Inspection Report

20 October 2022

L’Arche

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider L' Arche Belfast **Responsible Individual:** Mrs Anne McCaffrey	**Registered Manager:** Mr. Scott Shively **Date registered:** 01/04/2009
Person in charge at the time of inspection: Mr. Scott Shively	
Brief description of the accommodation/how the service operates: 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 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).	

2.0 Inspection summary

An unannounced inspection took place on 20 October 2022 between 09.30am. and 12.30pm. The inspection was conducted by a care inspector. The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation care planning, training and record keeping. There were good governance and management arrangements in place. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and inclusion.

L'Arche uses the term "Core members" to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any areas for improvement identified, registration information and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the "We Matter" Adult Learning Disability Model for N.I. (2020), the Vision States: We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA reviewed the support individuals were offered to take choices and decisions in their life that focused on enabling them to develop and to live a safe, active and valued life. RQIA also considered how service users were respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff members.

The information provided by staff indicated that there were no concerns in relation to the agency.

Comments received included:

Service user's comments:

- "I like it here."
- "Good staff."
- "No complaints."
- "I would speak to staff if I had any issues."
- "Good activities."
- "I would recommend this to others."

- "We get on well together in the house."
- "A good atmosphere."

Staff comments:

- "I'm aware of my responsibilities to NISCC as a care worker and adhere to their values and standards and guidance."
- "All my training is up to date."
- "Good staff induction that prepares you for the role."
- "We provide individual choice to service users."
- "We provide person centred care and support."
- "I have one to one supervision regularly."
- "Staff communicate well with each other."
- "The manager is approachable and has an open door policy."

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:

- 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:

- "All is good."
- "Feeling epic."
- "I am fine."

No staff responses were received prior to the issue of this report.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 18 November 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 18 November 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
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	**Met**

	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	
	Action taken as confirmed during the inspection: A number of quality monitoring visit reports were reviewed and were satisfactory.	

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The Adult safeguarding champion report was available for review and was satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referral had been made since last inspection.

Staff were provided with training appropriate to the requirements of their role.

There was also evidence of regular contact with service users and their representatives.

A number of service user reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff will complete appropriate Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles planned for 2022. The manager reported that none of the current service users were subject to DoLS arrangements.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users and families had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected.

It was good to note that the agency had completed an annual quality survey, seeking feedback on the current quality of care from service users the documents reviewed showed positive outcomes.

It was also positive to note that the agency had service user house meetings on a regular basis which supported the service users to discuss what they wanted to achieve from the service and any activities they would like to become involved in.

Some of the agenda items included:

- Positive moments
- Activities
- Concerns / issues
- Cookery plans for the week

Some service users comments included:

- "No concerns."
- "Had a good time in Portrush."

- "I enjoyed seeing my family."
- "I enjoy going to Orchardville."
- "I would like to go to the art retreat."
- "I visited my family last week it was great."
- "An epic day at the garden centre."

The service delivered had also been regularly reviewed through a range of internal and external audits. The provider regularly sought a good range of feedback from people and their loved ones, which was consistently positive.

The individual way people communicated was key to their support, including verbally, or by their behaviour or body language. Care plans provided staff with guidance about the most effective way to communicate with individuals.

It was important that service users with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

One service user was assessed by SALT and the document in place was satisfactory. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The agency has a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that Access NI checks and other relevant documents had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the records included the names of those attending the training event, the dates of the training.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Comments received during quality monitoring:

Service users:

- "I work and manage my own money."
- "I'm happy to be back home."
- "A very relaxed atmosphere."
- "Ember is nice and has a homely feel."

Staff:

- "No concerns about the care and support provided."
- "I enjoy my role and have regular supervision."
- "No issues everyone gets on well."
- "Staff and core members are very friendly toward each other."

Relatives:

- "I'm very happy with the care provided. It's like a second family."
- "No concerns and we are happy with the care provided."
- "L'Arche exceeds my expectations."
- "Staff communication is good and we have no issues or concerns."

HSC Trust representatives:

- "My client and their family are very happy with the placement."
- "The family speak very highly of the support provided."
- "We have confidence in the staff team."
- "Review documents are provided in a timely manner."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date, as was their insurance details as required.

There was an open culture, led by the manager and described by staff as being approachable and supportive to all.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.

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