

L'Arche

L'Arche Manchester - St Paul's Office

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 23 and 25 January 2019 and was announced. We announced the inspection as the service is small and we needed to ensure there was someone available to facilitate the inspection. We also wanted to gain permission to visit people in their own homes.

The last inspection of this service was in September 2016 where the provider was rated good in all areas. At this inspection we found the evidence continued to support the rating of good and the provider had improved to become outstanding in Caring and Responsive.

L'Arche provides personal care and support to people living in their own property under a tenancy agreement. People being supported are known as core members and staff are known as assistants and some assistants live in the properties. L'Arche aims to provide a holistic service where core members and assistants are seen as a community. L'Arche the organisation originated in France in 1964 and supports people with learning disabilities all over the world and has 14 other communities within the UK. The service was supporting nine core members at the time of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Core members and their families told us they felt safe while being supported by the service. Staff had received training in safeguarding vulnerable adults and could describe in detail, actions they would take if they had any concerns. Family members felt they could raise any concerns they had.

Staff were recruited safely. Robust pre-employment checks were in place to ensure the suitability of staff. Core members and their families were involved in the recruitment of staff and staff were matched to core members needs and preferences.

Medicines were managed safely, and staff received training and competency checks to assure the provider of their skills of administer medicines safely.

The provider ensured core members were supported safely in their property and had oversight of the safety checks in place in relation to fire, gas and electrical safety and water temperatures.

Core members had any risks they presented assessed and reviewed. Detailed strategies were in place to support staff and core members to reduce levels of distress. Families were involved in the risk assessment process and felt they had been supported to identify their own strategies to support their relative.

Staff members received a thorough induction to their job role. Their learning was checked in the form of

tests at the end of the induction. Regular training was given to support staff in their role and further training was given specifically around the core members supported.

Regular supervision and appraisal took place. Core members were supported to be actively involved in the supervision process and fed back their comments via writing, pictures or drawings. Staff were supported to take breaks away from the service to rest and reflect.

Core members received a thorough assessment of their needs. Core members and their families were supported to access the service at their own pace. Family members told us the transition to the service was well managed with lots of open communication and planning to manage expectations and routines.

Support to manage health needs were clearly fed into care plans. From the onset of the service providing support, clear strategies were in place for how core members were supported to appointments and how involved the family wanted to be. Core members had health action plans in place, which clearly recorded outcomes of appointments and what needed to be done to keep core members healthy.

The provider worked in line with the Mental Capacity Act (MCA) 2005. Information from MCA referrals and authorisations could be found in care plans. Staff had received training in MCA and could describe what action was required to support core members to make decisions.

Core members were supported to eat and drink. Meals were a big part of the day for the service and everyone was included. Core members had choice and control over what they ate and were supported with specific diets as required. The service's community kitchen had become a meeting point for core members, families and the community and people visited to eat together and talk to others.

The provider worked with landlords to ensure properties were suitable for core members with learning and physical disabilities to live in.

We observed exceptional kind and caring interactions between core members and the staff team. Core members were at ease with every staff member and staff looked for signs and facial expressions for how core members were feeling. Families told us the service was so valuable to them and praised every part of the service.

Staff members were aware of how hard it was for families to trust others to care for their relatives. Staff and family members told us that excellent relationships had been built to maintain open lines of communication and remain involved in their relative's care.

Staff were able to explain how they managed signs of distress in core members and we observed them implementing such strategies to support calm core members.

Core members communicated in a variety of ways and staff were aware of this and used signs, verbal communication, pictures, symbols, facial expressions and gestures to respond. Staff could clearly describe what it meant if a core member behaved in a particular way and how they could help.

The family unit and friendships were at the heart of L'Arche life and staff were not just there to support core members but to nurture and promote confidence. Family members told us, they would be lost without L'Arche and they had impacted significantly on their relatives lives and themselves.

Core members were supported to represent themselves and others at national speaking groups. This was to ensure the voice of people with learning disabilities was heard.

Person centred care was embedded throughout the service and captured in care plans. Care plans heavily involved the core member, their families and professionals. They were easy to read, contained pictorial images and were regularly reviewed. Positive behaviour support fed into care plans and gave clear strategies to promote positive behaviour.

Person centred activities were encouraged and promoted. Core members were supported to attend a range of activities which included exercise and the opportunity to engage in activities in the local community. Where core members could not fully engage, staff members supported them to undertake an activity. Core members and their families were very complimentary of the support provided to undertake activities and short breaks away from the service. Spiritual wellness was at the heart of all activities and staff encourage people to actively participate and have choice and control over what they did.

Core members and their families could be supported at the end of their life. The service had links with primary care support and GP services. An easy read booklet had been developed to help core members understand what happens at the end of life and the service remembered people who has passed away by talking to core members and sharing positive stories.

Core members and their families felt they could raise any concerns they had and were aware of how to raise concerns. Staff members told us families were not afraid of asking questions and said that open lines of communication had enabled them to have good relationships with core members and their families.

Staff felt well supported by the registered manager and enjoyed working for the provider. The registered manager was visible across the service and led by example. The provider employed a dedicated training and human resources co-ordinator to ensure staff were recruited and monitored appropriately and trained to the best of their ability.

Practices to promote leadership and management had begun to be embedded into the service. The staff felt this was a huge positive and looked forward to seeing the service grow.

The provider had developed a national formation programme to encourage staff to think why core members displayed distress behaviours. This involved encouraging staff to think about the way they responded to distressed behaviour and changing the way they speak or respond.

The provider had received many compliments thanking them for their support and care of core members. Feedback was requested from core members and their families at annual reviews and staff were asked for feedback anonymously and findings were used to improve the service.

The registered manager completed a number of audits to monitor and improve the service. Any actions were taken in a timely manner.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service has improved to be outstandingly caring.

Family members overwhelmingly told us that staff were kind and caring and could not praise them highly enough for the love and support they showed to their relative.

Staff members spoke with passion about their role and ensured all core members felt like part of their extended family.

Communication whether verbally, using signs, pictorial images or by monitoring facial expressions and gestures was key to staff supporting people effectively.

Is the service responsive?

Outstanding ☆

The service has improved to be outstandingly responsive.

Care planning heavily involved core members and their families. This promoted joint working in the best interest of the core member.

Core members were supported to be active within the community and joined in various activities to improve confidence and encourage friendships. Core members had been supported to obtain work and attend further education.

The service communicated effectively with core members and their families who told us there were open line of communication at all times.

Is the service well-led?

Good 

The service remains good.

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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.

The inspection took place on 23 and 25 January 2019 and was announced. One adult social care inspector visited the registered office and core members properties on the first day of the inspection. On the second day, the inspector made phone calls to assistants and core members families to seek their views on the service.

We reviewed the information we held about L'Arche Manchester, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law. There were no concerns raised from the information.

During the inspection we spoke with the registered manager, the home co-ordinator, the training co-ordinator, the HR co-ordinator, two assistants, four family members, one core member and observed interactions between people who were unable to verbally communicate.

We looked at two care plans and associated documents. We reviewed one core members medication records. We reviewed staff recruitment, induction and training records. Records of supervision, appraisal and staff meetings. We saw feedback from audits to monitor the quality of the service.

Is the service safe?

Our findings

Core members were supported safely. We observed interactions between core members and staff such as supporting with moving and handling and found both parties to be at ease with each other. For core members who did not have verbal communication, we observed the assistants reassuringly explaining what was happening during our visit and making eye contact to ensure the core member felt safe and secure. Family members we spoke with told us they felt their relative was safe while being supported by the service.

L'Arche staff were recruited safely, and the registered manager and the human resources co-ordinator ensured appropriate pre-employment checks were in place before a staff member commenced employment. The service employed staff from abroad and other L'Arche communities across the world and ensured themselves they were satisfied with the checks before offering a position. Every staff member received a full, documented interview either face to face or via Skype (video interview). The identification and working rights of all staff were checked and a further face to face interview occurred once the staff member arrived in the UK to ensure their suitability for the role.

For each core member, a permanent staff member lived in each property. The live-in staff were not always on duty but were available for support if required. Core members received support from a mixture of one to one hours and shared care. Shared care supported core members who had similar interests or activities. Family members told us they knew all the staff members and that their relative was always supported by a consistent staff team. Rota's, we looked at confirmed this. A staff member told us they enjoyed living in and felt it gave stability to people being supported by the service.

Staff members received training in safeguarding vulnerable people from abuse. Staff could clearly describe their responsibilities to keep core members safe and were aware of what signs and symptoms may constitute abuse. Staff told us they could go to the registered manager or any of the senior team with concerns and knew they could be listened to and the concerns acted upon. A core member told us if they had any problems, they would speak to staff or their family. Family members told us, "[Core member] is very safe, if I had any concerns, I could raise them."

Core members were supported by trained staff to safely receive their prescribed medicines. Medicines were clearly documented on medication administration records (MAR) and were given in line with the prescriber's instructions and the core members assessed needs. We checked the medicines of one core member and found the stock to balance and all medicines had been signed for after administration. Where core members received 'as required medicines' such as paracetamol, clear guidance was in place for staff to follow such as what signs and symptoms the core member may display to warrant the administration of the medicine. All staff received regular training and competency checks to assure the provider, they could administer medicines safely.

The provider had oversight of core members properties to ensure they were safe to live in. Ensuring regular external checks were made on gas and electrical safety, firefighting equipment and that smoke alarms were in working order and regularly checked, water temperatures were regulated for safe use and the properties

were regularly checked to ensure they remained structurally safe and suitable for core members and staff team.

Infection control procedures were in place to ensure core members and assistants were supported against the risk of cross infection. Where core members were supported with a percutaneous endoscopic gastronomy (PEG) feeds detailed procedures were in place to ensure both parties remained safe. A PEG is when a tube is passed into a person's stomach to provide a means of feeding or oral intake. Personal protective equipment (disposable gloves and aprons) were readily available

Risks to core members were assessed and regularly reviewed to ensure they remained factual and up to date. Risk assessments gave clear guidance on how to support people to move safely, be supported with personal care, be supported in the community and be supported with independent living tasks. For core members who needed support in times of distress, risk assessments gave information regarding support needed to reduce the levels of distress. This included warning signs of behaviours, how behaviours peak and gave proactive strategies for staff to work with. Risk assessments were implemented with family involvement. We saw training around specific core members had included family members, enabling all people involved in the support to work together and have insight into the core members condition.

Accidents and incidents involving core members were recorded and reviewed to look for any patterns or trends. When a pattern or trend had been identified, actions were put in place to reduce the chance of a similar accident from occurring again and ensure the safety of the core member.

Is the service effective?

Our findings

L'Arche inducted all new employees into their job roles. The induction period was used to ensure the employees were suitable to the role and had been supported to undertake the necessary training. New employees were able to shadow experienced staff or house leaders and were given the opportunity to get to know core members and read their care plans and risk assessments. The induction formed part of the care certificate. The care certificate is a set of agreed standards, skills and behaviours expected of specific job roles in health and social care. Booklets were completed to assess the new employees learning and the training co-ordinator would mark the books. The induction also assessed staffs understanding of what they had learned including testing staff's knowledge of where the fire extinguishers in the property were located to where the nearest bus stop.

Staff told us they found the training they received to be of excellent quality and really enjoyed learning. Staff were supported to undertake further health and social care qualifications to strengthen their knowledge of their role and to better their support to core members. Up to date training records were kept all for L'Arche staff of all designations and copies of certificates were kept in staff personnel files. Where core members had a specific health need such as requiring support with a percutaneous endoscopic gastronomy (PEG) or with changing a colostomy bag, training to support the process was given and updated when required. Positive behaviour support training was given to staff who used it to promote and praise positive behaviour.

All employees at L'Arche received regular supervision and appraisal. The provider looked at four areas for supervision which included looking at the staff's role, wellbeing, professional development and support from the management team. Core members were involved in staff supervision and were asked to make three comments on the staff member, this could be verbally, in writing or by drawing a picture. The provider gave staff the opportunity to attend retreats and breaks away from the everyday stresses of life to enable them to rest, reflect and rejuvenate. This could be done on their own or as a group of L'Arche staff and core members. This assisted staff in reflecting and learning how to better support core members in different environments.

Core members received a thorough assessment of their needs prior to the service supporting them. Introductions to the service could vary in length and the process included providing support to the family of each core member. Introductory visits were planned in advance and led up to having overnight stay with a view to moving into a property and providing personal care and support. We saw some core members had received support over a number of months where as others had stayed for one night and then decided to live in the property permanently with support. Family members told us as much as it was hard to see their relative move on, they found the support from the provider enabled them to be more at ease with the transition. One family member told us, "The transition was brilliant. It happened quicker than we expected." Another family member told us, "The transition was well managed. We feel well supported. We get updates of what [core member] does with photos and messages. We did a good handover about [core member] and we talked about routines." We saw that this information had been fed into the core member's care plan.

Core members were supported to manage their health needs. The provider ensured core members were

registered with a GP, dentist and other primary care services. Family members we spoke with told us they were kept informed of any appointments and updates and one family member told us, "We had agreement when [core member] moved into the service that we would collectively support appointments enable both parties to give input. Appointments are organised in advance, so we can attend. Any emergency appointments are completed with staff and they always feed back to us." We saw details of attendance at appointments recorded in core members care files and outcomes were shared at team meetings.

The provider had supported one core member to attend a women's group to enable them to access support around relationships. We also saw best interest's meetings were being held to support another core member to attend a women's health clinic.

Core members were supported to maintain good health. Health Action Plans (HPA) were in place which gave detailed information for what each core member needed to do to stay healthy. The plans listed who was involved and contact details for health professionals and how often appointments should be. A core member was due a trip to the dentist the day after our inspection and we saw this recorded in the HPA. HPA's were regularly reviewed to ensure they remained up to date.

Hospital passports were in place which gave hospital staff information to support core members should they require a hospital visit or stay. The information included likes, dislikes, information on how people communicated and mobilised and assisted in the hospital staff supporting the core member.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Core members had their capacity assessed in relation to specific decisions. Where people were not free to leave, unable to consent to specific arrangements or were subject to continuous supervision, the provider applied to the local authority to deprive the core member of their liberty. In this case, the guidance came under the Deprivation of Liberty in a Domestic Setting (DIDs). Any authorisations under DIDs were fed into care plans and staff were aware of how each core member consented and were given support to make decisions. All staff had received training in the mental capacity act and deprivation of liberty safeguards and could accurately describe any restrictions in place for core members.

We observed staff gain consent from core members throughout our inspection. This including knocking on doors and gaining permission to enter to deliver personal care and for the inspector to visit their property. Where core members were unable to verbally communicate, we observed staff using sign language and gestures alongside verbal speech to gain consent.

Best interest's decisions were made with core members, their families and professionals. These decisions were made around health surveillance and consent to receiving personal care and support.

Core members were supported to maintain a healthy diet. The provider had worked with the local parish and food bank to create a community kitchen. Core members and their families, all L'Arche staff and the wider local community could access the service. Breakfast and lunch were also provided three days a week. We were able to observe core members being supported by staff to choose from the extensive menu and choose where and whom to sit with to enjoy their meal. We noted family members popped in on their lunch

breaks to eat with their relative and the atmosphere was relaxed but lively.

Meals in the properties were designed to be a social event. Core members and staff ate breakfast together if they wished and were able to share their plans for the day and plan for trips, meals and other events. Core members chose their own meals and foods which meant there could be different meals cooked for each core member. Where possible, core members were supported to cook a healthy nutritious meal and core members who had an alternative diet or received their diet via a PEG feed were also invited to join in the meal time experience. Core members dietary needs and preferences were clearly recorded in their care plans.

Every family member and L'Arche staff member told us they felt communication within the service was extremely good. One family member told us, "Communication is very good, it's always on going." We saw the provider used What's App as a tool for communicating with employees, core members and family. What's App is a messaging app for smart phones which uses secure end to end encryption. Core members were supported to use the app or iPads to send photos to their family which assisted in communication. One core member was supported to use text messages as a way of communicating as they could note their feelings better in writing rather than verbally. Another core member used iPad apps such as story-telling to try and communicate their day to others.

Staff told us they received regular communication in connection to changes in core members health and wellbeing and about the service. Staff told us they were able to attend weekly and monthly meetings to share ideas and team build. Minutes of meetings were recorded, and all meetings had full staff attendance.

Core members lived in properties designed to meet the needs of people with learning and physical disabilities. Although we are not inspecting the accommodation of this service, we found the provider had worked with landlords to ensure the property was bright, spacious and suitable for changing needs. Some bedrooms were fitted with track hoists to support staff to move and handle core members safely. Hallways were widened to enable core members in wheelchairs to manoeuvre safely and all parts of the properties were accessible. The kitchens and dining areas were modern and large and equipped for core members to access independently or with support. The gardens were accessible and one of the properties had an accessible prayer room, sheltered seating area with fire pit and sunken trampoline for core members and staff to use.

Is the service caring?

Our findings

Family members told us they found every employee from the service to be extremely caring and supportive. One family member told us, "There are no words to express how much I appreciate and value the service that they have provided to [core member]. They are all a godsend. I remain heavily involved in [core members] care, our family owes a lot to L'Arche." Another family member told us, "The staff are approachable, and family are involved. They (the staff) always inform us of everything, the good and the bad. They are very open and they (the staff) listen to us. We respect their roles and they respect us." A third family member told us, "The impact the service has had on [name] has been incredible. [Name] is so much more confident, tolerant, happy and settled. I am so pleased [name] got a place at L'Arche and I cannot praise them highly enough for the love and care they show."

Staff members ensured core members felt safe, cared for and well supported while in their care. Interactions between core members and staff were exceptionally warming and we observed staff often checking on core members to ensure they were comfortable, warm or if they needed anything such as food or drink. Core members were very relaxed with staff and it was clear staff understood each core member well. Many of the core members were unable to verbally communicate and staff could describe in detail how each core member communicated, we observed staff communicating using core member's own signs, Makaton (sign language), photos and gestures. We observed core members using their own methods of communication with enthusiasm and staff responded using the same means.

We observed one core member, made a sound which indicated they wanted to listen to some classical music, staff knew immediately what the core member wanted and classical music was put on for the core member to listen to. Another core member looked confused as the inspector was in their property and was reminded using signs why we were visiting. The core member, once reminded was put at ease and began to communicate with the inspector using their own signs.

Staff had been extensively trained to enable them to provide effective support when core members became distressed. We observed staff reassuring a core member who was becoming distressed after witnessing an incident. The member of staff spoke clearly to the core member and used signs and maintained eye contact. The core member required lots of reassurance that everything was okay and settled with the support of the staff member. Where core members could verbally communicate, information was pitched at a suitable level and appropriate language was used.

Core members were supported to ensure their privacy and dignity was upheld. When personal care was being completed, this was referred to by staff as 'freshening up' to make the support sound less intrusive. Staff ensured core members were offered choice and respected core member's wishes. Where core members wanted to spend time alone in their room, this was respected but staff checked to ensure core members were safe.

Dignity and wellbeing were embedded within the staff team to develop ways of communicating with people to enhance their engagement and understand what was important to them. Equality diversity and human

rights (EDHR) was at the centre of what the service and staff team strived to achieve. This included recognising that core members were assigned to the right staff member, supporting core members to be involved in the community and recognising the rights of core members to have relationships with others.

Story telling was important to core members and staff had been trained to enable core members to tell their own story. Stories were developed using photographs and allowed core members to share their memories and experiences with others. Stories gave core members a sense of identity and were used in reviews of their care and shared with other core members, staff and relatives in the sheltered garden area, around the fire pit. This was a cosy, warm and relaxed area within the safety of the garden. A family member told us they found this to be a personal touch and it had encouraged their relative to become more confident to share information about themselves.

One core member had been supported to represent the community at the National Speaking Council which ensures the inclusion of people with learning disabilities to ensure their voice is heard and listened to at a National level. The core member has been able to make friends with people from other communities and areas and had gained confidence from speaking in public. A staff member we spoke with told us, "People who work for L'Arche genuinely care for each other, everyone is important and has a part to play." Another staff member told us, "Everyone champions everyone else here, everyone wants everyone else to do well."

Core members received extensive support to introduce themselves and their family to the service. L'Arche staff told us they knew it was hard for family to leave their relative in the care of strangers and they worked hard to build relationships and get to know the whole family before the provider began to provide direct support. This include regular introductions to the service which started off at the new core members pace enabling relationships and friendships to be developed and give the core member and family confidence in the support the service could provide.

Friendships and relationships between the core members, L'Arche staff, family members and the wider community were greatly explored and promoted. Core members retained excellent links with their family and were supported to remember important dates such as birthdays and anniversaries.

L'Arche staff spoke with passion about their role and their support for core members. One assistant told us they celebrated their birthday with the community as they were all part of a larger family.

The family unit was at the heart of the service and when visiting the properties, staff were so at ease with core members in conversation and while providing outstanding person-centred support, that it felt very natural.

People's needs including their diverse needs were greatly respected. The provider had an equal opportunities policy and successfully implemented it in practice.

Core members were actively involved in the recruitment of their support staff and had choice in choosing the type of staff member they would want to support them. Staff were matched to the core members they supported. They were matched based on age, similar interests and how responsive they were during interview and induction to the service. Core members were able to record their interview findings by ticking a 'Thumbs up' or 'Thumbs down' easy read image. One core member told us they enjoyed taking part in the interview and made them feel good.

Core member's confidentiality was respected. Core member's records were kept secure and staff had own passwords when accessing electronic information. Families told us staff were professional in their conduct.

Is the service responsive?

Our findings

Core members received exceptional person-centred care that was delivered around their specific needs. Family members told us they were heavily involved in care planning from the moment their relative began to be supported by the service.

Care plans identified areas of support and were very individualised for each core member. Care plans were exceptionally detailed and contained easy read and pictorial information to enable core members to understand the contents. Each care plan set out the support the core member required from the L'Arche staff team. Care plans gave goals for core members to achieve and included background information and input from core member's family to make them truly person centred. Staff could describe in detail how to support each core member, this detail was also reflected in core members care plans, which were regularly reviewed with the core member, their family, professionals and the staff team. Family members told us, "The service responds well to [core member]. They have identified needs that I was not aware of. I am included in the planning and attend annual meetings where we look at what has been achieved in the previous year and what we should concentrate on in the year ahead."

Personal care and support was holistically planned around each core member. For example, where core members required a rigid routine, this was clearly documented, and staff were able to clearly describe the measures in place to support the core member. We saw that where planned care was not working, the service reviewed the delivery of support and looked for new ways of working to achieve best outcomes for the core member. This included identifying where a core member needed to live independently. The provider then held a best interest meeting with family and professionals and found a suitable property local to other core members, for the person to live independently with support. Since moving to the new location, the impact had been extremely positive, and the core member had required less care and support. The provider had accessed assistive technology to support the core member to live independently whilst also supporting their safety.

Positive behaviour support was captured in care plans and gave staff the strategies to manage and promote positive behaviour. Positive behaviour support is support centred around a person and ensuring their care is provided in ways meaningful to them. Staff said they ensured the care and support they provided was meaningful and that core members were given choice and control. For example, one core member didn't always want to engage with their family and staff ensured the person had control over when their family visited, and an agreed plan was put in place to support family visits.

Detailed communication plans gave staff information on what core members communication may mean. The plan included how each core member would express they were thirsty, hungry, were in pain or not happy.

The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard. The service had made information available in different formats and produced easy read versions of their

literature. Care plans included the use of symbols and pictures to support people to be involved and make choices.

Core members were supported to partake in an extensive range of activities across the service and in the wider local community. One core member had been supported to access education and get a part time job. This had given the core member a great deal of confidence. We observed another core member working in the community kitchen and took great pride in their work. The provider organised community events such as accessible discos known as 'Boogie nights', prayer meetings and film nights. These events were highly popular with core members from the service and the wider local community.

Core members were supported to attend regular exercise classes and activity classes. Trips to the swimming pool were popular and a yoga and dance class were held at the community kitchen hub. One core member told us, "I love the dance class and the yoga, I use it to relax." We saw where core members couldn't complete yoga independently, staff would support them and assist the core member to move and participate in the activity as much as they could. A regular cycling group was well attended, and core members used adapted bikes to enable them to enjoy bike rides around the park.

A local park run had become a popular event with core members and had contributed to them taking regular exercise and making new friends. One core member has been supported to join in a park run. As they began progressing with their running, other core members and staff joined them, the run became a popular community event. Staff told us that the stewards from the park runs would spur the team on and a core member nodded to us in agreement.

Core members were supported to forge and maintain links with the wider local community. One core member had chosen to healthily lose weight and staff had supported them to attend a weight loss club. With joining the club, the core member had made friends with local people and responded well to the support they received from the weight loss club and the fitness groups they also attended.

The spiritual wellbeing of core members and staff was at the heart of all activities. The dining table and meal times were a central part of the community where all could gather to discuss their thoughts, feelings and plans for the day. Prayer groups were well attended by core members and staff. A dedicated prayer room was available at one of the properties and core members were supported to attend church on a Sunday and express their spirituality. Birthdays were celebrated for core members and staff and a candle was passed around on the birthday and everyone had the opportunity to say why they liked that person, this helped to promote self – confidence of everyone.

Regular retreats and holidays were organised by the provider. We saw core members had been supported on trips to Blackpool and the Lake District. Core members were supported to go on holiday and experience new adventures, explore their spirituality and have the opportunity to make friends.

Support to core members at the end of their life was exceptionally person centred and holistically planned. Core members spiritual needs and preferences were captured as part of care planning and we saw the service had provided around the clock care to a core member who was receiving care at the end of their life in hospital. To assist core members in planning for the end of life and understanding how people were supported, an easy read booklet had been developed. The booklet contained photographs of what support was given when the person became ill and subsequently passed away.

We saw one core member had been supported through the passing of a close relative. This included being openly able to talk about their family, be supported through the funeral process and after the funeral.

Complaints were responded to in a timely manner. Family members told us they absolutely felt they could raise any concerns they had. One family member told us "We haven't had any difficult conversations." And another told us, "I can absolutely make a complaint, but it wouldn't get to that stage, we're all open and honest and deal with issues together." A staff member told us, "Families are not afraid of asking us questions, we welcome them. They drop in at any time of the day. If there is something they are uncomfortable with, they will ask us. As we have the reference (key worker) system, each core members family has a point of contact and this enables us to communicate effectively." We asked a core member if they knew how to make a complaint and they told us, "Yes, I would tell [registered manager] or [L'Arche staff] or [relative]." Easy read and pictorial guidance was available for core members to access in the event they felt they needed to make a complaint.

Is the service well-led?

Our findings

Staff told us they found the registered manager and other senior staff members approachable, kind, supportive, passionate and committed. All staff felt well supported and were overwhelmingly positive about every part of the service. Staff told us the registered manager ensured that the service organisation was about celebrating each and every core member they supported, their family's and the staff team. They told us the registered manager was at the forefront of the service and led by example and would not expect the team to do anything that they would not do themselves.

As we talked with the registered manager, it was clear, they knew every core member the service supported. They could describe intricate details including what is important to each core member and how the service strives to achieve this.

All staff we spoke with told us they felt well supported. They told us that they "Had never found anywhere else like it.", "I have finally found my place." and "We are just one big family."

L'Arche had developed a national formation programme to include staff on thinking about how to be proactive to core members who displayed distressed behaviours. This included meeting with staff and re-phrasing the way staff speak to people when they are distressed and thinking about the reasons why the core member maybe distressed.

L'Arche had a dedicated human resources and training co-ordinator. They told us recruitment was person centred and involved the core member in meaningful parts of the procedure such as the candidate going to the core members house with permission and seeing how they formed relationships or by having family involved in asking questions important to them.

The provider had begun to develop a mentorship programme for staff wanting to progress in their role. The role looked at technical skills such as leadership and values and how they could be embedded into the service. Leaders training included supporting people through change, time management and the culture of L'Arche. Staff told us they felt as the service was growing, the positive changes and training in leadership was a welcome addition to enhance their current training. The registered manager told us that they saw the development of staff into leaders was a huge positive for the organisation as it grew and could aim to support more people within the L'Arche community.

The provider was part of the local authority learning disability partnership and shared ideas and good practise to promote the lives of the core members they supported. As part of the partnership, the provider was able to access specific training around autism and use the training to hold professional discussions with staff to manage routines and expectations for the core members living with autism.

Many compliments had been received by the provider thanking them for their great care, the photos they had sent and for being part of the lives of the core members. Feedback was also received from core members and their families at annual reviews where they asked what is good or bad about the service and

what would people like to change.

L'Arche staff members were asked for feedback via an anonymous survey. Findings from the surveys were discussed at team meetings, away days and supervisions where improvements were agreed and put into place.

The registered manager completed audits to monitor the service and what it offered. Audits highlighted areas for improvement and actions were taken in a timely manner. They also gave the registered manager oversight of how the service was performing.

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. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.