

# Announced Domiciliary Care Agency Inspection Report 5 May 2016



## L'Arche

Good Shepherd Centre, 511 Ormeau Road, BT7 3GS

Tel No: 028 9064 1088

Inspector: Jim McBride

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of L'Arche took place on 5 May 2016 from 09.15 to 13.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff/volunteer recruitment system and induction training programme to ensure the sufficient supply of appropriately trained staff/volunteers at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

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

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff/volunteers. Staff /volunteers working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement was identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Scott Shively the registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation / registered person:</b> L'Arche Mrs Sheila Russell	<b>Registered manager:</b> Mr Scott Shively
<b>Person in charge of the agency at the time of inspection:</b> Mr Scott Shively	<b>Date manager registered:</b> 1 April 2009

## 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events.

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff/volunteers
- File audits
- Discussions with core members
- Evaluation and feedback.

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments

- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from December 2015 to April 2016
- Staff /volunteers training records relating to training in:

*Human rights*

*Challenging behaviour*

*Health and safety*

*Vulnerable adults*

- Records relating to staff/volunteer supervision
- Complaints records
- Induction procedure
- Staff/volunteer rota information.

## 4.0 The inspection

L'Arche is a supported living type domiciliary care agency operated by the charity, L'Arche Belfast and has been operational since October 2001. The service offered is provided to ten service users (*known as core members*) and currently employs twenty six staff and volunteers. The support provided to core members includes personal care, promoting independence, life skills, support in social activities and educational courses as well as support to attend regional and international events supported by L'Arche.

L'Arche Core members agree to live together in a spirit of friendship and community supporting each other. Staff and volunteers are also community members and have a clear role within the care and support of core members.

The service has become home to ten people with learning disabilities, the core members of the community. Core members are supported in their day to day living by a team of support workers and live in volunteers, who make aim to make L'Arche feel like home, rather than houses where a service is provided.

Core members also have opportunities to engage with community and social initiatives where they can make a contribution to the wider community by e.g. growing vegetables and producing in their social enterprise project "Root Soup".

L'Arche state in their Statement of purpose that they are committed to providing quality services and endeavour to improve services through:

- Multi-disciplinary reviews for core members
- Working with other services providers and community organisations
- Staff/volunteer education and development
- Service user, carer and /or advocate involvement in service planning
- Service monitoring.

During the inspection the inspector spoke with the registered manager two care workers, one volunteer and two core members. The inspector also had the opportunity to talk with a relative of one of the core members. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff/volunteers for return to RQIA. Nine questionnaires were returned. The manager was also asked to distribute ten questionnaires to core members. Seven questionnaires were returned. Further detail of staff/volunteer and core member feedback is included throughout this report.

Following discussion with the registered manager, staff/volunteers and members, there was evidence of positive outcomes for core members. This has been demonstrated by the agency throughout this report. One staff member stated: *“Our aim is to get to know the members and provide a positive service and good outcome for them”*.

The inspector would like to thank the core members and agency staff/volunteers for their warm welcome and full cooperation throughout the inspection process.

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 5 November 2015**

The most recent inspection of the agency was an announced care inspection. There were no requirements of recommendations made as a result of the last care inspection.

#### **4.2 Is care safe?**

The agency currently provides services to ten core members in community housing. A range of policies and procedures were reviewed relating to staff/volunteer recruitment and induction training and found to be in compliance with relevant regulations and standards. It was noted that the agency’s recruitment procedures are followed for both staff and volunteers and the same recruitment safeguards are in place. The agency’s recruitment procedures were reviewed by the agency in March 2016.

Six files were sampled relating to care staff/volunteers which verified that all the pre-employment information and documents had been obtained as required. Volunteer records where necessary, had been translated into English language. An induction programme had been completed with each staff member and volunteer.

The agency’s induction standards are in line with the Northern Ireland Social Care Council standards (NISCC) for new workers in social care. Supervision records are maintained. One volunteer interviewed described her recruitment and induction training process to be in accordance with those found within the agency procedures and records. One staff member stated: *“My induction prepared me for the role.”*

The inspector was advised by the core members and a relative interviewed that there were no concerns regarding the safety of care being provided by L’Arche community. New staff and volunteers had been introduced to the core members by a regular member of staff.

No issues regarding the staff/volunteers training were raised with the inspector; core members/relatives discussed examples of care delivered by staff /volunteers. The core members and relative interviewed confirmed that if they had a concern they could approach staff.

Examples of some of the comments made by service users/relative are listed below:

*“Staff are good”*

*“I like it here”*

*“\*\*\*\*\* is very safe here.”*

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their ‘Protection of Vulnerable Adults’ policy and procedure provided information and guidance as required and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’.

The agency’s whistleblowing policy and procedure was found to be satisfactory. Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff/volunteers were aware of their obligations in relation to raising concerns about poor practice. Staff/volunteers described to the inspector how they would report poor practice.

Staff/volunteer training records viewed for 2015 confirmed staff/volunteers had completed the required mandatory update training programme. The agency’s training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users care needs.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agencies policies and procedures.

A sample of four core members’ files confirmed that the agency management had carried out care review meetings with core members/representatives to ensure their needs were being met.

Core member comments included:

*“I always feel safe and secure here”*

*“The staff are excellent.”*

Staff /volunteer comments:

*“The service is safe because we act in the best interest of the core members”*

Nine returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

Staff comments:

*“Staff strives to make a safe environment for service users”.*

Seven returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Staff/Volunteer Comments:

*"Frequent appraisals and up to date training."*

Service user and Relatives Comments:

*"The assistants make me feel safe."*

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

Core members/relatives reported no concerns regarding the communication between themselves and the agency. One relative interviewed by the inspector confirmed that they are involved in HSC Trust reviews regarding their care package. The inspector noted comments made by core members/relatives during recent reviews:

*"\*\*\*\*\* has matured since coming here"*

*"I'm very happy with my care"*

*"All is good"*

*"Happy and chilled here."*

Care records examined reflected individualised assessments and person centred care plans, including reference to core members' choice and preferences, dignity and respect and recorded in a manner which promotes the interests and independence of each core member. It was good to note that core members or their representatives are included in decision making regarding their care plan. Core members are also given the opportunity to comment on the quality of service. Each core member has in place: "My Person Centred Description" and includes the following person centred information:

- What others like and admire about me
- Who is part of my life?
- What I do during a typical non work morning
- During a typical work morning
- Other routines
- How I like to communicate
- My hopes and dreams for the future
- What is important to me in my life?
- What support do I want?

This person focused document aims to make it possible for core members to have control over decisions about their life and the small day-to-day decisions, whilst enabling core members to complete activities that they find important, enjoyable and meaningful.

One core member interviewed stated; *"My care plan is for me to help me stay independent."*

Core member records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff contained evidence that core members and/or representative's views had been obtained and incorporated.

Core member records evidenced that the agency carries out reviews with members six monthly to obtain feedback on services provided. Core members' files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

Staff/volunteers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new core member or with changes to existing core members care plans. Staff/volunteers described aspects of care provision which reflected their understanding of core members' choice, dignity, and respect.

Core member comments in relation to the effectiveness of care:

*"Staff do what I ask of them and do it well."*

Staff/volunteer comments:

*"We treat people with both dignity and respect"*

*"My training was good and is ongoing"*

*"We know the core members well"*

Nine returned questionnaires from staff indicated that:

- Quality monitoring of the service they provide is in place
- The review of service users' needs is completed.

Comments:

*"Person centered plans are great"*

Seven returned questionnaires from service users indicated that:

- They get the right care, at the right time and with the best outcome
- They are involved in the review of their care and have a say about what happens to them.

*Service user and Relatives comments:*

*"It's good"*

*"I love it here."*

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

The agency's current Statement of Purpose and Service Users Guide reflect that staff/volunteers will ensure that the beliefs and values of each core member are embedded in the day to day operation of the service. The staff/volunteers described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment. One staff member stated: *"Members wishes and feelings are always taken into consideration in our work."* A volunteer stated: *"We are compassionate towards each other always, every day."*

The two core members interviewed by the inspector raised no concerns regarding their care needs or the quality of care being provided by staff/volunteers. No concerns were raised regarding the staff/volunteers treating the core members with dignity or respect. Core members are given their choice in regards to personal care, and are encouraged to complete tasks themselves when appropriate. One core member stated: *"I have all my independence here, they let me do things I can do."*

Core members are provided with the opportunity to develop their own "Person centred description" with the assistance of a reference person (keyworker) and other staff.

Core members are encouraged by staff and volunteers to create a comfortable secure home with others where they have a sense of belonging and control, whilst offering them an opportunity to learn and develop personally.

Training records examined including staff/volunteer induction records demonstrated clear evidence that staff/volunteers are encouraged to promote independence and choice to service users. Staff/volunteers discussed helping core members to make well-informed decisions and making every attempt to increase people's choice and control.

Monthly quality monitoring reports completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of core members, relatives, professionals and staff/volunteers.

The agency's monthly monitoring reports were comprehensive and provided assurance of quality monitoring and service improvement. The inspector noted some comments by *HSC Trust professionals*:

*"I'm very happy with the reviews"*  
*"I'm very happy with the care for my client"*  
*"The service is individually focussed."*

Nine returned questionnaires from staff indicated that:

- Service users' views are listened to and improvements are made
- Service users can make decisions about the service they receive.

Staff comments:

*"L'Arche is like no other place I know."*

Seven returned questionnaires from service users indicated that:

- They are given enough information about the people who will provide their care
- They are treated with dignity and respect and involved in decisions affecting their care.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is the service well led?

The manager reported he is undertaking an ongoing review of all systems and processes in the agency and where necessary making changes to bring about improvement. Feedback provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by the manager who reported improvements in outcomes for core members, following care reviews.

Agency policies and procedures in place are accessible to staff/volunteers. Staff/volunteers interviewed were aware of the complaints procedure and their role if they receive a complaint. It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to trend identification.

The agency has a complaints policy and procedure in place which is also reflected within the Statement of Purpose and Core Members Guide.

Incidents are reported to RQIA when required and it was evident that agency policies are followed in relation to incidents. Incidents form part of the monthly monitoring and actions are taken to address concerns, this is ongoing within the agency to enable the agency to reflect on any learning from incidents.

A number of training events have taken place and mandatory training is up to date for all staff/volunteers. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff/volunteers feel respected and supported by the management structure within the agency. People interviewed stated that the manager is approachable and very open to discussion.

There was evidence of the manager working in partnership with the commissioning HSC Trust. This was confirmed by referral records, within care plans and through discussions with the manager and staff/volunteers. Staff /volunteers reported that they had a very good working relationship with the manager. There is a whistleblowing policy and procedure and staff /volunteers interviewed were aware of this.

The agency has a policy and procedure on supervision and appraisal. The manager reported that he undertakes supervision with Team leaders who in turn supervise care staff/volunteers.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities. This is included in the agency's Statement of Purpose. The inspector had the opportunity to meet with the registered provider during the inspection who discussed her monthly quality monitoring and her discussions with both Core members and staff/volunteers.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received five complaints during this period. The complaints received had been resolved satisfactorily. The agency has responded to all regulatory matters as and when required. The inspector noted that the agency's system for reviewing policies and procedures was in place and was being actioned by the manager.

The inspector noted that the governance systems within the agency identify and drive quality improvement. There was evidence of regular and effective supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The inspector saw evidence of systemic audit within the agency which results in effective improvement plans with measured outcomes. The central ethos of audit within the agency is to improve the quality of service delivery and outcomes to core members.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Core Member Guides are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Staff/volunteer comments in relation to leadership:

*\*\*\*\*\* has an open door policy and respects staff views and opinions"*

*"Staff are welcomed by the manager at any time."*

Core member comments:

*\*\*\*\*\* is very nice and you can talk to him about anything."*

Nine questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to.

Seven questionnaires returned from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well.

Service user and Relatives comments:

*"Yes my service manager is great"*

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.0 Quality improvement plan**

No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered manager</b>		<b>Date completed</b>	
<b>Registered person</b>		<b>Date approved</b>	
<b>RQIA inspector assessing response</b>		<b>Date approved</b>	

Please provide any additional comments or observations you may wish to make below:

***\*Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address\****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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