

Langdon Community

Langdon Community

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Langdon Community is registered to provide personal care to people in their own homes. The service is run by a Jewish organisation and specialises in providing support to people with a learning difficulty. Support is provided both to people living independently and living in small group settings.

People's experience of using this service:

The service had a new manager in post and was in the process of a restructure to ensure improvements to management oversight. Evidence of consistent and sustained good practice is required in order to demonstrate the service is well led.

The new manager had previous experience as a registered manager and was committed to driving improvement within the service.

People, relatives and staff spoke highly of the manager and told us they found them to be approachable and responsive to addressing any concerns raised.

There were systems in place to support the safe recruitment of staff which included references and checks with the disclosure and barring service (DBS).

Staff told us they had the training and support they needed to safely undertake their role. Training records showed that training was up to date.

Assessments and care plans were in place. These contained information about people's likes and dislikes and preferences. Improvement to care records were being made.

Full consideration was given to how people were to be supported with their cultural and religious needs.

People told us they had choice and that independence was promoted. Care records demonstrated people were supported to be as independent as possible.

We observed staff to be kind and caring. The staff we talked to spoke with genuine affection about the people they were supporting.

People were supported to engage in a variety of activities within the community and supported to access employment.

Staff told us the culture of the organisation was open, they felt listened to and able to raise concerns. They knew these would be appropriately addressed.

The service was committed to using information from accidents, incidents, safeguarding, concerns and complaints to drive improvement within the service. This work was ongoing.

Rating at last inspection:

At our last inspection (22 September 2016) the service had an overall rating of Good.

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection.

Follow up:

We will continue to monitor the service through information we receive and future inspections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Langdon Community

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector.

Service and service type:

Langdon community is a small Domiciliary Care Agency which provides personal care to people in their own homes. The service specialises in providing support to people with a learning disability. Support is provided both to people living independently and those living in small group settings.

Not everyone using Langdon Community receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 13 people with personal care.

At the time of the inspection the service had recently recruited an experienced manager who was beginning the process of registration with the Care Quality Commission. This means that when the registration process is completed they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 05 March 2019 and ended on 26 March 2019. We visited the office location on 5 March 2019 to see the manager and office staff; and to review care records and policies and

procedures. On 26 March we visited people in their homes to speak with them and to speak with staff.

What we did:

Prior to our inspection we requested a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams to obtain their views about the service. We contacted Healthwatch which is an independent organisation which collects the views of people who use health and social care services for any feedback they had received. This information was used to identify key lines of enquiry as part of the inspection.

During the inspection we obtained feedback from five people who were receiving support from the service, and spoke with three relatives on the telephone to gain an understanding of their views of the service and quality of support that people were receiving. We spoke with the manager, in house social worker and seven care staff.

We looked at three people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; five staff personnel files, staff training records, policies, procedures and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe in the service. One person told us, "Staff look after me well." and one relative said, "I have never felt the service is anything other than safe."
- The service had a registered social worker within the service and they would investigate any safeguarding concerns and ensure appropriate action was taken to keep people safe.
- Staff completed training in safeguarding and understood their responsibilities in this area.
- The service had safeguarding policies and procedures in place.

Assessing risk, safety monitoring and management

- People's care records contained an assessment of people's care and support needs.
- The service was in the process of updating people's care records, and both new and old care record formats identified potential risk.
- People had Personal Emergency Evacuation Plans (PEEPs) in place to ensure staff knew how to support people in an emergency. These were reviewed during the inspection.
- The service had suitable policies and procedures in place to guide staff in areas including whistleblowing, health and safety and food hygiene. A business continuity plan was in place to provide guidance on how the service would respond to a variety of emergency situations.

Staffing and recruitment

- The service had policies and procedures to ensure staff were safely recruited.
- The records we viewed indicated that staff were safely recruited and appropriate references and checks were in place including checks with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.
- Staff told us that there were sufficient staff to support people and there was consistency. This meant that people were supported by staff who knew them well.

Using medicines safely

- The service had reintroduced medicines audits and where issues were identified actions were taken
- We saw that people's medicines were safely stored and staff made accurate records when they had supported people to take their medicine.
- Care records contained information about how to support the individual to safely take their medicine.

Preventing and controlling infection

- We saw that staff had access to personal protective equipment (PPE) within people's homes.
- The homes we visited were clean and tidy. All cleaning equipment was securely stored to prevent the risk of

harm.

- There were systems in place to ensure checks of equipment were undertaken. This included daily checks of fridges to ensure peoples' food was suitably stored.

Learning lessons when things go wrong

- Accidents and incidents were investigated and where lessons were learnt this information was shared across the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records showed that people had full assessments of their care and support needs. The service had a process for transitioning people into the service and one relative told us, "The transition was very easy, they were very thorough."
- Care was planned and delivered in line with people's individual assessments. The records reviewed demonstrated that people's care needs were reviewed.
- People's care records contained life history and background which included information about choices and preferences. There was specific information about people's religious and cultural needs and how these were to be met. There was ongoing work in relation to the improvement of care records.

Staff support: induction, training, skills and experience

- We saw records that demonstrated staff received regular supervision which covered areas including workplace discussion, professional practice, and personal development.
- Staff told us they felt well supported. They told us, "I get plenty of support from the service," and, "I definitely get all the support I need."
- Staff completed a variety of mandatory training including health and safety, safeguarding and moving and handling. Training records demonstrated that staff training was up to date and planning was in place for any training due for renewal. Staff told us, "They are good at making sure you are up to date with stuff [training]."
- Staff told us they received a good induction including the opportunity to shadow more experienced staff and completed a variety of training. One member of staff told us, "The shadowing was good, I got lots of help, everything I needed."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to choose what they wanted to eat and drink and healthy diets were promoted.
- People were supported to be as independent as they could and would be involved in preparing meals when possible.
- Care records contained detailed information about people's support needs in this area. This include information about how to support people to prepare food and eat it and detailed any potential risk such as choking and swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records demonstrated that the service worked closely with other agencies including health care professionals and community services.

- People were supported to access other services within the Langdon Community which included support to access employment and training.
- The staff we spoke with knew the people they supported well and we able to quickly recognise when a person needs had changed or they were becoming unwell. Staff were able to give us examples of how they had responded in these circumstances.
- People told us they were supported to access healthcare. One person said, "Staff support me to my appointments."

Adapting service, design, decoration to meet people's needs

- We saw that the décor in some of the supported living properties was in need of updating. There was a programme of improvements being undertaken within the properties and new doors had recently been installed within one of the houses.
- We saw that adaptations in the properties had been undertaken to make the houses accessible and suitable for the needs of the people living there, as required. In one house this included installing specialist lifting and hoisting equipment.
- People's bedrooms were nicely decorated and personalised to the individual.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The care files we reviewed contained details about people's capacity to make decisions. We saw records that best interest decisions were made involving the appropriate people.
- Staff ensured people were involved in decisions about their care, and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff completed training in mental capacity. All staff we spoke understood the need for consent when supporting people. There were policies to underpin this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by a consistent staff team who knew them well. One person said, "Yes, I know who is coming to see me."
- We observed respectful interactions between people and staff. Staff spoke to people with affection and shared jokes and humour together. One person told us, "Staff are really nice. I get on really well with them." Where there were concerns about staff, people told us they felt able to raise these with the manager and that they were addressed.
- Relatives were very positive about the support their family members received at Langdon Community. They told us, "They [staff] are really lovely, they know [family member] and talk to them. [Family member] likes being there."
- People's religious and cultural needs were respected. The service is run by a Jewish organisation and care records contained information about each person's wishes and beliefs. They identified what aspects of the Jewish faith and culture were important to each person and which they wanted to observe.
- People were supported to communicate using various communication tools. We observed staff communication with one person using sign language.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had choice in their daily lives. They said, "I get enough choice. I get to go out with my friends, go into Manchester shopping, go out for dinner." and, "I get to choose what I want to eat and where I want to go."
- Relatives told us they were actively involved in developing their family member's care plan. They told us, "Communication with us is really good." and, "We have regular contact with the carers."
- Care records contained detailed information about people's likes, dislikes and preferences and staff had a good understanding of these and how to promote choice.
- The service had an advocacy policy and care records demonstrated that advocates were involved in people's care as needed. Independent advocates help people to express their needs and wishes, and weigh up decisions about the options available.

Respecting and promoting people's privacy, dignity and independence

- We observed that independence was promoted and people were encouraged to do as much as they could for themselves. People undertook daily living tasks such as cooking, cleaning and shopping with support. A number of the people had been supported to get a job.
- Staff we spoke with knew how to promote independence and gave us a number of examples of how people supported by Langdon community had become more independent. Staff told us, "It's incredible. I love seeing people becoming more independent. It's so lovely to see them meeting people, making friends and

having a social life."

- Relatives confirmed that they felt independence was promoted. One relative said, "They see [family member] has potential. They are always trying to get [family member] to take steps forward. We've seen positive changes."
- People told us that staff respected their privacy and would knock before entering their room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The new manager was in the process of making changes to care plans to make them more accessible. These were in the process of being rolled out across the service.
- The care records we reviewed in both the new and old care record format contained information about people's care and support needs. These covered a wide variety of areas and were specific to the individual.
- Staff told us they found the care plans good. One staff member said, "Care plans are good. They tell you everything you need to know." and, "They are good at updating you, communication is good."
- Relatives told us the service was good at meeting their family members' individual needs. They told us, "The service is quite responsive when things change." "I'm happy due to the dedication of the service. Each and every one goes that extra mile to help." and, "[Manager] is like an angel, always looking at ways to solve an issue. It's given reassurance to us."

Improving care quality in response to complaints or concerns

- People we spoke with told us they felt able to raise concern. One person told us, "If I feel that staff aren't listening I can talk to [manager] about this and they will do something about it," and another told us, "I feel able to raise concerns and I know staff would address them." Relatives confirmed they felt able to raise concerns and said, "We can always discuss any concerns and it gets addressed."
- Staff told us they felt able to raise concerns and felt listened to. They said, "[The service] definitely listen to staff. They are responsive to new ideas, they welcome new ideas," and, "It's a very open and welcoming service, they listen to feedback."
- The service had a complaints policy in place and had processes for managing and responding to complaints.
- The registered manager was able to tell us how they addressed any concerns that people raised. They gave us examples of how concerns were investigated, and learning was shared in order to develop service improvement.

End of life care and support

- At the time of the inspection the service did not provide support to people with end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was newly in post. Leaders and the culture they created needed to be embedded to support the delivery of high-quality, person-centred care. Regulations had been met

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. The previous registered manager had deregistered with the CQC in February 2019. The service had recently recruited a manager who had previous experience of working as a registered manager. The manager was due to begin the process of registering with the Care Quality Commission. At the time of inspection, the service was in the process of a restructure to improve the management oversight of the service. For the service to be rated as good in the well led domain we need to see evidence of consistent and sustained good practice as a result of these changes.
- People's confidential information was kept secure within the office and only accessible to people who needed this information.
- The manager was aware of their responsibility to report events to the CQC through statutory notifications.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives and staff told us that systems of communication were good. Relative said, "Communication is good." and, "We find the manager very approachable and responsive. This has made a big difference to our experience."
- We saw records, and staff told us that they were well supported and had regular team meetings, supervisions and appraisals. One staff member told us, "There is a culture open to mistakes and learning from them."
- The manager had a clear vision for service. They were committed to ensuring people were respected as individuals and independence was encouraged. Staff we spoke with shared this commitment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had recently reintroduced processes to obtain feedback from people, relatives and staff. At the time of the inspection the service was awaiting responses to the surveys. The manager was able to tell us how this information would be analysed to drive improvement within the service.
- The service held meetings which included staff meetings, management meetings and house meetings.

Continuous learning and improving care

- The service used accidents, incidents and complaints to learn and improve the service. This learning was shared across the service.
- The manager had reintroduced some audits and had plans for further checks and improvements to

management oversight. This work was ongoing.

- Staff were very positive about the new manager and the positive impact they had already had upon the service. One staff member told us, "Things have improved for the better, it is more organised and better. I wouldn't change anything," and, "There's been lots of changes, we can see where things are going and feel more supported. There is greater consistency which is good for the people living here."

Working in partnership with others

- The service worked closely with other agencies including community and health care provisions.
- People were supported to engage with a range of community activities and supported to access ongoing education and employment.
- Families told us they felt full involved in the service. One relative told us, "There is lots of opportunities to engage, there is a real will to drive improvement and the resources to do this."