

L'Arche

# L'Arche Manchester - St Paul's Office

## 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

We inspected this service on 1 September 2016 and it was an announced inspection. This was because it was a small service and we wanted to ensure someone was available for us to speak with. We last inspected this service in August 2013 and no concerns were identified.

L'Arche Manchester is a service which offers support to people living in a shared house under their own tenancy. The support staff live on the premises and the aim of the service is to enable people to live as independently as possible and to reach their full potential.

The service had a registered manager who had been in post since 2013. 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.

People appeared safe with the care and support they received from staff at L'Arche Manchester. Family members felt their relatives were safe and staff knew how to keep people safe and were aware of how and to whom they could report any safeguarding concerns.

Staff sought consent from people before providing care or support. The ability of people to make decisions was always assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were always taken in the best interests of people when necessary.

Risk assessments were personalised and kept up to date. Care plans were written with the person and/or their families. They had been supported to be involved in identifying their support needs and the care plans were in a picture format to ensure people understood what they were about.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the needs of the people and had received appropriate training in order for them to meet people's needs. The recruitment process was robust and all required checks were in place prior to staff commencing work. People who were supported by L'Arche Manchester were involved in the recruitment process which showed the service was taking their view into consideration.

Medicines were administered, stored and disposed of safely and in line with the required legal requirements and guidelines. There were appropriate guidance and protocols for staff when people needed 'as required' medicine. Information about the medicines was available in picture format in order to explain to people what they were for. All staff had undertaken training in order to administer medicines safely and they had all been competency assessed. One staff member had undertaken train the trainer training in order to complete the competency checks on staff.

Staff were observed as being kind and caring, and treated people with dignity and respect. There was an

open, trusting relationship between the people and staff. Staff knew people well and this showed in the way they interacted with each other. People were supported with writing their end of life care plans and the service had supported people to understand the death of one of their housemates.

We saw people were supported to attend activities both in the community and within their own home. People had the choice about whether they joined in or not and were fully supported by staff.

We saw people and their relatives had been asked for feedback about the service they received. There was a record of what actions had been taken to address any identified concerns. Staff worked well as a team; we saw them communicating with each other in a respectful and calm manner. There was an open and transparent culture which was promoted amongst the staff team.

Everyone knew who the registered manager was and felt the service was well-led. All staff said they felt supported and felt they could raise any concerns with the registered manager and they would be acted upon.

We viewed the policies and procedures and saw they were being followed. Quality assurance checks were being completed and when incidents had occurred action had been taken to try to prevent a re-occurrence.

## 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.

Staff knew how to keep people safe and had received appropriate training to support this. Family members felt their loved ones were safe with the care and support received from staff at L'Arche Manchester.

There was a robust recruitment process in place to ensure all the required checks had been completed on all staff members and volunteers.

Risk assessments were person centred and provided appropriate information for staff. These were reviewed and updated as required.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision to meet the needs of people using the service.

The service was meeting the legal requirements in relation to the Mental Capacity Act. Consent was sought when appropriate and best interest decisions were considered.

Referrals were made to healthcare professionals when required and people were supported to have a well-balanced diet.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring in the way in which they spoke with the people they supported.

People and their family members were involved in writing of the Essential Lifestyle Plans.

Staff treated people with dignity and respect.

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

The service was responsive.

People's care plans were person-centred and staff knew what person-centred care meant.

People were given the choice of different activities and people were supported to go out into the community.

There was a complaints procedure in place and the service knew how to respond to complaints.

**Good** ●

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

The service was well-led.

The service had a registered manager who had been in post since 2013.

Staff felt supported and listened to. There were regular team meetings held to discuss training and ideas about the service.

The service completed audits on the care and support they providing and took action when errors occurred or areas requiring improvement were identified. Notifications were sent to CQC when required.

**Good** ●

# L'Arche Manchester - St Paul's Office

## **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 1 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection, the provider 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 in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We observed two people living at the service, who were unable to verbally communicate with us. We received feedback from four family members, the registered manager, the head of house, two care staff, a volunteer and a member of the L'Arche committee. We observed the way people were supported in communal areas of the supported living and looked at records relating to the service. This included two care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on medicines accidents and incidents, policies and procedures and quality assurance records.

## Is the service safe?

### Our findings

People we observed appeared safe and relaxed with the care and support they received from L'Arche Manchester. Family members told us they felt their loved ones were safe with the care they received from the support staff. Staff were able to describe how they would keep people safe and what actions they would take to minimise the risks to those people they supported. For example, staff knew people's potential 'triggers' which could cause an escalation in a person's behaviour, they explained they observed for any small changes which could negatively impact on them. There were plans in place to recognise these signs and actions staff should take to deescalate potential situations that could place the person at risk of harm.

We saw there were safeguarding policies and procedures in place for staff to read and follow. Staff showed they were following these by explaining about signs of abuse and how to report and who to report any concerns to. They said they were able to report anything to the registered manager or the provider who they were confident would take their concerns seriously and act on them. Staff also said they felt they were able to report it to external agencies such as the local authority. Staff told us they had all undertaken mandatory safeguarding training. The staff training records we saw, confirmed they had.

We saw there were sufficient staff to meet the needs of the people. The registered manager told us there was a minimum of two staff members on duty at any one time as well as themselves and / or the head of house and often a volunteer. They went on to explain that some of the support staff live in the house with the people and if required, could work at short notice in order to support people. The hours the staff worked were dependent on the individual they were supporting and what their needs were for that day. There was a duty roster system, which detailed the planned cover for the home. Short term absences were managed through the use of overtime. The registered manager was also available to provide support when appropriate. There was an on-call system in the evenings and weekends, which meant if advice or support was needed, there was always someone available for staff to contact.

We looked at two people's care files and saw there were assessments in place to manage risks to those people. We saw there were person centred risk assessments in every person's support plan, which provided details about both general risks and individual risks posed to that person. We identified two areas where we found there to be no specific risk assessments in place (they were incorporated into other areas of the risk assessment). We raised this with the registered manager who immediately saw to rectify this and updated the individual's files to show current risk assessments for those areas. All risk assessments were reviewed and up dated as required.

We saw that the service had identified environmental risks, such as the use of equipment as well as actions to be taken in the event of a fire within the supported living home. Staff were clear about what action they should take in an emergency and knew who to contact for support. Each person's support plan contained a personal emergency evacuation plan (PEEP) which provided information for both staff and the emergency services in the event of an emergency. This information was reviewed annually. We saw that all staff had completed first aid training and were able to deal with emergencies of this kind. The service also had a

business continuity plan in the event of an incident such as a fire. This helped to ensure that all people and staff were kept safe in the event of an emergency.

The service recorded all accidents and incidents and we saw a process was in place to learn from them and improve practice. For example; we saw where there had been an incident recorded. Staff had clearly recorded what actions they had taken at the time, this had then been reviewed by the registered manager and an ongoing action plan recorded to minimise the risks of the incident reoccurring.

We looked at four staff files and a volunteer's file to check whether the service had carried out the required checks to determine staff member's suitability to work with vulnerable people. We saw they all contained an application form and notes from their interview had been recorded, along with two references, a copy of their passport or driving license displaying a photograph and a check with the Disclosure and barring service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support service. This showed the service had taken appropriate steps to ensure all their staff were suitable to work with vulnerable people. People using the service were also involved in the interview process. Prospective staff members were assessed as to how they interacted with people using the service. The registered manager told us they sought feedback from people using the service as to what they thought of the potential staff members. They obtained this through the use of picture cards and sign language to communicate their views and opinions. The registered manager explained the importance of the people's opinion when choosing potential staff. By including people who use the service in part of the interview process this showed the service was taking into account the views and opinions of those who it would impact on the most.

Staff told us how they supported people to take their medicines as per the persons support plans. We saw pictures available for staff to show people so they could explain what the medicine was for. Training records showed that all staff have had training and were competency assessed before being allowed to dispense the medicines and all the staff we spoke with, confirmed this. They also told us how one member of staff had been trained to be a trainer in order for them to competency assess the other staff members. There was clear guidance for staff on how to support a person with a specific medical condition, with actions they need to take and signs and symptoms to look out for. There were policies and procedures in place to ensure that all medicines were managed in accordance with regulations and guidelines. All medicines were stored securely in each person's room and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

## Is the service effective?

### Our findings

People we observed appeared confident with the care and support they received from the care staff. Family members told us they believed the care staff had the skills to care for their loved ones effectively. One family member said, "Staff recognise (name of person's) needs and personality." Another family member said, "(Name of person) personal care needs are always taken care of and they ensure if (person) needs to see a healthcare professional for anything at all, they are on it straight away."

We looked at staff training records and found all staff had completed essential training in areas such as safeguarding, First Aid, Moving and Handling, Mental Capacity Act and Deprivation of Liberty Safeguards as well as the administration of medication. Staff told us they had undertaken a complete induction programme which was reviewed after 12 weeks. New staff completed an induction and training plan which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One member of staff said "the training is really good, it's thorough and we receive regular updates". A number of staff were working towards vocational qualifications in relation to their role. One staff member was trained as a 'Train the trainer'. This allowed them to share their experience and knowledge to train the other staff members within the service. We saw staff had received appropriate training to meet the specific needs of each person.

The registered manager and the staff we spoke with confirmed that there were regular supervisions and annual appraisals. We saw supervisions were recorded and provided an opportunity for staff to discuss any areas of concerns or identify any training requirements they had identified. Staff said they felt very supported at all times by the registered manager. One staff member said, "I can go to the manager at any time, it doesn't have to be during supervision. I feel listened to". Another staff member told us they received regular supervision.

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.

The service provided care and support for people who sometimes lacked the capacity to make certain decisions for themselves. We looked at what consideration the service gave to the MCA and whether the service was working within the principles of this.

We observed staff explaining to people what they were going to do and asking for their consent prior to them carrying out any support. Family members confirmed they always consulted with their relatives, prior to them undertaking any support. One family member said, "(Name of person) opinions are always taken into consideration." Staff explained how they always explain what they were going to do and if the person refused, they try again later or another staff member would try. One staff member said, "We always take into account what they (the person) wants, we do have to consider what is in their best interests."

We found staff had good understanding in relation to the MCA. We saw evidence in a person's care file where a best interest decision had been made in relation to the person taking a new type of medication. We saw that a family member had been consulted and contributed to the discussion, along with staff members who knew the person well. They had considered both the pro's and the cons of the new medicine being introduced and recorded the reasoning behind their decision. This showed that the service had taken appropriate steps to consider all aspects of the situation and come up with a solution which was least restrictive and in the person's best interest.

People can only be deprived of their liberty so they can receive care and treatment when it is the person's best interest and it has been legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards. Within a community setting, the service would need to request that the local authority applied to the Court of Protection for authorisation of the Deprivation of Liberty Safeguards if they think the person's liberty must be deprived to keep them safe. The registered manager was able to describe when and how they would do this and gave an example of when they had need to do this. We found the service to be working within the principles of the MCA.

The service held thorough assessments and support plans for each person. These related to all aspects of the persons health and an well-being. Records showed people's health was being monitored, any changes which required any additional support or intervention had been responded to.

We saw records detailing contact with specialist professionals such as the speech and language therapists (SALT) who had been involved in people's care. For example the SALT had been contacted when a person using the service had developed an issue with their swallowing. The SALT had visited the person and provided information for the service to follow in order to ensure the persons nutritional and hydration needs were met safely. Family members confirmed that the service had made referrals when necessary.

People using the service were supported by staff members to choose their own meals. People were encouraged to make healthy choices and whenever appropriate, join in with the cooking process. Family members spoke about how their relatives had been encouraged to eat more healthily and had seen a positive change because of this. Staff members told us they supported people to go shopping to choose what they were having for each meal and that mealtimes were a sociable event where both the people using the service and staff members would sit down together to eat. A staff member told us that they would often have visitors for dinner and they used the communication board within the service to inform those living in the service, who would be there. Everyone who visited or worked at the supported living service, had a photograph which could be stuck on the board so people could identify them.

## Is the service caring?

### Our findings

We observed positive caring interactions between people and the staff. People were shown dignity and respect at all times. Staff were observed laughing and joking with people as well as speaking in a kind and caring manner. Family members described staff members as, "Wonderful.", "Treat (person) as a friend" and "show (person) so much respect and compassion." One staff member described the service as being "one big family" and they see the people they support as their "friends".

Staff knew the people they supported and this showed in the way in which they interacted with them. A number of people who were supported by L'Arche, were not able to communicate verbally and so staff had learnt to interpret the individuals own signs. Staff were seen responding to people's needs quickly and in a caring way. When communicating with people, staff would get down to the person's level and address them by their name (or preferred name) and spoke clearly. They waited for a response before they took any action. The atmosphere at L'Arche Manchester was more like a family environment, rather than supported living.

People using L'Arche Manchester, were encouraged to be involved in the planning of their care and support. Each person had their own personalised Essential Lifestyle Plan (ELP) in their care files. This was completed with the person, when appropriate or a family member. People were supported to make decisions about the care and support they received and this was recorded within the ELP. We saw the service had devised a picture version which was easily understood by those using the service. It allowed staff to use visual means to show people different choices. This showed the service included people to be involved with the planning of their care and support.

The registered manager showed us a copy of an ELP review, where the person had indicated who they wanted to invite to their annual review. People would be supported to invite both family members and staff members who they felt comfortable with, an invite would then be sent out on behalf of the person, requesting they attend. This showed the service included people in making decisions about their current and future care needs.

We saw people being treated with respect and their dignity maintained. Staff were seen always knocking on people's doors before entering their rooms and asking a person's permission before carrying out any task. Staff told us, "We always keep doors shut when providing personal care and try to keep them as covered as much as possible with towels. We always tell them what we are doing and we never announce it in public. Instead we use a sign (for pulling a chain) and hold out our hands. If they take hold then we support people to their rooms for personal care, if they pull away then we leave them and try again later. We respect their wishes."

Everyone at the service had an end of life care plan. Within this was recorded what they wanted to happen at the time of their death. We saw that some people had not wanted to discuss this with staff and so it was recorded to contact the person's family for further information. We saw how the service had supported others living within the supported living home when a person had passed away. The service had developed

a booklet which included pictures and photographs of the person who had died, as a way of explaining to people what had happened to them and why they wouldn't be returning to live in the house with them. This showed the service had thought about the feelings of others and tried to explain it in a compassionate way so they understood what had happened.

## Is the service responsive?

### Our findings

People received care which was personalised to their needs. We saw people had been consulted in their care plans whenever possible and where this wasn't possible, the service had consulted with family members and other services, who knew the person well. Family members told us they thought the care their loved one received from L'Arche Manchester, was responsive to their needs. One family member told us the service was "Proactive in seeking long-term solutions."

We looked at the care files for two people who L'Arche Manchester supported. Each care plan was personalised to the individual and contained detailed information about the person and what mattered to them. There was information about the person's likes and dislikes and how they preferred to communicate. Pictorial versions of people's care plans were used to support the persons understanding about what the care plan was for. The person was then able to indicate, through sign language, whether they agreed or disagreed with what was being written. We saw where there had been a change in the person's needs; the care plan had been reviewed and updated to reflect the change.

Staff understood what person-centred care meant and were able to say how they used it within L'Arche Manchester. We saw that one person used sign language which was unique to them. The service had supported the person to develop the signs and had recorded each sign, so staff could understand what the person was trying to communicate. This showed the service was being responsive to the needs of the individual and was ensuring that they could communicate with them. We saw they had developed a communication dictionary, so when they have new staff or volunteers working at the service, staff would be able to understand what the persons needs were and would be able to communicate back.

Each person had a 'health passport' within their care file. This was information which could be taken with the person to hospital which provided information about the person, detailing what support they would need. This was particularly important for those people who had limited verbal communication as they would be unable to tell people who did not know them what their needs were. This document helped to ensure hospital staff were aware of the care needs of the person being supported. This showed the service was being responsive in ensuring people's needs were known in the event of them requiring hospital treatment.

We visited people who lived within the supported living service and received support from L'Arche Manchester. The service used a large white board to record who was doing what activities and to also inform the people who would be visiting their home that day. The registered manager explained they used the board along with photographs of people who regularly visited the service. This had been developed as a way in which staff could communicate with people as to what activities were happening that day and also inform people if anyone was coming for tea or whether the doctor was visiting. This allowed people living there, time to prepare for people and plan their day.

We saw each person attended regular activities with the support from L'Arche staff. People indicated they enjoyed their activities and we saw lots of photographs to support this. One family member told us, "(name

of person) gets to do so many things. They (staff from L'Arche) have enriched (person's) life." The service had a formal complaints procedure in place. We saw they had devised a pictorial version of the complaints procedure, so that people using the service were able to communicate their views. We saw where one person using the service had made a complaint, using this method and how the service had responded to it and what actions had been taken. This showed the service addressed complaints appropriately; ensure the person's voice was heard.

Every Tuesday, people in the supported living home, attended a 'house' meeting. This meeting was to discuss any plans, complaints or concerns as well as to decide on any activities, meals or ideas for the service. People were support to contribute to these meetings as best they could. This showed the service listened to the people they supported and took action to make changes when required.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since 2013. Staff we spoke with felt supported by the registered manager and felt able to speak to them about any concerns they may have. Staff told us, "I see (name of registered manager) all the time, but have formal supervisions monthly." Another staff member said, "I feel very supported by (name of registered manager), I can go to him at any time." The registered manager told us that they felt supported and were provided with regular supervisions in order to identify any additional training needs and discuss any concerns which they may have.

Staff worked well as a team; we saw them communicating with each other in a respectful and calm manner. There was an open and transparent culture which was promoted amongst the staff team. There were regular staff meetings held, we saw minutes had been taken at these meetings and discussions had been held about the service, plans for the future as well as additional training needs which could support staff in their roles. This showed the service listened to the views of those working for L'Arche Manchester and supported staff to help develop the service whilst providing them with the training and support they needed.

Staff told us they felt supported by management and felt able to go to them should any concern arise. One staff member told us, there was "Always support" and another described management as being "Extremely supportive."

We saw people, their relatives and all staff working at L'Arche Manchester had the opportunity to give feedback on their experiences of the service. We saw both people and staff had regular meetings where they could raise concerns. Relatives were also asked for their views and they told us that they could give feedback at any time. This shows that the management were listening to people, relatives and staff and taking action to make the changes requested.

We saw audits were regularly being completed on areas such as medicines, care plans, accidents and incidents as well as safeguarding. If any errors or areas requiring improvement were found then there was clear action plans implemented to prevent a reoccurrence. This showed the service completed checks to ensure the safety of those people using the service and that if any concerns were identified there were clear records detailing actions which had been taken.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly. We also looked at the services policies and procedures and saw they were current and were being followed by staff.

We spoke with the registered manager about what the greatest achievement had been since they came into post. We were told that it was related to supporting a person who moved into the supported living service and the work they did to ensure this person felt safe and relaxed whilst using the service. The registered

manager explained the difficulties they had encountered and how they overcame these. They went on to describe the change in this person and how this impacted in a positive way on their day to day life. By providing the support they had, they enabled this person to live a full, active lifestyle whilst remaining safe and well cared for.