

L'Arche

L'Arche Preston Moor Fold

Inspection report

L'Arche Community Preston
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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 05 December 2018 and was announced.

At the last inspection in September 2017 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe handling of medicines, cleanliness and the premises and good governance. We also made recommendations in relation to the environment.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well led to at least good. At this inspection we found that the provider had improved the cleanliness and safety of the environment. People's medicines were managed in a safe way and overall governance of the service had improved. They were no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

L'Arche Preston Moor Fold is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for up to six people over the age of 18 who have a learning disability or autism/autistic spectrum disorder. There were five people living in the home at the time of our inspection. People who used the service liked to be known as core members and staff liked to be known as assistants.

The 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.

The service had a registered manager in post at the time of our inspection. 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 was run.

The service had systems in place to protect people from abuse, neglect and discrimination. People who lived at the service and their representatives told us they were happy with the care and support provided and made positive comments about the staff.

People's individual risks were assessed and their safety was managed and monitored. L'Arche Moor Fold were confident in positive risk taking and this enabled people to maintain their independence.

Staff were safely recruited and we found sufficient numbers of staff to support people who lived at the

service.

We found a medicines management had improved, medicines were stored in a safe area and people were administered their medicines by staff who followed safe procedures.

The service was clean and well maintained. Maintenance work and redecoration had been prioritised since our last inspection.

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.

Staff told us that they were supported and listened to. We saw evidence of staff training courses and found that the provider made sure staff were suitably trained and experienced to support people who lived at the service.

People had access to quality food and encouraged to make choices around meal preparation. The service supported people to eat and drink enough to maintain a balanced diet.

People told us that staff were caring and compassionate. L'Arche as an organisation embraced a 'community' ethos and this was evident throughout the inspection findings.

We looked at people's care records and found a very good standard of person-centred information. Care records showed how people were involved in the development of care plans and supported by accessible information, for example, care records and review documents had been created in an easy read format.

People who lived at the service were supported and encouraged to maintain their independence and the service focused on helping people maintain their identity by tailoring their support around what was important to them. This included people being supported to work and access the wider community.

People who lived at the service and their representatives knew how to raise a concern or to make a complaint. The complaint's procedure was available and people said they were encouraged to raise concerns.

The service did not support anyone with end of life needs. However, we discussed this with the registered manager and team leader and they told us about the organisations end of life care procedures and gave examples of how they would initiate end of life discussions when appropriate.

There was evidence of regular audits and monitoring of the service taking place and records we saw confirmed feedback had been obtained from those who lived at L'Arche Moor Fold, their relatives and the staff team. In general, we received positive feedback about the leadership and management of the service from those who lived at the service, their relatives and staff members.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe in the service and were protected against the risk of abuse.

Safe recruitment practices had been followed. There were sufficient staff available to meet people's needs.

Accident and incident monitoring was in place to ensure people's safety.

The management of people's medicines had improved. They were managed safely and administered by trained and competent staff.

The environment safety and cleanliness had improved. The service was well maintained and areas had been redecorated.

Is the service effective?

Good ●

The service was effective.

New staff completed an induction programme when they started to work at the service, followed by a range of mandatory training modules.

We established that formal consent had been obtained prior to care and treatment being delivered. Systems were in place for the management of DoLS applications.

People who lived at the service were in control of meal planning and their nutritional needs were assessed.

The environment was designed in accordance with the needs of those who lived at the service.

Is the service caring?

Good ●

The service was caring.

Staff interacted well with those who lived at the service. People

were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so.

People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

Is the service responsive?

The service was responsive.

There was a significant drive to promote social inclusion. People were supported to take part in suitable activities inside and outside the service.

Each person had a care plan that was comprehensive and reflected the care they needed and wanted.

People told us they knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

Good ●

Is the service well-led?

The systems to assess monitor and improve the quality and safety of the service had improved.

There were systems in place to seek feedback from people living in the service, visitors and staff.

People made positive comments about the registered manager and staff. They felt the service was well managed.

Good ●

L'Arche Preston Moor Fold

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 05 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the core members are often out of the service at work or social activities. We needed to be sure that they would be in.

The inspection team consisted of two adult social care inspectors and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for people with a learning disability.

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 previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used observations to gain feedback on people's experience at the service. People we spoke to at the service were not always able to provide us with verbatim comments. However, we sat with people in communal areas and observed the support people received and this provided us with a good understanding of how people were engaged with. We contacted people's representatives during the inspection and asked them for feedback.

During our inspection, we spoke with two people who lived at the service, four relatives, the registered manager, the community leader, the deputy community leader, the team leader, the deputy team leader, two live-in assistants and one live-out assistant. The provider operated a scheme where staff are recruited on a temporary live-in basis to gain experience of supporting people who live at the service. At the time of the inspection seven assistants lived-in.

We carried out a pathway tracking exercise. This involved us examining the care records of people who lived at the service closely to assess how well their needs and any risks to their safety and wellbeing were addressed. We carried out this exercise for two people who lived at the service.

We looked at a sample of records including three staff files, staff rotas, training and supervision records, incident records, minutes from meetings, complaints and compliments records, medication records, maintenance records and certificates, policies and procedures and quality assurance audits.

We asked for feedback from professionals who had contact with the service. We received feedback from an Epilepsy Specialist, a Psychotherapist and a Social Worker.

Is the service safe?

Our findings

At the last inspection we found the provider in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was in relation to the management of medicines. At this inspection we found the provider had improved systems for the storage and administration of medicines and were no longer in breach. We looked at how people's medicines were ordered, stored and administered. We found that people received their medicines in a safe and person-centred way and care plans were in place for all medicines, including those taken on a 'when required' basis.

At the last inspection we found the provider in breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to premises and equipment. At this inspection we undertook a tour of the service and noted a good standard of cleanliness throughout. Processes were in place to help maintain a safe environment for people who used the service, staff and visitors. Some areas of redecoration had been undertaken and the environment was safe. The registered manager and team leader undertook regular audits of the environment and during the inspection we witnessed rapid maintenance response work for some of the first-floor window's which required safety restriction. We checked the providers maintenance and servicing certificates, these included electrical, fire and gas. Servicing certificates and environment risk assessments were in place and in date.

We asked people who lived at the service and their representatives if they felt safe at L'Arche Moor Fold and if there were sufficient staff to support them. People told us, "Yes there are always plenty of staff around to help me." "I Never feel that [name] is left alone, I never feel like she is compromised, I feel she is as safe as possible." And "There are never times when someone isn't close by to assist."

We checked how the service protected people from infection. There was an infection control and prevention policy and we observed staff adhere to safe practices during the inspection. Staff had access to personal protective clothing and this was in individual bedrooms and bathrooms.

The service protected people from abuse, neglect and discrimination. Staff demonstrated good knowledge of safeguarding vulnerable adults and children. We looked at the providers safeguarding policy and noted the service had followed safeguarding procedures when they were reported.

Staff recruitment procedures protected people who used the service. The provider employed some staff on a volunteering basis. We spoke to two live-in staff during the inspection and they told us that they volunteered to gain experience of working with people with a learning disability in the UK. We checked the recruitment procedures and associated risk assessments for staff that lived-in with core members and found a robust system was in place to check people's backgrounds, legal right to reside in the UK and professional experience.

The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs. People who lived at the service and their representatives told us that they felt the service was well staffed. We observed people have daily access to the community and this was often on a one to one basis with staff support.

Risks to people's individual safety and well-being were assessed and managed. We looked at people's care records and found a thorough standard of individual risk assessment. For example, one person was at risk of falls and their care plan included ways to prevent falls in a person-centred way, the individual liked to be independent and staff had explored ways to keep them safe without restricting their freedom which included night time risk management.

We looked at accident and incident records and found a good standard of post incident analysis and responsive care planning. The registered manager undertook audits and maintained records to show what action was taken to prevent further incidents and how lessons would be learnt. For example, we saw that errors made in the administration of medicines were reported, monitored and staff communication was undertaken via one to one supervision and team meetings.

Is the service effective?

Our findings

People's needs and choices were assessed and their care and support delivered to achieve effective outcomes. We looked at people's care records and found that people were supported to access health services and a pro-active approach to maintaining people's health and wellbeing was taken. For example, one person was unable to attend an important family event due to this having a potential negative impact on their mental well-being, the service worked with the person and their family to ensure that they could still be involved in the event and provided an alternative setting where they could feel comfortable and in control of the situation. This meant that the person experienced a positive outcome during a difficult and emotional time.

We looked at staff training records and found that the provider ensured staff had access to a wide range of training courses. These included basic first aid, (Mental Capacity Act 2005) MCA and Deprivation of Liberty Safeguards (DoLS), dementia awareness, infection control, safeguarding adults and health and safety. We also looked at staff supervision records and found that all staff had received supervision from their line manager and a schedule was available which showed further planned one to one sessions.

We asked staff if they felt supported and if they were provided with necessary training and development. Staff told us, "Training is good here and I have had three supervisions since started." "I am confident in the abilities of our managers; the manager is approachable and supportive." And "I feel very supported and the training is great. I was assisted to start an English class at Preston college and I have received multiple training courses."

People were supported to eat and drink enough to maintain a balanced diet. We observed people use the communal kitchen and looked at menu planning that had been devised by people who lived at the service. Core members all participated in meal planning and food shopping. Meals were themed for example, Italian night and menus were pictorial. People were assessed against the risk of malnutrition and dehydration and the service had policies and procedures in place to support people with specialist diets.

Staff and people's representatives told us about the benefits of being involved in the L'Arche community. There was an embedded ethos to involve and include everyone and this showed a good standard of working together as an organisation to deliver effective care, support and treatment. Staff and people's representatives gave examples of how the community links together and this was often focused around people's spiritual needs. People who lived at the service visited their fellow core members at the providers other service in the same area. A relative told us, "One of the added benefits is that there is a second house, a larger community and social network. The people who live in the house are encouraged to maintain their friendships, which in turn enhances their lives."

We received positive feedback from professionals who visited people at the service; "The relevant care plans are kept up to date with any changes acted upon and put in place as required. The staff will be in contact either with myself or the appropriate consultant if changes or concerns arise." "My experience of the care the person I visit receives at Moor-Fold has been very good and the attitude of the team members I have met is

commendable." And "Moor-Fold provides very good community care, nursing care when needed and social inclusion."

People's individual needs were met by the adaptation, design and decoration of premises. The service facilitated disabled access and the registered manager told us about how the environment was continually assessed to ensure that it met the needs of people who lived there. For example, a new wet room had been commissioned for a person who needed easier access to shower facilities.

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

People can only be deprived of their liberty so that they can receive care and treatment with appropriate legal authority when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that people were assessed in line with principles of the MCA and detailed mental capacity assessments were undertaken. The providers had systems in place for supporting people who were deprived of their liberty. Records were kept and staff we spoke with demonstrated understanding of the MCA and associated DoLS.

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed.

People who lived at the service and their representatives told us, "The team foster [name's] artistic interests and [name] has a very rich and varied life at Moor Fold." "[Name] is incredibly happy and settled, she likes the fact that she has her own home and own life she is very loved and supported I don't have any reservations about her life at Moor Fold" And "Yes it's all for the good. All staff are kind I like them all."

We spoke with three assistants and the senior management team, all of whom told us about their passion for supporting people in a kind and respectful way. Staff told us, "We really are a community here, everyone is here for the right reason and that is to make a difference." And "Core members are happy and well cared for. I had my birthday here, on events such as an anniversary or birthdays we have a gathering, we call this time to share and this is very positive and fulfilling."

We observed staff interactions with core members and saw that they had built trusting relationships. Live-in assistants had meals with core members and shared communal areas.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. We looked at people's care records and found that they were provided easy read documents to help people remain as involved in their care and life decisions as possible. People were supported to understand their care plans and records demonstrated the discussions with core members during their monthly review.

The service held bi-weekly house meetings. Minutes showed attendance from assistants, the senior management team and core members. Everyone was asked to provide feedback and given the option to raise concern or ideas. For example, the meeting in November showed comments from a core member 'well that was end of the fireworks' 'bonfire night is history'. Minutes showed core members and assistants shared their recent experiences and future aspirations.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. L'Arche Moor Fold can accommodate a maximum of six people who live with a learning disability. Core members were supported to maintain an independent and fulfilling life, two of the core members continue to work in the local community.

People's privacy was respected and promoted. Core members had individual bedrooms and some had their own bathrooms. We observed staff knock on doors before entering and also ask for people's permission before they joined them in communal areas.

People's dignity and individuality was upheld. We saw that people were supported to maintain their personhood and assistants understood the importance of ensuring people were dignified. Staff had a good

understanding of protecting and respecting people's human rights. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. For example, all staff received training in equality and diversity and maintaining dignity during their induction.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at people's care records and found a very good standard of person-centred information. For example, one person who lived at the service had a weekly planner in their bedroom that was pictorial to aid understanding of what was planned each day, their care plan also incorporated individualised information about what was important to them and staff told us how this helped maximise outcomes for the core member.

We learnt about how core members were supported to visit their relatives, for some this was on a more frequent basis however, others due to distance when they visited it was a planned holiday. One person had been supported by two assistants to visit their parent at the time of the inspection and they had planned to stay for four days.

People's representatives told us, "[Name] is incredibly happy and settled, she likes the fact that she has her own home and own life." And "I feel that I now have a normal relationship with my daughter."

We looked at people's social profiles and found that the service had collated information about core members life, interests and family networks. One person's record included information about what was important to them, this included a specific item that they liked to keep with them and maintaining contact with their parents.

People's concerns and complaints were listened and responded to and used to improve the quality of care. The registered manager kept a log of complaints and this showed a robust system of complaint management. We asked people who lived at the service if they felt they were listened to, a core member told us, "Yes I am listened to, I am happy I don't have to do anything that I don't want to I can please myself." We found that the registered manager used communication aids to discuss people's concerns if this was required, for example a core member had raised a concern and as part of the complaints procedure the registered manager used pictorial documents to gain their feedback. A person's representative told us, "Yes, we meet regularly especially if there are any issues, sometimes I can instigate this and sometimes the home. We all appear to be coming from the same place, the staff are always accommodating."

We looked at minutes from bi-weekly house meetings and saw that core members were included in discussions about service provision and their opinions were recorded. We found evidence that the service acted upon people's opinions and demonstrated when changes were made. Care records showed regular care plan review meetings and these included the core members and their relatives. A core member told us, "We have a house meeting when we talk about stuff, we all gather round."

People were supported to engage in activities within the local community and pursue their hobbies and interests. L'Arche Moor Fold demonstrated a high standard of maintaining community links for its core members. We saw many examples of individualised activity engagement which focused on people's abilities and preferences. For example, a core member's care plan included a document called 'My friends', this included pictures of their friends, places they like to meet and information about their community links.

Core members could choose daily what they wished to do and activities were led by their own interests and preferences.

The service did not usually provide end of life care. However, we discussed with the manager ways of sensitively planning for people's needs and preferences and the processes in place to support people who may experience bereavement. The team leader told us about how they had recently supported a core member to grieve for the loss of their father. A memorial service was held at the house and this helped them to understand that their father had sadly passed away.

The service used technology to creatively respond to people's needs and choices. Core members had their own technology devices to enable them to utilise social media and internet technology. Technology such as Face Time and Skype aided people to keep in touch with their families.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found very good information in people's care plans about their communication skills to ensure staff were aware of any specific needs. The service implemented easy read documents for many areas of people's care including emergency evacuation, we looked at an easy read document for a core member who adored a fictional TV character and the character had been used in the emergency evacuation plan to encourage the core member to engage with the document and understand.

Is the service well-led?

Our findings

At the last inspection we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was in relation to good governance. At this inspection we found the provider had improved quality assurance systems and was no longer in breach.

The service promoted a clear vision and approach, to deliver high-quality care and support which achieved positive outcomes for people. The registered manager had improved quality checks and we found a good standard of recording in relation to audits and action planning. For example, audits were undertaken for multiple areas of service provision including; health and safety, environment, medicines, care planning and staffing. When short falls were identified we found evidence that the registered manager devised plans of action and monitored them to ensure sustainability. This meant that the service continuously learned, improved and developed.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. We noted the service's CQC rating and a copy of the previous inspection report was on display in the home and on the home's website. This was to inform people of the outcome of the last inspection.

There was a registered manager in post. 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.

The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. They were regularly seen around the service and were observed to interact warmly and professionally with people and staff. All staff spoken with made positive comments about the registered manager and the way the service was managed. The registered manager was described as 'approachable', 'kind' and 'very supportive'.

The service's management and leadership processes achieved good outcomes for people. We found that the management team worked well together and senior staff told us that they were supported and included in discussions about change. We looked at minutes from bi-monthly staff meetings and noted staff were involved and asked for feedback.

People who used the service, staff and others were consulted on their experiences and shaping future developments. The service demonstrated how it collated feedback from core members, staff and relatives and this was done in the format of surveys and meetings. We found that the service encouraged stakeholders to share their concerns and ideas.

We asked core members and their representatives if they felt confident in the management of the service. People told us; "The team leader is quite exceptional, engaging with us and addressing our anxieties and

that of our family member." "I have complete admiration and respect for the whole team at Moor Fold."
"There was a turnover of live-in staff which is inherent of a large organisation, but we are always informed, the management talk through any changes." And "I feel listened to and included."

Staff felt valued and were confident they worked well together as a team. Staff said, "Managers act on our concerns." And "We all work very close as a team, to make sure we give the best support to our core members."

The registered manager and senior staff had forged good links with the local community and with multi-agency professional, which helped to make sure people received care that was reflective of best practice.