

# Announced Care Inspection Report 21 June 2018



## L'Arche

**Type of Service: Domiciliary Care Agency**

**Address: Good Shepherd Centre, 511 Ormeau Road, Belfast, BT7 3GS**

**Tel No: 02890641088**

**Inspector: Aveen Donnelly**

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

L’Arche is a domiciliary care agency (supported living type) which provides a range of personal care services to nine service users living in their own homes. Service users have a range of needs including learning disability issues and require support to live as independently as possible. Their care is commissioned by the Belfast Health and Social Care (HSC) Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> L'Arche  <b>Responsible Individual:</b> Mrs Shelia Russell	<b>Registered Manager:</b> Mr Scott William Shively
<b>Person in charge at the time of inspection:</b> Mr Scott William Shively	<b>Date manager registered:</b> 1 April 2009

### 4.0 Inspection summary

An announced inspection took place on 21 June 2018 from 09.30 to 14.35 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

Areas for improvement related to deficits in training provision, the monthly monitoring processes and the annual quality review of services.

One service user consulted with indicated that they were very happy with the care and support provided.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Scott Shively, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 23 October 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2017.

#### **5.0 How we inspect**

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Seven responses were received and the details included within the report.

The inspector requested that the registered manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

Questionnaires were also provided for distribution to the service users and/or their representatives; five were returned and are included within the report.

During the inspection process the inspector spoke with the manager, one staff member, one service users and four relatives.

The following records were examined during the inspection:

- recruitment records for three staff members
- staff induction records
- staff training records
- supervision and appraisal records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two service user' care records
- incident and accident records
- staff' and service user' meeting' minutes
- complaints records
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 October 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 23 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 13 (a) (d) <b>Stated:</b> First time	The registered provider shall ensure that no domiciliary care worker is supplied by the agency unless –  (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.  (Regarding employer references and Access NI)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the recruitment records confirmed that all pre-employment information has been satisfactorily completed and verified.	

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's registered premises are located at 511 Ormeau Road, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a registered manager in post, who managed the agency with the support of a number of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were no staff vacancies.

As discussed in section 4.2, a review of the recruitment records confirmed that all pre-employment information has been satisfactorily completed and verified. There was a system in place to monitor the registration status of staff in accordance with NISCC.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the records confirmed that the staff received regular supervisions and appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

A review of the training records identified that mandatory training had not been provided to all staff. This has been identified as an area for improvement.

The inspector was advised that additional training in areas such as MAPPA, communication, Makaton sign language had been provided. Active Support training had also been provided to make staff aware of the ways they could increase service users' participation in all aspects of the service.

Discussion with one staff member confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. A review of records confirmed that any potential safeguarding issues were reported appropriately to the relevant authorities and were screened out. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.



A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. Discussion with the manager identified that there was good management oversight of incidents which occurred within the agency.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

The manager advised that there were no restrictive practices in use at the time of the inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the recruitment processes, staff development, adult safeguarding and risk management.

### Areas for improvement

An area for improvement has been identified in relation to staff training.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined two service users' care records and found these to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools had been developed by the organisation to effectively support the service users. It was noted that a number of tools had been developed, in pictorial and easy-read format, to assist a service user to adjust to the supported living model. This is good practice.

The manager advised that care reviews with the HSC Trust representatives were held annually or as required and that care and support plans were updated to reflect changes agreed at the review meetings.

The review of the daily records identified inconsistencies in relation to recording practices. This was discussed with the manager who agreed to liaise with the appropriate HSC Trust representatives, to gain clarity on the level of information, the staff should record. The standard of record keeping was also discussed and the manager agreed to address this matter with staff.

It was clear from discussions with service users and relatives that the staff had a good knowledge of the service users' needs and preferences; and how they worked with the service users to minimise any challenging behaviours.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff. Service users' met on a regular basis, where they were encouraged to bring forward any ideas they may have for making the service better.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the care records and the agency's engagement with the service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat the service users with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the care records, monthly monitoring reports and consultation with service users.

The review of the care records identified that the service users had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including supporting services users' involvement in activities such as the Special Olympics' club, attending the 'Black Box' disco, disc jockey (DJ) training, gardening projects, cooking projects, soup lunches and art exhibitions.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the service users.

The service users' representatives consulted with informed the inspector that they were encouraged to raise any concerns they may have. All those consulted with advised the inspector that they were very satisfied with the care and support provided.



During the inspection, the inspector spoke with one service user, who appeared relaxed and happy with the staff member who accompanied them. The inspector also spoke with, one staff member and four relatives. Some comments received are detailed below:

### **Service User**

- “I just love it here.”

### **Staff**

- “L’Arche is very caring and supportive, we are a very family-centred community.”

### **Representatives**

- “No concerns whatsoever.”
- “I have no concerns, we are happy and (name of service user) is perfectly happy, we are very content and happy with the care given by L’Arche in a secure and happy environment.”
- “I certainly am happy, it is a wonderful organisation, I cannot speak highly enough of them.”
- “We are very happy, no concerns.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the service users and their representatives. Four service users and one relative responded, indicating that they were ‘very satisfied’ that the care/support provided was safe, effective and compassionate; and that the agency was well led. Written comments included:

- ‘I have seen my child grow in her appreciation of and confidence in negotiating with a global workforce to ask for what she needs. It is staffed by empathetic compassionate and motivated workers who are a friendly bunch. Any issues that have arisen have been swiftly dealt with. My xxx feels very much at home, it’s comfortable safe and friendly.’
- I like how there are lots of different projects to get involved in like growing, cooking, catering and green buds.’
- ‘I love how I get to go on holidays all over the world.’

Seven staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of responses indicated that they felt either ‘satisfied’ or ‘very satisfied’ that the care provided was safe, effective and compassionate and that the service was well led, Written comments included; ‘L’arche is an incredible organisation that has such an incredible level of care for everyone who is part of L’arche’ and ‘Very happy here’.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the service users and their representatives.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The day to day operation of the agency was overseen by the registered manager and a team of care staff and volunteers.

The staff member spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments reflected that they felt that the agency was well led.

The manager explained the procedures in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. There had been no complaints received from the date of the last inspection.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. However, there was no evidence within the reports reviewed that service users' representatives had been consulted with as part of the monthly monitoring processes. There was also no evidence that feedback had been received from relevant HSC Trust representatives. Other improvements that would enhance the quality of the monthly monitoring process were discussed with the manager. An area for improvement has been made in this regard.

Following the inspection, the manager submitted the annual quality report to RQIA. The review of the report identified that key stakeholders had not been involved in the process. An area for improvement has been made in this regard.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The inspector noted that the agency collects equality information in relation to service users, during the referral process. The manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning Trust. The data provided by the HSC Trust is used effectively and with individual service user involvement when a person centred care plan is developed. In addition, the manager confirmed that no complaints had been received with respect to equality issues from service users and / or their representatives.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- individual person centred care
- individual risk assessment
- disability awareness

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff.

On the date of inspection the registration certificate was up to date and displayed appropriately.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

**Areas for improvement**

Areas for improvement related to the monthly quality monitoring process and the annual quality review process.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Scott Shively, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2018</p>	<p>The registered person shall ensure that each employee of the agency—</p> <p>(a)receives training which is appropriate to the work he is to perform;</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Mandatory training which is done in-house will be provided in July 2018, to ensure that staff training is brought up to date. This includes: fire safety, health and safety/risk assessment, medication handling, and infection control.</p> <p>Mandatory training which is done externally will be organised and provided by 30<sup>th</sup> September 2018, to ensure that staff training is brought up to date. This includes: First Aid, Food Hygiene (Level 2 Certificate), and Moving and Handling.</p> <p>A review of training attendance was completed in June 2018, to identify reasons why staff were missing training. We identified three areas for improvement: staff miss training because they are supporting residents during training times; part-time staff miss training due to other commitments (e.g. if they are studying and have class or placement at the same time as training); staff occasionally miss training because of poor communication between office and houses. These three issues will be addressed by:</p> <p>Offering at least 2 "catch up" training sessions per month at times when part-time staff can attend (e.g. evenings or late afternoons). Staff will be consulted to determine which times work best for them. We have also contacted our external training provider, and requested that they keep us informed of any relevant training they are offering in the Belfast area which we can send our staff to, in the event they have missed our training.</p> <p>Improving communication between the office and the Team Leaders in the houses, so that all staff are made aware of upcoming training. This will be done through staff emails, and by adding training information to weekly rotas.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 23 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2018</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided, to include consultation with service users' representatives.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A comprehensive list of contact details for service users' representatives, both private (e.g. families) and public (e.g. care managers), has been compiled and will be kept on file, and updated as required. The Registered Person will ring a number of these representatives during her monthly monitoring visits. Feedback from these phone calls will be included in the monthly monitoring reports, and shared with the Registered Manager and Team Leaders on a monthly basis.</p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 February 2019</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Our annual quality monitoring visit, carried out by our Regional Coordinator and a representative from L'Arche UK, will be updated to include opportunities for key stakeholders to be involved in the process. Specifically, we will add:</p> <p>An opportunity for the quality monitoring team to meet face to face with families, advocates, and relevant HSC Trust representatives, to get their feedback about the services L'Arche provides.</p> <p>A questionnaire which will be circulated to key stakeholders prior to the quality monitoring visit.</p> <p>One member from the quality monitoring team will attempt to contact by phone any key stakeholders who have not attended the face to face meeting.</p>

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





The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

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