assessed as requiring two people with them when they went out in the community, but they were going out with only one member of staff on short trips. The registered manager said this benefitted the person and that staff were taking the necessary precautions, such as assessing the person’s mood before they went out and only being supported by specific staff who knew the person well. However, there was no guidance in place to ensure that all potential risks had been assessed and for staff to follow to ensure that it was followed to keep this person safe.

There was inconsistency in how assessments of risks to people’s health and well-being were monitored. For people

## Is the service safe?

who displayed behaviours that may challenge themselves or others, the behaviour that the person may display, the triggers, and the action that staff should take to calm the person and de-escalate the behaviour were clearly recorded. For two people, professional advice had been sought and up to date strategies were in place to keep the person involved and others safe. Staff demonstrated that they knew how to put these strategies into practice. However for two other people their behavioural plans were dated July 2012 and November 2012 respectively. Therefore, it could not be assured that these guidelines were effective in reducing the number of incidents occurring, as they had not been reviewed.

This lack of assessment and monitoring of risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The locality leader carried out health and safety checks of the environment, such as ensuring that electrical and gas appliances at the home were safe and that the home took action to prevent Legionella. However, systems in the home were not effective in making sure that fire drills, fire equipment and fire procedures were always up to date to keep people safe. An audit in August 2015 had identified that it had taken nearly a month to fix one emergency light in the office. An internal inspection in July 2015 had identified that the last fire drill had taken place in November 2014. These drills are important to ensure that people and staff know how to evacuate safely in the event of a fire. As a result a fire drill had been carried out in August 2015. The audit identified that subsequent fire drills needed to be arranged, but future dates had not been recorded in the fire drill planning record.

On the first day that the inspector entered the home they asked to sign the visitor's book and a staff member requested that they sign in the home diary. The locality leader stated that there was a visitor's book, so that staff were aware of who was in the home in the event of a fire. The inspector entered the home on two separate occasions on the second day; in the morning and the afternoon. On neither occasion were they asked to sign in or out of the visitor's book.

This lack of effective systems in place to deal with a fire should it occur was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Potential staff completed an application form which asked them to record information about their skills, experience, qualifications and past employment history, including any gaps in their employment. However, one applicant had not completed this section of the application form, except to detail the nature of their present employment. Therefore, the registered manager did not have a complete account of this person's employment history, or any gaps in their employment in order to make a decision about their suitability for their role.

Applicants attended an interview and a record of this was kept at head office. If an applicant was successful identification checks, criminal record/barring and vetting checks and references were requested. For one applicant an employment reference had not been requested from their last position with vulnerable adults as required, to ensure they were a suitable person to employ. The registered manager said that a current photograph of each member of staff was kept at head office. They stated that it would be useful to keep such a copy at the home so staff and people who lived at the home, knew what new staff looked like, before they came to work at the home.

The lack of robust recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

An external audit of medicines management in the home had been undertaken in September, a week before our inspection visit. A number of recommendations had been made including carrying out competency checks on all staff giving people their medicines and separately storing internal and external medicines to reduce any errors in administration. Competency checks for staff to check that they followed the home's administration procedures had not commenced and the registered manager was not aware of the recommendation to store internal and external medicines separately.

Staff training in how to administer medicines consisted of on-line training and practical training from more experienced staff. During their training and before staff had fully completed their medicines training, staff in training, gave people their medicines under the supervision of a senior member of staff. The senior member of staff then signed the MAR to record that the person had taken their medicines. This was contrary to the home's medication policy as there should be a clear line of accountability

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when giving people their medicines. Where one person gives a person their medicines and another person signs the MAR sheet, there is a higher risk of a medication error occurring.

Two people had been prescribed medicines which needed to be taken 'when required' (PRN). For one of these people there was no written guidance in place to inform staff in which circumstances the medication should be given. For the second person there were two different sets of guidance in place dated February and April 2015. The registered manager said they thought the guidance dated April 2015 was the correct guidance. However, the locality leader said that this guidance had been updated since this time, but it could not be found during the inspection.

This lack of medicines management was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had received training in how to prevent or minimise the spread of any infection. The home's infection control specified that dirty laundry should be placed in a red alginate bag in the washing machine and washed on the sluice cycle. However, staff said that it should be placed soaked which increases the amount of aerosols through which any infection is spread. The laundry room was unhygienic. A square of lino was stained and had been temporarily stuck with tape which meant the floor was no longer impervious. The edging was coming away from around the cupboards so that they could not be effectively cleaned. The provider sent a letter of complaint in February 2015 to the landlord, who was responsible for the refurbishment of the laundry, as this area had been a cause for concern for over a year. The home's action plan stated that refurbishment was due in September 2015. However, an exact date for the commencement and completion of the work had not been recorded.

This lack of effective management of infection control is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a safeguarding policy which set out the different types of abuse and the signs to look for to indicate that abuse could have taken place. Staff knew how to recognise different forms of abuse and felt confident to report any to a senior member of staff or the locality manager. The safeguarding policy indicated that staff should also refer to the 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway', and the service had a copy. The Multi-agency policy contains guidance for staff and managers on how to protect and act on any allegations of abuse. Staff felt confident they would be listened to if they raised any concerns, but they also knew they could report any concerns to the local authority or Care Quality Commission. Staff said the numbers for these organisations were available to them, so there would be no delay in reporting any serious concerns and so keep people safe.

Staff demonstrated that they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff understood they should first speak to the locality manager and then the registered manager if their concerns were not taken seriously. They also knew that there were other people in the L'Arche organisation that they could contact.

Throughout the day staff checked with people's well-being by speaking to them and responding to their verbal or non-verbal responses. People were given formal opportunities to verbalise or express their feelings and whether they felt safe at the home, in weekly residents meetings.

# Is the service effective?

## Our findings

Relatives told us that people had regular reviews of their health care needs. One relative told us, “They always inform the family if there are any changes in his/her health. They try and keep you posted and updated”. Relatives told us that the premises were suitable for the people who lived there. “The home is clean and bright and airy”, one relative told us. Another person told us, “There is a lot of space and a garden and it is always clean and tidy”.

People lived in an environment which was not adequately maintained and this compromised their safety. The provider was not effective in ensuring that repairs and improvements to people’s home were carried out for their benefit. Everyone used the laundry, but the floor had a temporary repair and the units were worn and tatty around the edges. A property inspection report in 2015 stated that a full refurbishment of bathrooms which were unhygienic and redecoration throughout the home was required. Therefore, people lived in a home, in need of improvements which did not promote a dignified environment.

The provider was not timely in making sure people’s home was maintained and safe and comfortable to live in. The request for a refurbishment of the bathrooms dated back to at least January 2015 and the laundry floor dated back to March 2014. An internal report in July 2015 stated that for some maintenance issues, the company should have been more proactive in ensuring that they had been carried out sooner.

The maintenance record was not well completed as it was difficult to tell from some entries if the work had been completed or not. Some maintenance concerns still to be carried out”, or “Still not done” written besides them. It was also difficult to establish when a maintenance problem had first been listed as some entries, had been entered into the record a number of times.

The lack of adequate safety and maintenance was a breach of Regulation 15 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s care plans gave written guidance about people’s health needs and medical history. In addition each person had a “Health Action Plan” which focused on their health needs and the action that had been taken to assess and monitor them. This included details of people’s skin care,

eye care, dental care, foot care and specific medical needs. However, Health Action Plans had not been regularly reviewed to ensure that they were up to date and contained the same important medical information that was in the people’s plans of care. For example, one person’s care plan stated they had a risk of choking, but this information was not contained in their health action plan. This gave conflicting and confusing guidance for staff as the two documents differed. .

In one person’s Health Action Plan it was recorded that the person needed to drink a specific amount of fluid each day for them to remain healthy. A record was made in their daily notes each time this person had a drink together with the amount of fluid. However, the amount of fluids that the person drank each day was not added up to monitor if the person was receiving the required amount.

A record was made of all health care appointments such as visits to the dentist, chiropodist, and optician, district nurse and well man clinic. This included why the person needed the visit and any professional advice that was given. People’s weights were recorded so that prompt action could be taken to address any significant weight loss or gain. People had “Hospital Passports, which provided the hospital with important information about the person and their health if they should need to be admitted to hospital. However, for one person this record was only partly completed and so would not provide the hospital with essential information should they be admitted to hospital.

This lack of maintenance of health care records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Meal times were important social occasions at the home where staff and people came together to join in one another’s company. People were encouraged to invite other people in the community over for a meal and people were also invited to other people’s houses to eat. Where people required support with their meals, staff were available to offer this. Staff sat next to people, engaged them in communication and let people eat at their own pace. Staff supported people to use their independent skills. For example, one person who was eating their own breakfast but was unable to put the remaining cereal on their spoon. The staff member asked if they could help the

## Is the service effective?

person. The person communicated that they agreed so the staff member put some cereal on their spoon, before giving them back their plate and spoon so they could continue to eat independently.

At breakfast time people were encouraged to choose what they wanted to eat and to prepare their own food. Staff gave simple instructions to people such as, “Shall we take a cup” and “Now you need a spoon and milk” so that people could do as much as they could for themselves. Staff gently informed people of what would be a good and healthy choice for breakfast. For example, one person went to the food cupboard and chose some chocolate. The staff member responded, “Yes chocolate: That is nice, but how about trying some Weetabix”. The person then chose and ate cereal for breakfast.

At the weekly house meeting, people were asked what they would like to eat and then picture cards were used to help people select what they would like. Pictures of each meal were then attached to the kitchen door and when staff had cooked the meal, the picture of the meal was removed. The menu showed that people were offered meals from a variety of different cultures, which reflected the diverse cultures of the staff that supported people. A lot of the meals were very similar from week to week and the locality leader stated that this maybe because the pictures of meals only showed a limited range of meals. This is an area we have identified as needing improvement. Staff said that everyone ate their meals and they were aware of people’s likes and dislikes. Care plans recorded people’s likes, dislikes; specific dietary needs such as low sugar and milk free diets; and if people needed their food cut up into small pieces. Information about these diets was also available in the kitchen for staff to refer to.

New staff completed an induction during a three month probation period. The induction included completing a work book covering the standards recommended by Skills for Care Common Induction Standards (CIS). CIS are the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. The registered manager was introducing the new care certificate for all staff as recommended by Skills for Care. Staff completed on-line training and/or face to face training during their induction period and shadowed

more senior staff until they were signed off as competent by the locality leader. New staff said that they felt their induction gave them the skills and knowledge that they required to work alone.

There was an on-going programme of training for staff which included face to face training and on-line training. These included health and safety, fire awareness, emergency first aid, safeguarding and food hygiene. Staff completed work books or answered questions and took tests to check their knowledge. Staff training was arranged and tracked by head office so they were aware of any training that needed to be completed or refreshed for each member of staff. Specialist training had been provided to four staff in autism and Asperger’s awareness and eight staff in supporting people with behaviours that challenge. Five out of eleven staff had completed Diploma/Qualification and Credit Framework (QCF) levels two or above in Health and Social Care. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff said that they felt well supported and could approach the locality leader to discuss any issues or concerns. The locality leader had undertaken formal supervisions with all members of the staff team. The locality leader had received an annual appraisal, but they had identified that staff had not received their annual appraisal and had started to book them for the whole staff team. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. The locality leader had reinstated team meetings when they joined the service in April 2015, as they had not been carried out on a regular basis, before this time. The minutes of these meetings were recorded, together with any actions that were required as a result of the meeting.

Most staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff that we spoke with who had not yet received formal training in this area understood the principles of the Act. They explained that people should be given informed choices, and if people had capacity they could make unwise decisions. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making.

## Is the service effective?

The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this.

The home had policies and procedures in place in relation to the Mental Capacity Act 2005 and protocols in place for arranging best interest meetings and advocacy. Staff understood that best interest meetings were held with relevant professionals and relatives to make a decision on people's behalf. A relative told us, "Staff get to know my relative well, including new staff. They talk to them with their best interests at heart and make them comfortable". Advocates were access when needed to help people to express their needs and wishes, and to weigh information and take decisions about the options available to people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful.

**We recommend that the service seeks guidance from a reputable source, about supporting people to make food choices, to ensure they have a varied and balanced diet.**

# Is the service caring?

## Our findings

People spoke positively about the staff support that they received. We heard one person tell a member of staff that they were sad that they were leaving. Another person told us they enjoyed the company of a specific member of staff as they understood them. One professional told us, “Staff are always very friendly. It is a unique service. It really involves people in the local community”. Another professional told us, “People have good relationships with staff”.

Most relatives said that staff were approachable and knew their relative well. One relative told us, “Staff are really good at talking to my relative and they have calmed down since they have lived here. It is a stable place where they get attention. Staff are welcoming, friendly and helpful and my relative is settled where they are and feels well looked after”. Another relative told us, “I am absolutely delighted. The way they are cared for gives me comfort and everyone is treated with dignity as a human being”.

Relatives said that as people and staff lived together at Faith House, eating together and taking part in activities, that positive, caring relationships had developed between them. Comments included, “It is a natural environment where people do things together”; “At Faith house, my relative and live-in care staff do share their lives and it is a community living with friends. Everyone is an equal. You don't get the feeling that the only people my relative sees are people that are paid to look after them”; “It is unique in the way it is integrated in the community. My relative sees people, staff and volunteers when they are walking down the street. They bump into other people from L'Arche and other people who know them at church”. One relative told us that their relative had developed a close relationship with a live in member of staff and was particularly attached to them. When this live in member of staff ceased their employment at Faith house, they invited their relative to their home in Germany to stay with them.

Staff spoke with people and each other, with gentleness and kindness. The atmosphere in the home was calm and relaxed. Staff responded appropriately to people's verbal and non-verbal requests. They communicated with people in a way they could understand and were patient, giving people time to respond. Different communication methods were used within the home. Staff communicated with people with words and Makaton. Makaton is a language

programme using signs and symbols to help people to communicate. Five Makaton signs were taught or re-learned with people at each weekly meeting for people who lived in the home. Staff then used these signs with people throughout the day. We asked a member of staff to sign some of the signs learnt at the last weekly meeting and they were able to do so without any hesitation. Symbols were also used to communicate with people. They were used on the activity board in the kitchen with each person's individual planned activities. The minutes of meetings on the noticeboard were written in the same symbol format that was used throughout L'Arche. Photographs were used to help people choose the weekly menu and there were pictures on the different cupboard doors in the kitchen to inform people where such items as spoons or tea towels were kept.

People were valued and there was a culture of mutual support. People's individuality and diversity was nurtured and people were treated with equal respect and warmth. People's religious, ethnic and cultural needs were taken into account. People were involved in the local and wider community and were supported to attend churches of different denominations. A relative told us,

“They help my relative to continue their faith. They go to one church, although everyone else goes to another church”.

People's private space was respected. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. Everyone had been given a key or electronic fob so they could lock their bedroom door. Some people chose to lock their doors and to keep their own keys and other people chose to leave their rooms keys in the door.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they were required. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views and opinions these, together with their past history, were recorded in people's care plans. This enabled staff to understand people's character, interests and abilities if they were not able to verbalise

## Is the service caring?

them and so help to support people to make decisions in their best interests, on a day to day basis. A relative told us, “My relative has a review of their care planned. At their last review my relative showed me pictures of what they were doing at the home. It helped me to understand and be involved in what was going on”. People were involved as much as possible in records about their daily care. When

staff were writing the daily notes for one person, they asked the person concerned what they should write. This person did not respond, so they suggested that they should write that the person had had a nice bath and hair wash. The person immediately responded by enthusiastically pointing to their hair.

# Is the service responsive?

## Our findings

All but one visitor to the home said that they had no concerns about the service so had not made a complaint about the service. The majority of people felt that if they raised a concern about the home that they would be listened to and it would be acted upon.

The complaints policy stated that people could make a complaint verbally or in writing and if a person was dissatisfied with the response, then the written complaints procedure should be followed. This procedure was to refer the complaint to the community leader, who may ask someone else to investigate. If the complainant was not satisfied then the procedure was that the local committee be informed, who would deal with any serious complaint within 14 days. A visitor to the home told us they had raised a number of concerns verbally over a period of time, but had not actually made a formal complaint. They said that they were not satisfied with the responses they had received and had been advised to direct any future concerns to the locality leader and not to the registered manager who was legally responsible for the service. All these factors indicated that the service was not open and transparent when concerns were raised about the home.

The complaints procedure was displayed in an easy read format in the hall, explaining who at L'Arche would investigate and respond to complaints. However, it did not include information about people's right to contact the ombudsman if they were not satisfied with the outcome of any complaint. Weekly house meetings gave people the opportunity to raise any issues or concerns. Staff said that if a concern was raised that they would try and address it if they were able, but if they could not that they would inform the locality leader. The locality leader said that there had been no complaints made about the home. However, a report of a visit to the service by the provider in July 2015 stated that the reason for the visit was due to, "concerns raised" and a number of "complaints". Therefore, the complaints record did not accurately reflect the nature of complaints in the home. This visit had resulted in a number of shortfalls being identified in relation to health and safety, medication and the methods of raising a concern. An action plan had been developed with actions being rated

as high, medium and low, with timescales and all actions to be completed within 90 days. An audit of the home in September 2015 evidenced that most, but not all of these actions had been addressed.

This lack of an effective complaints system was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The majority of relatives and all professionals told us that the home was good at letting them know about any changes in a person's care. Comments included, "They let me know what is going on, about any changes or just ring us up for advice"; and "The home is pretty good at keeping an eye on everything and it is done gently. I cannot think of a better place because of the way it functions". However, one relative told us, "They do not keep us informed with important events and there is a lack of communication". A visitor told us, "People's basic needs are being met, but it is the little things that would make a difference". An audit in September found that not all care had been updated at least six monthly, nor were they all in an accessible format. Also people's care needs had not been reviewed every three months and a written report produced about people's progress. An action plan had been produced which stated that keyworkers were responsible for completing these updates with the timescale of December 2015. In addition we found that some behavioural guidelines, risk assessments and health information were not up to date in people's care plans. When we asked one staff member to show us a person's care plan, their response was that they did not know where care plans were kept although they had been employed at the home for several months.

This lack of reviewing care plans on a regular basis to make sure they accurately reflect people's needs was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The majority of relatives told us that people received personalised care that was responsive to their needs. One relative told us, "Staff appreciate that you have to approach my relative in their own way and in a way that they understand. They need to be very clear about what is going on and staff make sure this happens". Care plans contained guidance for staff on how to meet people's health, social and personal and individual needs. They included guidance about people's daily routines, communication, well-being, continence, eating and drinking, health,

## Is the service responsive?

medication and activities that they enjoyed. Each care plan had a section titled, “What is important about me”, which included an honest summary of what people liked and did not like. For example, things that people liked included football, parties and going out. Things that people did not like included were crowds, when specific staff left and some of the behaviours of people that they shared a house with.

When we were looking at one person’s care plan, they pointed to it and said, “me” indicating that they knew the record had information about them. They then looked at the record and were familiar about its content as they commented on one piece of information with which they were not familiar. Staff immediately explained what this information referred to. It was recorded in another person’s care plan that the plan had been explained to the person it referred to by the use of pictures so that they could more easily understand its content.

People told us that they were involved in a lot of different activities and holidays. One person told us they had been on holiday to visit their family and another person was packing their case for a family holiday on the day of our visit. Relatives said that people were kept “fully occupied” with the activities that were on offer. Comments included, “Activities are going on but not all people do the same things. There are different things so it is a normal

environment. This is good as my relative is not good at occupying themselves”; and “It is difficult to fit in going to see my relative as they are so busy. This is how it should be”; and “My relative has had six holidays this year”. A professional told us that people at Faith House led a very full and active life and enjoy a wide range of activities.

People had active lives that involved activities at home, in the L’Arche community and the local community. On both days of our inspection people were out for parts of the day undertaking joint and individual activities. Activities included bowling, dancing, and storytelling, music for health, horse riding, football, singing and swimming. Some people were involved in a gardening project in which they helped grow plants which were sold to the public in Canterbury. In addition people were involved in everyday activities such as cleaning, shopping and cooking.

People had recently been on two holidays. The first was taking part in the Greenbelt Festival. This is a festival of arts, faith and justice attended by many thousands of Christians and those from other faiths and none. They had also taken part in a house swap with a L’Arche community in France. There were protocols in place to ensure that people’s personal belongings at Faith House were locked away or not touched during the house swap and vice versa. This experience enabled people to live in France as part of the local community.

# Is the service well-led?

## Our findings

Professionals and most relatives and visitors said that the service was well-led and that they would recommend the service to other people. One person told us, “I would recommend it and advise other people to take a look as it has been a good move for us” and another person said, “I would definitely recommend it. It is unique”. However, two people told us that they did not think the home was well-led.

The service did not have effective systems in place to monitor the quality of service that it provided. Audits carried out by the registered manager and locality leader did not identify shortfalls in the care and support being provided to people. The locality leader carried out regular checks of the environment, records, staff training and support. The registered manager then carried out quarterly audits and produced a report containing actions that were allocated to staff to complete to improve the service. An additional audit had been carried out by the provider in June 2015 to investigate a complaint about the service. The provider found there were a number of shortfalls in the service, including issues relating to infection control, maintenance, medication, fire prevention, staff supervision and support and records that had not been identified by the home’s auditing process. The last report by the registered manager in September 2015 identified that some shortfalls, such as in medicines and fire had been addressed, but that others, such as a lack of cleaning records, and that care plans were not up to date, had not been fully addressed. During the inspection we found shortfalls in these and additional areas of the service. For example, there was no internal audit of medicines so the home relied on the findings of an external audit to ensure their medicines practices were safe; there was no checklist when staff were recruited to ensure that all checks had been carried out before the person started to work at the home; and there was no system in place to regularly monitor and assess behavioural guidelines to ensure that they remained effective.

In order to establish effective monitoring of the quality of the service, it is also important to obtain, assess, and act on the views of people, relatives, and stakeholders. Although the views of people who lived in the home were regularly sought through weekly meetings and reviews, there was not an effective system in place to gain the views of

relatives, staff or visiting professionals. The locality leader said that relatives were asked for feedback about the service, but they had not responded. However, they did not have any evidence available to confirm that relatives had been contacted. There was a positive comment from one person’s relative in their care plan, but it was not dated, so it was not possible to evaluate if it was the relatives current view about the service.

This lack of a fully robust quality monitoring process was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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. This enables CQC check that appropriate action had been taken. The register manager had failed to submit notifications to CQC when local authorities had granted Deprivation of Liberty Safeguards.

This failure in notifying the Commission of important events was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although there was a registered manager in place, there was a lack of leadership at the service and this impacted on the care people received. People, relatives and staff said if they needed advice, support or information, they would contact the locality manager who was available and had contact with them or their relatives on a regular basis. Everyone confirmed that they did not usually see or speak to the registered manager and that they would only contact them, if the locality manager was not able to deal with the issues that they raised. The registered manager did not work at the service, and was not in day to day contact with it. They were not involved in running the service, and their role involved providing a monitoring and oversight function. They were not based at the home, and worked from the L’Arche office in Canterbury. They were also registered as manager for three other L’Arche care homes and an additional supported living scheme. The Care Quality Commission guidance on the definition of a registered manager is that, “The registered manager should be in day-to-day charge of carrying on the regulated activity or activities they apply to be registered for”. The guidance goes on to say that although the regulations do not prevent a person from being registered to manage than one location, the manager must have the capacity to do so.

## Is the service well-led?

The aims, objectives and philosophy of the home were clear and available on the company website. They were that each individual with a disability has as much to give as to receive; that people needed a sense of belonging to L'Arche, the wider community and beyond and that "We are a Community because we believe that we all – people with learning disabilities, assistants and Community friends – have need of one another". Staff clearly understood the aims and objectives of the service which we saw were put into practice on the days of our visits. Staff said that there was good communication in the staff team and there was a positive culture. They demonstrated that they enjoyed their

jobs and supporting the people in their care. Staff understood their roles and knew what was expected of them. Live-in staff had two days free a week and worked a set amount of hours each day. Live-in staff said that it was their choice if they wanted to spend time with people who lived in the home on their time off, and they often chose to do so.

**We recommend that the service seeks the relevant guidance about the roles and responsibilities of a registered manager and takes action accordingly.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of experienced staff were not always available to meet people's care needs.

Regulation 18 (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People could not be assured that staff were suitable for their role. A full employment history and a reference from staff's last employment with vulnerable adults had not been obtained before staff worked independently.

Regulation 19 (3) (a) (b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with the unsafe administration of medicines. Staff had not had their competency checked on a regular basis to ensure that they continued to be competent to administer medicines safely. There was no guidance in place when people received medicines as required.

Regulation 12 (1) (2) (g)

Assessment of potential risks to people's health and safety were not always effective in protecting people from the risk of harm.

Regulation 12 (1) (2) (a) (b)

This section is primarily information for the provider

## Action we have told the provider to take

People were not protected against the risk of the spread of any infection as the home had not done all that it could to minimise the potential risks.

Regulation 12 (2) (h)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People were not protected against the risks associated with unsafe or unsuitable

Premises because of inadequate maintenance, including fire drills, records and equipment.

Regulation 15 (1) (d) (e)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system in place to identify and take action to address shortfalls in the provision of the service, nor to seek the views of relatives and stakeholders.

Regulation 17 (1) (2) (a)

People's health care records and care plans did not all give an accurate or complete summary of people's health and social care needs.

Regulation 17 (2) (c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider failed to inform the Commission of the date, nature and outcome of an application to deprive a person of their liberty.

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 18 (4b) (a) (b) (c) (d)