

Inspection Report

Name of Service: L'Arche
Provider: L'Arche, Belfast
Date of Inspection: 7 April 2025

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:	Mr Scott William Shively
Registered Manager:	Mr Scott William Shively
Service Profile –	
<p>L'Arche is a domiciliary care agency (supported living type) which provides a range of personal care and support services to 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) and the South Eastern Health and Social Care Trust (SEHSCT).</p> <p>This agency also provides community outreach and day opportunities to service users who live in the community. RQIA does not regulate these elements of support.</p>	

2.0 Inspection summary

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An unannounced inspection took place on 7 April 2025, between 9.15 am and 3:45 p.m. This 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 and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, and to assess progress with the area for improvement identified during the last care inspection on 14 August 2023.

Three new areas for improvement were identified, these were related to the system for checking professional registrations, recruitment and the Annual Quality Report.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous area for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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.

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

3.2 What people told us about the service and their quality of life

We spoke to a member of staff and a service user to seek their views of the agency.

Staff spoke very positively in regard to the care delivery and management support in the agency. The service user shared that they felt safe in their home and was involved in many activities.

The responses to the electronic survey indicated that there were no concerns in relation to the agency, with respondents commenting on a high standard of person centred care and support and a love for the work they undertake.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users. Full employment histories with explained gaps in

employment and references to include current employer were not consistently evident. An area for improvement has been identified.

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, induction programme which also included shadowing of a more experienced staff member.

The agency has established a record of training for each member of staff. A plan to address outstanding training was shared during the inspection. This training plan included further work in relation to medication competencies and complaints investigation. Progress with the training plan will be reviewed at future inspections.

The agency has a system for ensuring that staff have supervision and appraisals.

3.3.2 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 agency's annual Adult Safeguarding Position report was reviewed and found to be 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. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding.

The Mental Capacity Act (Northern Ireland) 2016 (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. The manager reported that none of the service users were subject to Deprivation of Liberty Safeguards (DoLS). The agency maintains a restrictive practice register.

Care and support plans are kept under regular review.

3.3.3 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users 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. Person centred support plans were reviewed and found to involve the service user.

A wide variety of activities were available. Service users were able to choose if they wanted to participate and were supported to attend activities.

The agency had undertaken an evaluation of the service to include feedback from service users. Discussions were held with the manager as to how this report could be enhanced.

It was good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

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

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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was not up to date as it did not reflect the recent change to the Responsible Individual. RQIA have provided an updated certificate following the inspection.

An Annual Quality Report was not available for review at inspection. An area for improvement has been identified.

There was a lack of evidence of a robust system for professional registrations to be monitored by the manager. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to full employment histories with explained gaps in employment and references to include current employer were not consistently evident</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: With immediate effect after the inspection we have:</p> <p>Updated our application forms to allow more space for applicants to provide full employment history (including gaps in employment), with clear instructions to provide a full history back to the applicant's 18th birthday. This application form has been used in our most recent recruitment.</p> <p>All applications will be reviewed by both our Admin Manager and the team responsible for shortlisting, to ensure that adequate detail is provided.</p> <p>If there are gaps in the record, applicants will be contacted and asked to provide the information required. If information is not supplied we will not consider the applicant for employment.</p>
Action required to ensure compliance with ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</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.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: A plan is in place to conduct an annual quality review this year which takes account of views of all stakeholders: Core Members, staff, families/carers. Information will be gathered over the year through monthly monitoring visits, and meetings with Core Members and families. We will also do an annual survey via Survey Monkey or similar tool, and conduct an annual quality</p>

	<p>review with Core Members that meets their communication needs.</p> <p>Any feedback gained will be reviewed and acted upon, and if applicable included in our strategic planning.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that arrangements are in place to ensure that care workers are able to maintain their registration with the appropriate professional regulatory body. This relates to the lack of evidence of a robust system for the checking of NISCC registrations.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: With immediate effect:</p> <p>Our Admin Manager now records the monthly checks she conducts on our NISCC registrants, and makes note of any staff members whose fees/registrations are due or overdue. This information is passed on to registrants and their Team Leader, and our Houses Manager who has oversight of all staff.</p> <p>Our Registered Individual checks the Admin Manager's record and conducts their own check of the register, to ensure that all staff are registered and are not at risk of being removed due to non-payment.</p> <p>Houses Manager and Team Leaders discuss NISCC registration as a standing item on their weekly team meetings, and take action to ensure staff pay fees and maintain their registrations.</p> <p>We now pay for staff members' registration fees, which we hope will address the issue of staff struggling to afford their fees, as this has been identified as a problem for some staff.</p>

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