

L'Arche

# L'Arche Kent The Rainbow

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 June 2017 and was unannounced.

L'Arche Kent The Rainbow is home for six adults with learning disabilities. It is part of a community run by L'Arche Kent, a charitable organisation. The home is a detached property in the city of Canterbury. Each person had their own bedroom decorated in the way they chose. One bedroom was on the ground floor and the other bedrooms were on the first floor. There were two lounges, a dining room, kitchen and an enclosed garden at the back that everyone had access to. The philosophy of L'Arche is that people with and without disabilities live together in a community, so some of the staff, called assistants also lived in the service and other staff worked different shifts.

The service was overseen by a registered manager with a team leader in day to day charge. 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.

At our last inspection in November 2015, the service was in breach of two of the regulations and was rated 'Requires Improvement'. We issued requirement notices to make sure risk assessments were relevant and gave staff up to date guidance, to make sure the monitoring and auditing processes picked up inaccurate and out dated records, and to put a visitors' book in place to make sure there was a record of who was in the building in the event of an emergency.

The registered manager sent us an action plan outlining how they would rectify those breaches. The registered manager and team had completed all the actions on the action plan and at this inspection all the regulations were met.

The registered manager had reviewed the audits system so that it was more effective. Regular checks of the environment had been carried out and there was a system of checking that records were up to date including: risk assessments, care plans, staff files, medication records and other records.

Plans were in place so if an emergency happened, like a fire, everyone knew what to do. Safety checks were carried out regularly throughout the building and all equipment was checked to make sure it was in good working order and safe to use. The visitors' book was in place and a record was kept of when people were in the service and this was checked regularly.

There were effective systems in place to make sure people were supported to keep safe without being restricted. Risk assessments had been carried out and written up. Risk assessments were clear and detailed so that staff had the guidance necessary to protect people as far as possible from accidents or harm whilst still encouraging independence.

People looked comfortable in the company of staff and each other and expressed that they felt safe living at the service. There were clear processes in place to safeguard people and for staff to blow the whistle. The registered manager, team leader and staff acted promptly and appropriately if there were any concerns. Staff knew how to recognise and report potential abuse outside the organisation if necessary.

Potential staff were thoroughly vetted to make sure they were safe to support people. People had the time they needed to get to know potential staff before they were able to offer any support or work in the service. There were always plenty of staff in the service to support people and the registered manager kept staffing numbers under review.

Staff were enthusiastic in their roles and had received training to make sure they had the necessary skills to support people and provided person centred care. Each person had a care plan and a health action plan and these were kept up to date to give staff the guidance they needed to make sure people's individual needs were met.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place, or applications had been made, for people who needed constant supervision because of their disabilities. There were no unnecessary restrictions to people's lifestyles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People had as many opportunities as they wanted to go out and about meet people and live an ordinary lifestyle. People were encouraged to try new experiences and develop new interests to enrich their life and increase their confidence and self-esteem.

Activities were meaningful and people were supported to develop a work ethic and be valued members of the local community. People had participated in events to raise money for charity including a recent swim-a-thon and were supported to make items that were for sale. A new enterprise had been started where people were learning to make a craft beer that was being developed and tested for the market.

Staff were caring and people's individuality was respected and nurtured. There was a relaxed and calm atmosphere and people were treated with kindness and compassion. People were supported to keep well and healthy and if they became unwell the staff responded promptly and made sure that people accessed the appropriate services. Medicines were managed safely.

Mealtimes were social occasions and organised in the way each person preferred. People were involved in making drinks, snacks and meals as much as they wanted and were encouraged to eat a healthy diet.

There was a clear complaints procedure and process that was designed to enable people to express their views and were responded to in a way they could understand. The registered manager welcomed complaints and used the opportunity to improve the service.

There was a cycle of evaluation to monitor the quality of the service provided. Lots of different ways to gather people's views including surveys, house meetings and meetings in the L'Arche community where

discussions were held about what had gone well and what the focus of improvement would be in the coming year. People's circle of support including family and friends, staff and visiting professionals were asked for their feedback. People were supported to express their views with a variety of communication aids and forums and following this a development plan was agreed. When a development plan had been completed there was a celebration of what had been achieved and then the next plan was put into action.

## 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.

Risk assessments were designed so that people could try out different experiences in the least restrictive way possible whilst protecting them from avoidable harm.

There were safe systems in the service so that people knew how to respond in an emergency.

People were protected from abuse. There was a warm culture of openness and support.

Staffing levels were flexible and determined by people's needs.

Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

People were supported to have an active and healthy lifestyle.

Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

### Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to a strong person centred culture.

People had positive relationships with staff that were based on respect and shared interests.

Staff took time to listen to people and gave them the communication aids they needed, so that they could make choices and decisions about their care.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to make a positive difference to their lives.

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

**Good** ●

The service was responsive.

People received the care and support they needed to meet their individual needs. The service was flexible and responded quickly to people's changing needs or wishes.

People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

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

**Good** ●

The service was well led.

The registered manager and staff were committed to providing a strong person centred culture.

The registered manager was experienced and qualified to manage the service and was available to support people, the team leader and staff.

People's views and interests were taken into account in the running of the service. The service had a development plan that everyone was involved in and was based on their feedback.

# L'Arche Kent The Rainbow

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 June 2017 and was carried out by one inspector as the service was small and we wanted to reduce the impact of our visit. We let the service know that we were coming the day before. Some people needed time to prepare for unfamiliar people being in the house, and we wanted to give them the opportunity to speak with us and participate in the inspection.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection we spoke and spent time with all six people. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care and support records for three people. We looked around the communal areas of the service and some people showed us their bedrooms. We spoke with the deputy manager, one of the directors and four staff. We looked at and discussed management and staffing records.

We last inspected L'Arche Kent – The Rainbow in 24 and 25 November 2015. The provider was in breach of two regulations and the service was rated Requires Improvement. These breaches were now met.

# Is the service safe?

## Our findings

People expressed that they felt safe and looked confident interacting with staff. In meetings and surveys where people were given the tools to help them express their views, they responded that they felt safe in their home and when out with the support of staff.

At the last inspection some aspects of a persons' daily life, such as the risks when they were out or swimming, had not been reviewed to ensure they contained up to date guidance for staff. At this inspection all aspects of people's daily life and the potential risks had been considered and guidelines for staff were up to date and in each person's care plan folder.

There was a clear system of risk assessment to protect people as much as possible without limiting their experiences. There were risk assessments for a range of different situations that both informed staff and raised awareness about the pros and cons of lifestyle choices and activities. One person had a risk assessment about the consequences if they refused to clean their teeth and to guide staff in how to respond. Some people enjoyed swimming so the areas to enable each person to enjoy this activity and keep safe were highlighted.

Some people's health was deteriorating due to a particular health condition or aging. One person was at risk of choking and another person had an increased risk of falling. Risk assessments had been completed and guidelines were drawn up so that staff knew how to maintain the person's health and protect them from harm as much as possible. The registered manager monitored any incidents of untoward occurrences including if there had been a choking incident or if anyone had a fall to check the implementation and effectiveness of the risk assessments.

People were protected from discrimination and abuse. Some staff worked at the service and other staff and people lived together. Staff and people had got to know each other well. There was an open culture and people were treated equally and with respect. One of the themes at group meetings was how to keep safe outside the service and people had participated in group discussions in the L'Arche Community to help them learn about this. There were guidelines in people's care plans about what support each person needed.

Staff had a good understanding of different types of abuse and what they would do if they suspected abuse. Staff recognised if people were unhappy or upset and respond appropriately. Staff had received training on keeping people safe, and were confident that any concerns they raised would be taken seriously and fully investigated to protect people. There were clear systems and procedures to support concerns if abuse was suspected. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation.

There was a clear procedure and records were kept to protect people's finances when staff helped people manage their money.

New staff had been recruited safely. Recruitment procedures were thorough and included police checks, proof of identity, and health declarations to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People were involved in recruiting staff so they could have a say about who might support them. Prospective staff were invited for a meal so that people could meet them and give their opinion.

There were always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. The registered manager and team leader made sure that there were always the right numbers of staff on duty to meet people's assessed needs and they kept the staff levels under review. One to one staff support was provided when people needed it and there was enough staff support for people if they became unwell.

The registered manager and senior staff shared an on call system so were available out of hours to give advice and support. Staffing was flexible and there were additional staff across the organisation, so that they were able to cover holidays and if staff became unwell.

Medicines were managed safely and person centred. People were helped to have their medicines on time and in the way they could comfortably take them. Medicines were given individually as part of each person's day to day routine.

Medicines were regularly reviewed with the GP to make sure they were the right type and still working. One person had recently had their medicines reviewed and as a result there were some changes in progress. The new medicines had turned out to be better at helping them and they were less tired from possible side effects. Another person had a health condition that had got worse, so their medicines were now given in liquid form so that it was easier for them to take.

Medicines were managed, stored and disposed of safely. The medicines store was clean, tidy and not overstocked. There were extra checks for medicines that needed a higher level of security and monitoring by law. Records were recorded accurately and there was an audit to make sure medicines were given correctly and pick up any errors. When errors occurred these had been dealt with and staff given additional support and training as needed.

There was information about people's medicines in their health action plan including: what they were for, what they looked like and how often to take them. If people wanted to take 'over the counter' medicines this was supported and staff checked this would not affect the action of the person's prescribed medicine. Staff made arrangements for people to take their medicines with them when they went out for the day or went to stay with friends.

Plans were in place so if an emergency happened, like a fire, everyone knew what to do. There were policies and procedures in place for emergencies including gas and water leaks. Safety checks were carried out regularly throughout the building and all equipment was checked to make sure it was in good working order and safe to use. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in an emergency. The locality leader, registered manager and team leader checked that plans were effective and checked the fire lists and visitors' book to make sure it was being used.

## Is the service effective?

### Our findings

People told us they had been helped to get fitter and healthier. One person explained that they did lots of exercise and staff had helped them learn about what to eat.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was a training and development programme that was planned each year. The training programme included essential health and safety subjects and specialist subjects to support people with learning and sensory difficulties. Staff learnt about the history of people with learning disabilities, equality, diversity and respect and to understand that everyone has their different gifts.

Training was evaluated to make sure it was effective and that staff who had attended had gained new skills and knowledge from it. There was an evaluation form given to staff that asks questions like, 'In what concrete way will I use what I have learned in the future?' Staff told us that the training and support they had received had made a difference to how they were able to support people. One member of staff explained that they had attended training in understanding autism. They said that it had really helped them understand why one of the people they supported behaved in a particular way and how to support them in the right way.

There was a mentoring system to support new staff and this support continued throughout the staff's time and career with L'Arche.

There were learning lunches where subjects like relationships and sexuality were discussed and people had the opportunity to develop their Makaton skills. (Makaton is a sign system used to illustrate and support speech) Some of the learning sessions were organised for staff and people to be together, for example, 'A healthy mind in a healthy body' that was "open to people with and without a learning disability to learn in a practical and fun way how to look after your health and diet."

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

Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When people had been supported with a significant decision this had been recorded. For example, one person had been supported to make a decision following an incident. A variety of communication aids had been used to enable to person to understand and make their own decision about what outcome they wanted and staff made sure the person was happy with their decision.

When people had to make important decisions, for example, about invasive medical treatment, information about the choices were presented in ways that people could understand. People's representatives in their circle of support and health professionals got together to decide if the treatment was necessary and in the person's best interest. Staff stood up for people and challenged services if they felt people's rights were being infringed. For example, a 'Do Not Resuscitate order had been placed on an individual's file without best interests consultation and agreement. This was challenged by staff so that the correct process was followed and it was revoked.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (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. Applications had been made, some were in process at the local authority and others had been granted. The DoLS were for things like 24 hour care and support to maintain people's health and wellbeing.

People were supported to eat healthily and participate in meal preparation, menu planning and shopping for food. Meals were organised so that people could eat breakfast and lunch around their activities and preferences. The main meal was a social occasion when people all sat together around the large dining room table. People's individual preferences were respected and if they chose not to eat at the same time as everyone else or were unwell this was also respected and supported. People took a turn to choose the main meal and for all other meals they chose what they wanted and when. The kitchen was open so that people could come and go and made snacks and drinks as they wanted. People who were unable to move around the service so freely were helped by the staff. They were offered choices of food that they enjoyed and in the way that they could manage.

Photos of meals were available to help people choose and a photo of the main meal was displayed on a menu noticeboard in the kitchen. Meetings were held weekly to decide on the menu. Staff knew people's favourite foods and were aware of people's dislikes and any food intolerances. Food was presented in ways people preferred and to maximise their independence.

Some people needed support to make sure they were well nourished and staff had training and clear guidelines in people's care plans to support this. People had been referred to the local speech and language therapist and dietician for further support. For example one person needed a high protein diet to increase their energy levels and another person had been at risk of choking, so their food was prepared specifically to prevent this and there were risk assessments in their care plans. People also had aids to help them eat independently.

People were encouraged to be active and take regular exercise including walking to help the feeling of wellbeing. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People's health needs were recorded in detail in their individual health action plans. People were supported to attend health appointments and check-ups. One person had been on the verge of having diabetes but with the right support, diet and exercise they had attended the next GP appointment and told they were no longer in danger of this. The person told us how pleased they were with this result and said they were happy to continue with this healthy lifestyle.

People were supported to manage health conditions like epilepsy. There were clear plans and records identifying what support a person needed, what may trigger seizures and what to do if a person had a

seizure to keep them as safe as possible and speed up recovery. One person went to the GP and had their epilepsy medicine reviewed. Changes had been made to the medicines gradually and as a result the person was more alert and less tired and their seizures were still under control.

People's mental health was supported as well as their physical health. In each person's health action plan all areas of their physical and mental health were assessed and how to support them was recorded. The format was in an easy read style with pictures to help people understand more about how to manage their health and wellbeing. One person could easily become very anxious. They had been referred to a psychologist because their anxiety had increased. Strategies had been put in place to help them keep calm. With the help of the psychologist staff had found that having a structure and following a routine helped the person feel safe. Guidelines were written for staff to follow and we saw these put into action. The person agreed that they liked to know what was happening next in the day and expressed that they felt better.

## Is the service caring?

### Our findings

People looked well cared for, healthy and comfortable in the company of each other and staff. Staff spoke warmly about the relationships they had developed with people. A staff member commented, "We come to share our lives rather than working for money, it's about the relationship."

The philosophy of the service was based on respect, equality and love for each other. Staff spoke with people, and each other, with kindness and patience. Each person had a key member of staff who took a particular interest in their preferences and needs. Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. People were actively involved in making decisions about their support in discussions at regular meetings with their key member of staff, their circle of support and with others in the group.

People were valued and their strengths recognised. There was a culture of mutual support and appreciation for the gifts people were able to bring to each other. 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. There was a pastoral team in L'Arche that looked after the spiritual life of the community and encompassed all faiths. Accessible materials were being developed to help people learn how to celebrate different significant religious festivals. The emphasis was on building peaceful communities.

People were supported to maintain contact with members of their family and friends. Regular visits were organised and people could keep in touch through phone calls and skype calls. An annual family and friends day was held where people's family and friends were encouraged to spend a dedicated day celebrating each person's life over the year. There were various photos of special occasions, family gatherings and activities that people had participated in.

Staff had supported and cared for a person to help them manage their wellbeing following bereavement. The person was learning how to live a healthier lifestyle. The person told us about all the different activities and exercises they were now participating in that they had not had the opportunity to try before and were now really enjoying. They showed us their photos, said that they had learnt to do more for themselves, had lost lots of weight and were feeling much better and happier. They were developing their independence whilst at the same time having a role and being part of the community group. They said this helped them feel secure and they liked living at Rainbow.

There was a closed social media group that people could use to keep up to date with what was happening. The registered manager and staff team recognised the importance of long-term friends and their connection through people's histories and life stories. One person had recently been supported to re-establish a friendship with someone they knew many years previously.

There was a culture of support and recognition for people's achievements that built their confidence and

self-esteem. Several members of Rainbow took part enthusiastically in an annual swim-a-thon raising money for Macmillan Cancer earlier in the year. There were photos of them proudly showing their medals and there were articles celebrating their achievements in the L'Arche newsletters.

People were supported to develop their own routines and preferred way of doing things. Some people liked to get up early and go out and others liked to get up leisurely and take their time having breakfast. All these routines were supported by the staff team who had got to know people well.

The service was spacious and allowed people to spend time on their own if they wished. People's bedrooms were personalised and decorated to their taste. People displayed family photographs and their treasured possessions in their bedrooms and around the service. Bedrooms were suitable for people. When people's needs changed this was accommodated and arrangements were made to make sure they were comfortable and had the space, furniture and equipment they needed to maximise their independence and maintain their comfort and safety.

One person made a video of what they wanted to change in their bedroom with the support of their key worker. The person presented this to the team leader and following this their room was redecorated in their chosen colour. They were supported to change the layout of the furniture and buy some accessories according to their wishes. They expressed that they were very pleased with the result.

Each person's individual dress styles and preferences were respected and supported by staff. People were helped to choose their clothes and were supported to dress appropriately for the weather and activities.

Staff communicated with people in a way they could understand and were patient, giving people time to respond. People were supported to express themselves and were given the tools to make sense of their day to day life and the world around them. People's individual communication needs were recorded in their care plans. People were listened to and responded to in a way that helped them feel secure. For example, one person understood simple straightforward statements. Guidelines about this were in the person's care plan that said to use concrete accessible language so that the person knew what was happening next, "Lunch then football [person's name]." We saw staff talk to the person this way and they visibly relaxed.

Assistive technology was used to help people communicate with other people and referrals had been made to the speech and language therapy department for assessment, equipment and advice as needed. One person used a handheld device with phrases that were unique to them programmed in and they were able to say what they wanted and answer questions at the touch of a button. This was also effective at helping people communicate with people they did not know. The person was laughing and demonstrating this during our conversations with them.

People were supported to develop their daily living skills and become more independent. One person was learning to travel independently. The positive benefits and risks had been weighed up and guidelines had been produced that broke the skills needed into steps that could be achieved, gradually reducing the level of support over time. There were clear directions to reduce potential risks and the person told us they were enjoying using the buses and taxis.

There were systems in place so that people could have as much privacy as possible while maintaining their safety and wellbeing. Staff gave discrete supervision to enable a person who had epilepsy to have a bath in private.

Staff were aware of the need for confidentiality and kept records securely. Meetings where people's personal

information was discussed were held in private.

## Is the service responsive?

### Our findings

People received consistent, person centred care. People were involved in planning their care. Different methods were used to help people express their wishes and each person had a circle of support consisting of people that were important to them. Each person had a written care plan that centred on them, their needs, preferences and wishes. One person had literacy skills, so they wrote what they were planning to do in their diary and participated in writing their care plan. Others used assistive technology to participate in the contents of their care plan and their planned activities.

People's written care plans were in an easy to read format. Each person's needs had been assessed so that it was clear what people could do for themselves, what support they needed and what they were focusing on for the future. Each person had goals and objectives to develop skills and abilities. Each person's key worker spent time discussing their care and this was reviewed with them every three months, or more often if a person's needs changed. Updates were then added to the care plan with progress included and new goals set.

People's care was tailored to their needs and adjusted according to what they needed on a day to day basis. One person had days when they were more alert and able to move around more freely and other days they were unable to stand up without support. Staff assessed the person before they gave care and judged how much support the person needed to maintain maximum independence with regard to their comfort and safety. Staff explained that they minimised any distractions and that the person had to focus and they talked to the person to guide them. In that way the person was able to move from place to place and have as much control over their movements as possible. Sometimes the person was able to walk with a walking frame and other times they needed to use a wheelchair.

Referrals had been made to other professionals who had made assessments and people had been supplied with equipment to support them. Adjustments were being made to the person's bedroom and other parts of the house to support people as their needs changed due to health conditions or getting older.

Each person had an annual review with the people who were important to them. The record of the review showed progress and covered all aspects of their lifestyle, health and wellbeing.

There were a variety of activities that were both planned and spontaneous. Events were organised in the L'Arche community, where people went to one of the other services or a centre where a group activity was being held. People pursued their own hobbies and interests and some people were part of enterprise projects.

L'Arche's philosophy is that activities have a purpose and some activities were organised to be work-like. There were centres where people met, shared skills and crafted objects like baskets and candles to sell. People said they enjoyed making money and this was a good motivator for people to develop their skills and help with the businesses. A new project had been set up and had been running for several months to make their own brand of craft beer. People were involved in all aspects of making and this was being

developed so that eventually they would brand and sell it. There were photos of the process, the first testing and the progress being made in the newsletters and people nodded in agreement when this was being talked about.

People were quite busy on the day of the inspection attending their usual activities and clubs. People prepared to go swimming and out to the local book club at the library - "Books Beyond Words". Activities were designed so that people got the maximum benefit from it and this included travelling to and from the activity as independently as possible and going out for a drink or a meal afterwards. A person said they really enjoyed swimming and pressed the buttons on their device, saying "I swim like a shark" and was laughing as they showed us the rest of their weekly timetable of activities.

Other people preferred to have some alone time in the peace and quiet when others had gone out and this was respected. People had their belongings within easy reach so they could entertain themselves. Technology was used to aid communication as well as to provide entertainment and people used these electronic devices freely.

There were photos of people's friends and loved ones and people had albums of special occasions and holidays that they could look through and were also a point of conversation to connect people.

Complaints and comments about the service were encouraged as staff said they helped to make improvements to the service. People had the opportunity to express their views in one to one meetings with their key worker and could also have meetings with the team leader. People's circle of support helped them air their views and independent advocates were also available. An independent advocate is someone who supports a person to make sure their views are heard and their rights upheld and is not connected to the service. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

There was a clear complaints process and this was also in a use friendly format with pictures and symbols. There was the opportunity to make complaints anonymously. People and staff said that they felt confident that any issues would be resolved and that the team leader and registered manager would take them seriously and act on them. Usually if people had any concerns they were discussed and resolved without the need to make a complaint. One complaint had been received in the last year and had been investigated and resolved to everyone's satisfaction.

## Is the service well-led?

### Our findings

There was a culture of openness and inclusion when everyone was involved in making decisions about how the service was run and what the priorities for the future were. The culture created by the organisation was of compassion, commitment and concern for people and an emphasis on the gifts each person brought to others with and without a learning disability.

Different meetings were held to talk about the development of the service provided at all levels of the organisation. There were individual meetings with people and their key workers, house meetings and meetings where one person represented their house and the views were shared in the wider group. All the meetings were structured with an agenda and what was discussed and agreed was recorded with simple language, pictures and photos so that it was accessible to as many people as possible. One person told us that they attended the Kent Speaking Group on behalf of Rainbow. They reported back on 'Traffic light news' so good news, other news and bad news.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager was registered for three locations that were near to each other. The Rainbow team leader was in day to day charge of the service with the support of the registered manager. There were clear job descriptions and everyone knew which areas of responsibility they had with the registered manager having the overall accountability for the service. The registered manager was a qualified social worker, held a Level Five Diploma in Leadership and Management, a Level Three Diploma in Health and Safety and had many years' experience supporting people with learning disabilities and providing person centred care. The team leader and staff said they felt well supported by the leadership in the organisation.

There was a cycle of evaluating what the organisation was doing well and what they could improve on. People, people's circle of support and relatives and friends, staff and visiting professionals were asked for their views of the service provided. The surveys given to people were in an easy read format with pictures and symbols and people were helped to complete them if needed. It was possible for feedback to be given anonymously. Results of the surveys were collated and themes identified and used in the evaluation and planning of the next develop plan.

There was an opportunity for everyone to get involved in the business and development plan. Accessible materials were used and different methods to enable everyone to join in as much as they wanted to. There were photos of people having the final meeting in the organisation and making the plan on a flip chart. The plan was designed and completed over a four year period. At the end of each cycle the implementation of the plan was evaluated and they had a celebration. After that they made a new four year plan and the cycle continued.

A clear development plan had been produced in 2016 for the next four years based on a period of finding out what was important to people and getting an idea of everyone's priorities. The plan was written in an accessible format and shared with everyone so that everyone had the opportunity to work together to follow

it through. The plan consisted of overall aims and then this was broken into measurable steps so that it would be clear what progress was being made. The areas focused on had meaning to people. For example, one of the areas to concentrate on was "Growth" and part of this was to develop social enterprise to offer people work. One of the steps towards this was the development of the brewery project that had started earlier in the year. This included what they wanted to achieve, how they were going to do this and who would be responsible for each part. People smiled and expressed enthusiasm for their involvement in this project when the director and staff were talking about it to us.

There was a good system of communication within the organisation. The L'Arche Kent newsletters were produced with news of latest events, people's stories and achievements. The newsletter advertised plans for projects and gave updates on current projects.

People had taken part in conferences and training events. In the last year two people had helped present a module to psychology students at the Tizard Centre on 'Developing Competence' emphasising the experience of community and service. Members of Rainbow were also part of a group that delivered a keynote speech and one of the sessions at the Annual Conference of Health Care chaplains. Feedback from both events was very positive and people had clearly benefited from the experience. This was also reported in the L'Arche newsletter.

As part of the monitoring of the service the registered manager carried out health, safety and quality audits. Checks and audits were carried out regularly of the environment, records, staff training and support. People were involved in these checks, so took some control over how the service was run. Accidents, incidents and near misses were reported to the registered manager who collated these each month and followed up to see if they had been responded to and reported appropriately. If there was something to be learned from them this was followed up with the relevant staff and processes were reviewed. A report was written and shared with team leaders and staff.

The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service. In addition to this there were external independent health and safety audits and the accounts were externally audited.

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

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