

Inspection Report

18 November 2021



L'Arche

Type of service: Domiciliary Care Agency
Address: 54 Knockbreda Road, Belfast, BT6 0JB
Telephone number: 028 9064 1088

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: L'Arche Belfast	Registered Manager: Mr Scott William Shively
Responsible Individual: Mrs Anne Christine McCaffrey – registration pending	Date registered: 1 April 2009
Person in charge at the time of inspection: Mr Scott William Shively	
Brief description of the accommodation/how the service operates: <p>L'Arche is a domiciliary care agency (supported living type) which provides a range of personal care and support services to 14 service users living in shared accommodation in the local community. Service users have a range of conditions including learning disability issues and require support to enable them to live as independently as possible. Their care is commissioned by the Belfast Health and Social Care Trust (BHSCT), the Southern Health and Social Care Trust (SHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).</p> <p>A team of 39 staff (which included four bank staff) provide care and support to service users in relation to their personal care needs, daily living skills, housing support and emotional wellbeing with the aim of promoting their independence and improving their quality of life.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 November 2021 between 10.00am and 2.20pm by the care inspector.

The inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate pre-employment checks being undertaken before staff were supplied to service users.

Good practice was also found in relation to the systems in place of disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to the systems in place regarding the monthly quality monitoring reports.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided which included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- "I like living in L'Arche."
- "It's great living in L'Arche."

- “I am happy in L’Arche and enjoy being here.”

On the day of the inspection, we spoke with two service users and one staff member. We also received feedback from two HSCT representatives.

Comments received during inspection process-

Service users’ comments:

- “It’s lovely here.”
- “I got my room decorated and I picked everything myself.”
- “I am involved in my care plan.”
- “The staff are lovely.”
- “Staff do not go into my room when I’m not there.”
- “I like the staff as they help me.”
- “I can come and go as I please.”

Staff comments:

- “The induction is spaced out over three to four weeks. Shadowing is done for two weeks before any personal care is given.”
- “My training is up to date and I am aware of dysphagia.”
- “I get supervision every quarter or sooner if I request it.”
- “We have a strong team.”
- “There is always some there, 100%, if I have any concerns.”
- “Everyone is brilliant with the service users.”
- “The manager likes to be involved and goes above and beyond.”

HSCT representatives’ comments:

- “The service appears to have responded well during Covid.”
- “If any issues or concerns have been raised, L’Arche have responded in a timely and appropriate manner. They are very receptive to reviews and are focusing on improving the experience for the individual in the service, taking on board any ideas.”
- “It appears to be a homely but professional service, focusing on skill development and support.”
- “The communication and sharing of information is good.”
- “Detailed reports were provided prior to the reviews and staff attended the reviews. The information provided reflected how well staff know the service users concerned. All actions requested were carried out.”
- “I find L’Arche’s approach to provision of care and support to be person-centred and the environment to be homely. Due to the disruption upon activities, caused by covid-19 restrictions, L’Arche have implemented activities in-house.”

Four service user/relative questionnaires were received and all the respondents were ‘very satisfied’ that the care was being delivered in a safe, compassionate and effective manner and that the service was well led. Comments included:

- “I love the L’Arche staff because they are very good and they are wee angels and sweethearts and pets.”
- “I’m feeling epic.”

- “We are doing fine, we are doing alright.”

We also received 10 responses from the staff survey and all reported they were either ‘very satisfied’ or ‘satisfied’ that the care being delivered was safe, compassionate and effective. In relation to the service being well-led, nine respondents were “very satisfied’ or ‘satisfied’, one response was ‘neither satisfied nor dissatisfied’. Comments included:

- “I thoroughly enjoy working for this organisation.”
- “We couldn’t provide such full service without our volunteers, they are invaluable.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 17 May 2019 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that two referrals had been made with regard to adult safeguarding since the last inspection. It was noted that safeguarding referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There is currently one service user who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of individual service users with regard to eating and drinking. Care plans viewed clearly reflect the recommendations of the SALT team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, pre-employment checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registrations with NISCC were up to date.

5.2.5 Are there robust governance processes in place?

The agency was found to be non-compliant with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The manager discussed that they, themselves, undertake monthly audits of the systems in place in the agency, however there is currently no system in place for a robust analysis of the delivery of care as per Regulation 23. The monthly quality monitoring reports are to ensure that the service is providing a good quality of care and should identify any deficits in staff records and service user records as well as overseeing incidents, complaints and adult safeguarding. The registration of the responsible individual is currently pending with RQIA, therefore the Board of L'Arche are overseeing the management and governance of the agency until registration is complete. An area for improvement has been identified in this regard.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that four complaints have been received since the last inspection. Complaints are reviewed as part of the agency's monthly quality monitoring process. It was noted that complaints had been managed in accordance with the agency's policy and procedures.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

One area for improvement was identified in relation to the system for the monthly quality monitoring reports. Despite this, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Scott William Shively, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 23(1), (2)(a), (b) (i) (ii), (c), (3), (4), (5)

Stated: First time

To be completed by:
Immediately from the date of inspection and ongoing on a monthly basis

(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-

(a) arranges the provision of good quality services for service users;

(b) takes the views of service users and their representatives into account in deciding-

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(c) has responded to recommendations made or requirements made imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the service which the agency arranges to be provided.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

This refers to the monthly quality monitoring reports which are required to be submitted to RQIA by the 5th of every month until further notice. These reports are to contain a robust analysis of the operation of the agency.

Ref: 5.2.5

Response by registered person detailing the actions taken:

L'Arche Belfast will ensure compliance with Regulation 23 as stated above by taking the following actions:

Effective immediately:

Until such time as our new Registered Provider has completed her registration process, two board members with appropriate experience/professional background will begin to undertake monthly monitoring visits which are in line with the requirements as outlined in Regulation 23, and which generate a report using the monitoring visit template provided by RQIA. The visits will include obtaining feedback from service users, staff, families/carers, and relevant professionals, and will include improvement plans as and when required. Reports will be sent to RQIA by the 5th of each month.

As soon as possible:

We will work with RQIA to complete the registration of our new Registered Provider (application has been delayed due to pressures from the Covid-19 pandemic). The following steps will be taken by 31 December 2021:

The chairperson of the L'Arche Belfast board will contact the Charities Commission and request an amendment to our organisation's constitution, so that the Registered Provider can be a member of our Board of Directors (currently our Constitution does not permit a paid employee to be a Board Member).

We will liaise with RQIA to determine if there are any other actions that need to be taken for the Registered Person application to proceed.

Once the new Registered Provider is in place:

Responsibility for monthly quality monitoring will be handed over from the Board of Directors to the Registered Provider, who will conduct monthly visits and submit reports to RQIA going forward.

****Please ensure this document is completed in full and returned via Web Portal****



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)