

The Regulation and
Quality Improvement
Authority

L'Arche
RQIA ID: 10874
Good Shepherd Centre
511 Ormeau Road
Belfast
BT7 3GS

Inspector: Jim McBride
Inspection ID: IN023601

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**Announced Care Inspection
of
L'Arche**

5 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 5 November 2015 from 09.00 to 14.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report. A quality improvement plan (QIP) was not included in this report.

2. Service Details

Registered Organisation/Registered Person: L'Arche Mrs Sheila Russell	Registered Manager: Scott Shively
Person in charge of the agency at the time of Inspection: Scott Shively	Date Manager Registered: 1 April 2009
Number of core members in receipt of a service on the day of Inspection: 10	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan (QIP)
- Incident records.
- Records of contact with the agency since the last inspection.

During the inspection the inspector met with the registered manager and the registered provider, one staff member, one volunteer and two relatives. One core member (service user) visited the inspector in the registered office. The comments received have been added to this report.

The following records were examined during the inspection:

- Four care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for July, August September and October 2015 these were also discussed with the registered provider during the inspection.
- Team meeting minutes for August, September, October and November 2015
- Core members meetings for March, April, May and July 2015
- Staff /Volunteers training records:
 - Vulnerable adults*
 - Human Rights*
 - Supervision for supervisors*
 - WRAP*
 - MAPA*
- Records relating to staff /volunteers supervision
- Complaints records
- Recruitment policy. The policy was updated by the agency in May 2015. It should be noted that the recruitment policy relates to both staff and volunteers
- Induction procedures for both staff and volunteers.

At the request of the inspector the manager was asked to distribute a number of questionnaires to staff and volunteers for return to RQIA. The inspector contacted the registered manager prior to the final report being issued informing him that no questionnaires had yet been returned. Nil questionnaires were returned as the report was being issued.

At the request of the inspector the manager was asked to distribute a number of questionnaires to the core members to be completed asking them about various aspects of their care. The inspector contacted the registered manager prior to the final report being issued informing him that no questionnaires had yet been returned. Nil questionnaires were returned as the report was being issued.

5. The Inspection

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

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

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

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

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

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

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

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

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 24 April 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15.(6) (d)	The registered person should ensure the agreement between the service user and the agency specifics the arrangements for any financial transaction undertaken on behalf for the service user by the agency.	Met
	Action taken as confirmed during the inspection: The inspector examined the documentation in place. The documentation was updated on the 16 April 2015 and was satisfactory.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.1	The registered person should ensure that the human rights of all service users are explicitly outlined in care records.	Met
	Action taken as confirmed during the inspection: The action has now been completed and the records in place were satisfactory.	
Recommendation 2 Ref: Standard 3.2	The registered person should ensure that the person centred assessment of need includes capacity assessments in relation to money management of individuals. This recommendation related to the three service users who have appointees within the agency.	Met
	Action taken as confirmed during the inspection: The registered manager stated that he is working in conjunction with the HSC Trust to ensure completion.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory for both staff and volunteers. This was updated in May 2013 by the agency. An alphabetical index of all domiciliary care workers/volunteers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was confirmed by the registered manager, staff and one volunteer interviewed. Staff/volunteers have access to policies, procedures, and guidance. One staff member stated; *"My induction was good and was informative."* The agency has a procedure for verifying the identity of all staff/volunteers prior to their supply, and the manager assured the inspector that no staff /volunteers are supplied unless this procedure is followed.

The agency has a policy and procedure in place outlining supervision and appraisal which details the frequency of both. This was verified by the manager during the inspection. Records maintained of supervision and appraisal demonstrated that the frequency was in accordance with the agency's policy and procedure. One staff member stated: *"My supervision is one to one and is comprehensive."*

Is Care Effective?

Discussions with the manager indicated that an appropriate number of skilled and experienced persons are available at all times. This was verified by the examination of the staff records available.

The manager described the agency's processes to assess the suitability of staff/volunteers. The inspector viewed a range of documentation including the code of contact, staff profiles, job descriptions and contracts that demonstrated how staff/volunteers are provided with a clear outline of their roles and responsibilities.

Discussion with the manager and examination of training records evidenced that the agency has a process in place to identify and respond to training needs. Both staff and volunteers are issued with code of conduct that they must adhere to, some of the core principles include:-

- *Promotion of rights of core members and carers*
- *Promotion of trust and confidence in staff and volunteers*
- *Promote independence and protect from harm*
- *Behaviour acceptance whilst protecting others from harm*
- *Uphold public trust and confidence in social care workers*
- *Accountability for work quality*
- *Responsibility for improving/maintaining their knowledge and skills*

Is Care Compassionate?

The agency maintains a record of comments made by core members/representatives in relation to staffing arrangements. The manager described how the agency discusses staffing arrangements with core members. The manager stated that staffing arrangements affecting individual service users is discussed with them one to one or at core members' meetings as required.

Discussions with the manager indicated that core members are prepared in advance of significant staff changes where possible. Staff are aware of the possible impact of staff changes on core members and discussed with the inspector the importance of induction and introduction of new staff/volunteers. The manager stated that new volunteers do not provide any specific care until a full induction and assessment has been completed, and that core members are happy with the volunteer. It should be noted at this point that core members are involved in the interview and selection process at all stages.

One staff member described how the induction process involves meeting service users and learning about their care needs with another member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Staff /Volunteers Comments:

"My induction was good and the other staff helped."

"I have supervision with ***** it's one to one and gives me the opportunity to discuss any problems I have."

"The core members have all settled into the community and enjoy the support they receive."

"Training was good and is ongoing."

"This is one of the best places I have worked, it's for us all, and we are all in the community living together."

Core member's comments:

"The staff are great."

"I have no problems here."

"***** is great he listens to me and helps if I have any problems."

"I love my time here."

"I'm well settled in now and like the company I have."

"I share with really good people who like me I enjoy the support."

"You could not get better than here."

Relative's comments:

"I'm happy that ***** has settled here."

"This place has a homely atmosphere for my *****."

"Staff and volunteers are excellent."

"We could not ask for better."

"Staff do communicate well with each other and with the family."

"This is a lovely community just what we wanted for *****."

"My ***** is very well supported and cared for here."

Areas for Improvement

There were no areas for improvement

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments reviewed by the inspector reflected the views of core members and/or representatives. The inspector saw records of a process involving the core member and/or their representative, the referring HSC Trust and the agency, to ascertain the needs of the core members and their views. This process was evident in individualised care and support plans seen by the inspector.

There was evidence of positive risk taking in collaboration with the core members and/or their representative. This could be seen throughout a variety of records including:

- Risk assessments
- Management plans
- reviews

Is Care Effective?

Records of reviews evidenced that care is both regularly evaluated and reviewed. The agency has a policy of reviewing care and support plans every month or as required, as well as staff discussions with core members.

Care and support plans seen by the inspector were written in a person centred manner and included the core member's views. The staff member interviewed described how care and support plans are written along with the core members.

Feedback from monthly monitoring reports provided examples of how the agency delivers the service in response to the views of core members and/or their representatives. The agency has processes in place to ascertain and respond to the core members and their representatives. One core member stated:

"The staff listen to me and if I have any concerns, they help me."

Is Care Compassionate?

Feedback from the staff/volunteers and manager evidenced that core members receive care in an individualised manner. Care plans and agency records are written in a person centred manner. This was verified by a core member and relatives interviewed by the inspector. Relatives stated *"Everyone is treated as an individual and their care and support needs are catered for here."*

Core members and/or their representatives are aware of their right to be consulted and have their views taken into account in relation to service delivery.

Promotion of values such as dignity, choice and respect were evident through discussion with staff /volunteers and core members. Human rights were explicitly outlined in care/support plans and were evident throughout other agency documentation such as review records. The individual choices made by service users regarding the way they wish to live their lives were included in their care and support plan. One core member stated: *"I have the choice to do what I want to do its great."*

The agency collaborates with the HSC Trust regarding best interest practices for core members where there are any capacity and consent issues.

Areas for Improvement

There were no areas for improvement

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Monthly Quality Monitoring

Reports of monthly quality monitoring completed by the registered person were reviewed. The reports respond to the views of core members, relatives, professionals and staff/volunteers. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

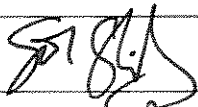
Complaints/Compliments

Records of complaints from 1 January 2014-31 March 2015 were examined. There were six complaints within the time period specified and these were resolved satisfactorily.

The inspector noted the positive comments made by core members during the annual review of the quality of service provision, completed by the agency.

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

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	30/11/15
Registered Person	Sheela Russell	Date Approved	30.11.2015
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	9.12.15.

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

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