

# Unannounced Care Inspection Report

## 23 October 2017



## L'Arche

**Type of Service: Domiciliary Care Agency**

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

**Tel No: 02890641088**

**Inspector: Michele Kelly**

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

Assurance, Challenge and Improvement in Health and Social Care

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 service users living in their own homes. L'Arche use the term 'core members' to describe those who use their services. Core members have a range of needs including learning disability issues and require support to live as independently as possible.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health & Social Care Trust	<b>Registered Manager:</b> Scott Shively
<b>Responsible Individual(s):</b> Sheila Russell	
<b>Person in charge at the time of inspection:</b> Scott Shively	<b>Date manager registered:</b> Scott Shively – 1 April 2009

### 4.0 Inspection summary

An unannounced inspection took place on 23 October 2017 from 10:00 to 15.00.

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 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 in relation to:

- The attitude and empathy demonstrated by management and staff interviewed on the day of inspection.
- The detailed person-centred approach to planning care and support.
- The standard of monthly monitoring reports.
- Leadership and governance arrangements, quality improvement and maintaining good working relationships.

One area for improvement was identified:

Records reviewed during inspection identified issues relating to gaps in reference information in one employee's file and instances of domiciliary care workers being supplied to shadow as part of induction before Access NI clearance had been received. Staff spoken with during inspection provided very positive feedback in terms of their work within the agency and a core member spoken with on the day of inspection was very happy living in their home and receiving services from L'Arche.

Questionnaires for core members were provided by the inspector for completion following the inspection; at the time of writing this report no questionnaires had been returned. At the end of the inspection, a poster was left with the registered manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of the service. No staff questionnaires were returned to RQIA via Survey Monkey in time for inclusion in this report.

Communications with one trust professional supported a good quality service provided by L'Arche; a relative who spoke to the inspector by telephone following the inspection, confirmed how pleased they were with the leadership of the agency and the attitudes of staff and volunteers.

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

#### 4.1 Inspection outcome

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

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

Enforcement action resulted from the findings of this inspection.

On 2 November 2017, a meeting was held at RQIA's offices with the registered person. At this meeting, concerns were discussed in relation to lack of compliance with Regulation 13 (a) and (d).

During the meeting a full account of the actions to be taken and arrangements made to ensure the improvements necessary to achieve compliance with the regulations identified was given. After consideration of documentation presented at the meeting and assurances provided by the registered person and the registered manager, RQIA decided not to take further action.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 5 May 2016.

No further actions were required to be taken following the most recent inspection on 5 May 2016.

#### 5.0 How we inspect

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

- discussion with the registered manager and team leader

- examination of records
- consultation with staff and a core member
- evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with one core member and ten staff members.

The following records were viewed during the inspection:

- Core members' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Whistleblowing Policy
- Recruitment Policy
- Induction Policy
- Adult Protection Policy
- Complaints Policy
- Statement of Purpose
- Service User (Core member) Guide

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 5 May 2016**

The most recent inspection of the agency was an unannounced care inspection.

There were no areas for improvement made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The inspector reviewed the agency's processes in place to avoid and prevent harm to core members this included a review of staffing arrangements in place within the agency. The inspector reviewed four staff personnel records. Records reviewed during inspection identified gaps in one staff record in relation to Access NI and reference information. The staff member concerned had one other satisfactory reference and on the day of inspection the registered manager contacted the previous employer and obtained a satisfactory telephone reference.

The agency relies on volunteers to support core members and the inspector noted that in two files belonging to volunteers from overseas, induction had taken place before a clear Access NI check had been received. These volunteers had shadowed as part of induction procedures in core members' homes. The failure to obtain satisfactory references and Access NI checks prior to the placement of staff has the potential to place vulnerable core members at risk. All volunteers have appropriate clearance from their country of origin prior to being offered a placement and evidence of this was in files examined.

On 2 November 2017, a meeting was held at RQIA's offices with the registered person and the registered manager. At this meeting, concerns were discussed in relation to lack of compliance with Regulation 13 (a) and (d).

During the meeting a full account of the actions to be taken and arrangements made to ensure the improvements necessary to achieve compliance with the regulations identified was given. After consideration of documentation presented at the meeting and assurances provided by the registered person, and the registered manager, RQIA decided not to take further action.

The agency has an induction programme lasting in excess of the three day timeframe as required within the regulations; the inspector noted from records viewed and discussions with staff that the organisation's comprehensive induction plan is in line with Northern Ireland Social Care Council Standards (NISCC). Staff who spoke to the inspector confirmed that they are required to complete the full induction programme and said that they are supported to shadow experienced staff until they feel competent and confident in their role. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the core members. The agency's supervision and appraisal policies outline the timescales and processes to be followed. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency.



It was noted that during monthly monitoring visits the registered person monitors compliance with the agency's supervision and appraisal timeframes.

The inspector viewed the agency's staff training matrix and noted that the record showed that staff had completed relevant mandatory training or were scheduled to attend sessions in the coming weeks. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of core members. The staff could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy and has identified an Adult Safeguarding Champion (ASC).

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff also had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete adult safeguarding training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to core members' health, welfare and safety. It was noted that core members and or their relatives are supported to participate in an annual review involving the HSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individuals; it was identified that governance arrangements include a review of risk assessments and any practices deemed to be restrictive.

The manager confirmed that trust representatives were contactable when required regarding core member matters, and evidence of communication with trust professionals was viewed during inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal.

### **Areas for improvement**

The registered person must ensure that staff recruitment procedures are compliant with Regulation 13 and Schedule 3 in respect of employer references and Access NI checks.

	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 agency's arrangements for appropriately responding to and meeting the assessed needs of core members were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy.

The review of two care files identified there was robust assessment information in place. Current person-centred care plans are detailed and specific, outlining individual methods of communication and interpretation of behaviours. Care records were updated regularly to reflect changing needs. Core members' representatives were encouraged and enabled to be involved in the assessment, care planning and review process. The care records reflected multi-professional input into the core members' health and social care needs at annual review. Staff could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to core members. The inspector identified that monthly quality monitoring visits are completed by the registered person and a detailed action plan is developed.

Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by core members and /or their representatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and supervision and appraisal records.

A core member who was at home on the day of inspection was able to communicate their satisfaction levels with the care provided. This person spoke enthusiastically about their life goals and described daily activities which promoted their interests and independence.

Staff stated that there was good teamwork and those who were interviewed or observed during the inspection clearly demonstrated the empathy, knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with senior staff if necessary.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the detailed person-centred care records.

### Areas for improvement

No areas for improvement were identified 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.**

During the inspection the inspector sought to assess the agency's ability to treat core members with dignity, respect and equality and to involve core members and their relatives in decisions affecting their care and support.

Observations made during the inspection and discussions with a relative and agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The manager and staff team were inspiring with their evident enthusiasm, empathy and willingness to do their very best for the tenants of L'Arche. Staff could describe examples of how they support core members to enable them to live a more fulfilling life. The staff team includes local volunteers and volunteers from other countries. These arrangements enrich the life experience of core members and allow them to engage in varied and diverse activities. These incorporate social enterprise projects including, "Grow Cook Cater" and "Root Soup" and a variety of day opportunities.

A relative told the inspector they were very impressed with the "ethos of L'Arche" and "humbled by the efforts of the staff and volunteers".

Staff and a core member indicated that the care and support is provided in a person centred manner. This was very evident in the detailed person focused descriptions in core members' files. A relative confirmed that staff involved them in discussions relating to care and support. Staff described how they have made efforts to develop knowledge of each tenant's individual needs and aspirations.

The inspector viewed a range of documentation that indicated that the agency has systems to record comments made by core members and/or their representatives. Systems for effectively obtaining the comments and views of core members or their representatives are maintained through the agency's complaints process; quality monitoring visits and care review meetings.

### Areas of good practice

There were many examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of core members in a range of meaningful activities.

### Areas for improvement

No areas for improvement were identified 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 management and governance systems in place within the agency to meet the needs of the people supported; it was identified that the agency has effective systems of management and governance in place. The agency is managed by Mr Scott Shively, registered manager who is supported by team leaders and house administrators.

The inspector discussed the agency's management arrangements with a relative of a core member who commented:

"Scott leads it very well; I respect and applaud his enthusiasm",

Staff who met with the inspector advised that the manager is very supportive and approachable; staff were also able to describe the process for obtaining support and guidance including the arrangements for out of hours.

A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

The agency's complaints policy details the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received.

It was identified from a range of information reviewed that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate induction, training, supervision and appraisal. A selection of the agency's monthly quality monitoring reports was examined and evidenced robust monitoring of the quality of the services provided and engagement with the people supported, their representatives, agency staff and HSC Trust professionals.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSC Trust representatives.

A professional who communicated by email with the inspector commented:

"I have found L'Arche staff and as an organisation to be very proactive, they engage well with myself in that communication is very good they are always keen and willing to try strategies discussed and work collaboratively with me. During observations it is clear that they truly promote independence and choice for their core members and genuinely care about their wellbeing always wanting the best for them".

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to leadership and governance arrangements, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr 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.

### 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 13 (a) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered provider shall ensure that no domiciliary care worker is supplied by the agency unless –</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(Regarding employer references and Access NI)</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> <b>The following Action Plan has been put in place to:</b></p> <ol style="list-style-type: none"> <li>1. Assure that no formal offer of employment is made until such time as all required pre-employment checks and requirements are in place. In particular, the provision of two satisfactory references, as we had recently appointed a casual support worker who had one reference pending.</li> <li>2. Assure that no individual with a provisional offer of employment or voluntary service, pending pre-employment checks, will have access to a L'Arche house or any of our core members.</li> </ol> <p>These are the Actions which will be taken:</p> <ol style="list-style-type: none"> <li>1. Scott Shively, L'Arche Belfast Registered Manager, updated our Recruitment policy on 24th October 2017, to clearly state that no formal offer of employment will be made until all pre-employment checks have been completed and are satisfactory (e.g. positive references, acceptable AccessNI or police check, etc.). Candidates for posts who are successful at interview will be told that we would like to offer them the job, but that they will not receive a formal offer of employment or be able to start in their posts until all pre-employment checks are completed and on file in the L'Arche Belfast office.</li> <li>a. Relevant staff (Lesley Gould, Administrator responsible for pre employment checks, and Team Leaders, Gerald Boyle and Sharon Matchett, responsible for staffing the houses) were made aware of the policy update on 24th October, 2017.</li> <li>b. During future recruitment processes, the Administrator will ensure that the Registered Manager and relevant Team Leaders are notified as soon as all pre-employment checks are completed, so a formal offer of employment can be made and induction in the houses started.</li> </ol>

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|  | <p>c. At the start of any future recruitment process, the Registered Manager will remind both the Administrator and the relevant Team Leader(s) of the updated policy, and ensure that it is implemented properly.</p> <p>2. It has been our practice in the past to occasionally start induction with candidates who have been successful at interview, prior to the receipt of all pre-employment information. Part of our induction process includes visiting the L'Arche houses and meeting the core members who live there.</p> <p>a. This practice has been stopped as of 24th October 2017, and Scott Shively updated our induction policy to include this change on 30th October, 2017. Successful candidates will not have access to L'Arche houses or to core members until such time as their pre-employment documentation is completed and in place. Team Leaders were informed of this change in practice on 30th October, 2017.</p> <p>b. Depending on circumstances, L'Arche Belfast might start an induction process with candidates who are awaiting pre-employment checks. However, this will be limited to office-based induction units only, which will give candidates no access to core members. No remuneration will be provided for these induction hours until a formal offer of employment has been made and accepted.</p> <p>c. We normally ask one or two core members to sit on our interview panels for support workers and long-term volunteers. We will continue this practice, as interviews happen at our office (and not in the houses), and core members on the interview panel are accompanied by members of our staff team at all times. This will be the only time when core members will meet job candidates prior to pre-employment checks being completed.</p> <p>3. With regards to our international volunteers, it has been our practice to request a satisfactory police clearance (professionally translated if necessary) from a volunteer applicant's home country, to be followed by an Access NI clearance as soon as the volunteer arrives in Northern Ireland.</p> <p>a. This practice has been stopped as of 30th October, 2017. We will continue to request a police clearance from volunteer applicant's home countries, but henceforth we will also complete an AccessNI check on potential volunteers BEFORE they leave their home country to come to Northern Ireland. Applicants will not be offered a volunteer placement until both the national police check and the AccessNI check have been completed, and are satisfactory (i.e. do not contain information about previous criminal activity).</p> <p>b. Our volunteer application processes were updated to include this change 7th November, 2017</p> |
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	<p>On-going monitoring</p> <p>Sheila Russel, L'Arche Belfast Registered Person, will inspect staff files and recruitment practices as part of her monthly monitoring, starting with her November 2017 visit, to ensure that L'Arche Belfast remains in compliance with regards to staff recruitment and induction.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal***





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