

## Langdon Community

# Langdon Community - Edgware

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This unannounced inspection took place on 12 February 2015. Langdon Community – Edgware registered with the Care Quality Commission (CQC) in December 2013 and this was the first inspection since registration.

Langdon Community - Edgware is a supported living service providing personal care support for Jewish people with disabilities who live in their own homes. The service supports 47 people who live near to the service's central hub and office in Edgware in the London Borough of Barnet, and very recently started supporting people in

Borehamwood in Hertfordshire. People who use the service live in a range of accommodation depending on their needs and preferences - some people live in shared accommodation while others live on their own. The support provided ranges from a few hours per week to 24 hours per day. Langdon Community is a national charity and owns a number of the properties in which people live while others are rented from private landlords.

The service had a registered manager in place. A registered manager is a person who has registered with

# Summary of findings

the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that Langdon Community – Edgware provided a highly personalised, person-centred service in which people were in control of their support and participated in decision-making for the service and organisation as a whole. People were encouraged and enabled to learn new skills and become more independent within the Jewish ethos of the service. Support that staff provided to people was clearly outcome-focussed and systems were in place to document this.

People consented to their support and staff and the managers of the service worked to ensure people's parents and relatives were aware of the legal limits of their role in decision-making. Feedback about the service was encouraged and there were a range of mechanisms to support this.

Staff were aware of the requirements of their role and were vetted appropriately before starting work. Staff supported people safely and knew what to do to protect people from the risk of abuse.

Recruitment procedures ensured staff had the appropriate values when they were employed and gained skills and qualifications shortly after they started work. Ongoing training was provided and staff were encouraged to pass on their expertise to their colleagues through workshops and a system of 'champions' in various aspects of service delivery.

There were systems in place to check the quality of the support people received and the registered manager was aware of the requirements of her role. However, we found that notifications of events that affected the service had not been appropriately submitted to the CQC as required. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. Risks associated with people's support were assessed and managed with guidelines for staff. Medicines were managed safely and people were encouraged to take their own medicines whenever possible.

There were enough staff to meet people's needs safely and in a timely manner. Recruitment procedures ensured staff were suitable to work with people in need of support.

Good



### Is the service effective?

The service was effective. Staff had appropriate knowledge and skills and were provided with opportunities to gain relevant qualifications.

Staff were aware of the requirements of the Mental Capacity Act 2005 and worked within them. The service had a strong focus on ensuring people were in control of decisions about their support and worked with families to ensure they understood legal boundaries.

Staff supported people to maintain good health and eat a balanced diet where this was part of people's support.

Outstanding



### Is the service caring?

The service was highly caring. There was a strong sense of community within the service and people were encouraged to learn new skills and become more independent.

Staff built positive, caring relationships with the people they supported.

Good



### Is the service responsive?

The service was responsive. People developed their care and support plans and these were reviewed regularly and as people's needs changed.

The service encouraged feedback and responded to complaints and concerns appropriately.

Good



### Is the service well-led?

The service was well-led in most areas. People and their relatives were involved in decision-making about the service and their support, and staff were encouraged to share their skills and expertise.

The quality of the service was regularly checked by the registered manager and the provider organisation and action was taken when issues were identified. However, the registered manager had not submitted notifications to CQC of events that affect the service as required by law.

Requires Improvement



# Langdon Community - Edgware

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 February 2015 and was unannounced. The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of events affecting the service.

During the inspection we spoke with nine people who use the service and one relative. We spoke with eight staff

including three support workers, one senior support worker, the activities coordinator, the service manager, the registered manager who is the service's acting Head of Operations, and the provider organisation's acting Director of Operations. We visited three of the properties in which people receive support and observed support and interactions between staff and people.

We looked at three people's personal care and support records, personnel records for two staff and records relating to the management of the service such as staff training and supervision records, meeting minutes, records of checks and audits, action plans and safeguarding records.

After our visit we spoke with a commissioning officer from a local authority who has knowledge of the service, and the provider organisation's quality, performance and review manager.

# Is the service safe?

## Our findings

People told us the support they received through Langdon Community – Edgware helped them to feel safe. One person said, “I have phoned the on-call and they helped me. There is always someone around if I need it.” A relative told us, “There is always someone available. The support is always there and I know [my relative] is safe.”

People were protected from the risk of abuse and avoidable harm. Records showed, and staff confirmed, that staff had been trained in safeguarding adults procedures and knew the procedure to follow if they had concerns about a person. We looked at records of safeguarding alerts and saw that the registered manager investigated and appropriately responded to concerns, including meeting with people and their representatives and changing support where that was necessary.

We asked staff how they supported people to get on with their flatmates in shared accommodation. A support worker told us, “Whenever there is conflict we manage it by listening to people, always taking them seriously and ensuring everyone has a voice. Sometimes we need to reinforce boundaries and change the house rules to make sure people are supported to manage these conflicts and feel safe in their home.” A person told us, “The staff always listen to me and help me to resolve any problems. We talk about feeling safe in our house meetings and speak up if things need to change.”

People’s personal care and support records showed that risks associated with people’s support were assessed with guidelines in place for staff to reduce those risks. Each person’s records contained a number of individual risk assessments including managing money, preparing meals, personal care and moving and handling. Each property in which support was provided also had a ‘house risk assessment’ with information for the person and staff on safety in the home such as the location of gas stopcocks and emergency evacuation procedures. We saw these were up-to-date and reviewed regularly. Records showed that staff had been trained in health and safety and other topics relevant to the support people received such as moving and handling.

Support provided by the service aimed to balance people’s independence while managing risks. One person told us, “We can do what we want and are in charge to a certain

degree but there are rules to keep us safe. An example is our [bank] cards which are kept in the safe so they don’t get lost or stolen, but I can always ask a staff member to get it for me and I always have access to it when I need or want it.”

Some people who used the service used a wheelchair and we saw that specific risks relating to this were appropriately assessed and managed. For example, one person needed the support of two staff to move between their wheelchair and their bed or other seating and their risk assessment reflected this. We observed the person being supported to move and saw that staff did so safely and with care, and followed established good practice guidelines for moving and handling.

There were enough staff available to safely meet people’s needs in a timely manner. The registered manager told us that the service was rapidly expanding and they had a rolling recruitment programme in anticipation of supporting more people. There were approximately 80 permanent and bank staff at the time of our visit supporting 47 people. People told us their support was flexible according to their needs and wishes and changes imposed upon them by the service were rare. Each person had an ‘essential tasks’ document which outlined the support they received and their preferred support routine, and one person told us they had developed it and made changes when they wished to which were respected by the staff and managers.

The provider operated an on-call system whereby the managers and senior support workers were rostered to provide telephone and physical support to staff, people who use the service and their representatives outside of regular office hours. People, staff and their representatives told us this worked well and helped them to feel safe. The service also facilitated and arranged access to telecare services, where people use alarms and the telephone to call for support when they are alone, where this was appropriate for people. One person told us, “I feel very secure here even when I’m on my own.”

The provider organisation followed good recruitment practices and ensured staff were appropriately vetted before working with people. The staff files we looked at included criminal record checks, two written references which were verified by the provider, interview records and an application form detailing the staff member’s

## Is the service safe?

employment history. Each staff member's right to work in the United Kingdom was also checked and verified and included supporting documentation, such as legal name changes, where necessary.

Records showed that the registered manager appropriately understood her obligations when staff did not perform their roles safely or effectively. We saw that a former staff member had been referred to the Disclosure and Barring Service when their practice had left a person at risk.

Medicines were managed and administered safely when this was part of people's support. People were supported to take their own medicines whenever possible and risks were appropriately assessed and managed relating to this.

Where people received full support to take their medicines staff had been trained in administering these and we saw that recently a competency assessment had been introduced to ensure staff were competent before they did so.

We checked people's medicine administration records (MARs) and saw these were up-to-date and correctly completed. Where people had been prescribed medicines to be taken as needed (known as PRN medicines), staff had 'PRN protocol' guidelines for each medicine detailing the circumstances in which it was to be administered and how. These were correctly included and completed in each person's MAR sheets.



# Is the service effective?

## Our findings

People and their relatives told us their support was effective. One person said, “My life has completely changed for the better since I moved into Langdon. I have learnt new skills, I have a job. I really love it and the staff are amazing.” Another person said, “The staff teach me so much and always help me when I need it. They take me to my appointments and I need the help.” A relative told us, “The support is brilliant. We are very, very lucky to have Langdon.”

The provider organisation offered a core training programme to ensure staff were appropriately trained for their roles. Each staff member underwent an induction period when they started work. This included core training, such as infection control, food hygiene, first aid, mental capacity and fire safety, and three days to two weeks of shadowing more experienced staff. New staff who did not hold a relevant qualification were required to complete Skills for Care’s Common Induction Standards during their three-month probationary period. The core training programme was offered throughout the year so that staff could refresh their knowledge and skills as they continued in their role.

The service also offered additional training for staff, such as epilepsy, autism and mental health awareness, to meet people’s specific needs. The provider organisation also required staff to undertake a relevant qualification if they did not already hold one when they were employed, such as the Diploma in Health and Social Care to level two or three. One support worker told us, “There is so much training offered! I did one [level two qualification] and they want me to do the next level but I am waiting as I have so much training to do first.”

Staff told us they had one-to-one supervision meetings with their line managers regularly, although this differed from once per month to once every three months depending on the team. Staff who worked closely with their supervisors in the properties where people received 24-hour support told us they had supervision every three months, whereas staff who worked more independently told us they had supervision once per month. Records showed that staff discussed practice issues and support provided to people, their own professional development needs and could raise any concerns or issues they had. Staff also had an annual appraisal meeting with their

supervisor in which their work for the year was reviewed and objectives set for the coming year. One support worker told us, “I feel very well supported here and they supported me through an illness when I wasn’t able to work full time. This is a great place to work.”

Consent for people’s support was sought and obtained before support was provided. People’s personal care and support records included a consent form outlining various areas they consented such as support with medicines and support with personal care. Each person had signed their own consent form. Where people lived in properties owned by Langdon, their tenancy agreement was in an easy-to-read format if the person preferred or required that.

People told us they were in control of their support and made their own decisions where possible. One person said, “I make the decisions in my house but sometimes I need support. I know the staff always have my best interests at heart.” Another person told us, “[Staff] never do anything without my permission. I’m the boss of my support and my life.”

Staff had been trained in the requirements of the Mental Capacity Act 2005 and understood what that meant for the people they supported. The service employed a social worker who undertook assessments of people’s capacity to understand and agree to their support when staff thought this was necessary, and we saw records of a ‘best interests’ meeting that had been held when a person had been assessed as not having the capacity to understand and make a specific life decision.

The registered manager told us she had arranged training for the charity’s trustees and parents and relatives of people who use the service to assist them to better understand issues of decision-making, capacity and consent. She told us that some relatives occasionally had trouble negotiating these issues and wished to make all decisions on people’s behalf when they weren’t legally authorised to do so, and this was an area in which she and the staff had to act sensitively to ensure “culture is recognised but the law comes first.”

The service manager also told us she had recently undertaken an audit exercise to determine exactly who had an attorney or deputy appointed by the Court of Protection to manage their affairs on their behalf, and who had an appointee through the Department of Work and Pensions to manage and receive their financial benefits on their



## Is the service effective?

behalf. She told us this was a very useful exercise and clarified who was responsible for which decisions when people did not have capacity to understand and consent. She said this was important so that people's parents and relatives understood the limits of their role when people needed to make decisions.

The registered manager was aware of recent changes to case law relating to depriving people of their liberty for their own safety and had identified some people for whom this would be explored further. She knew an application had to be made to the Court of Protection for authorisation should such deprivation of liberty be required to keep people safe.

Where this was part of people's support, staff supported people to shop for and prepare meals of their choice. In one of the shared houses we visited we saw that each person had their own menu and own food and staff

supported them to cook a meal of their choice. One person told us, "I get support to go shopping – we make the list together then go shopping and then [staff] help me with the cooking. They show me how to do it and let me try it myself. I have learnt to cook so many healthy things since I moved in here." A support worker in one of the shared houses told us, "Even when each person has a different meal we all eat together at the table like a family. It's lovely."

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with health professionals and outcomes and actions for staff. We saw that staff sought support from health professionals quickly when they were concerned about a person's health. One person told us, "Staff always go with me to appointments and help me to stay healthy."



# Is the service caring?

## Our findings

The service's motto at the time of our inspection was 'enabling independent living' and this was clearly evident as the aim for each person's support. One person told us, "Getting independence is the best thing since I moved into Langdon. Every day I learn new skills and I'm becoming more and more confident every day." A relative told us, "I feel supported to cope when things are hard." A support worker said, "It spurs me on when a person I support is doing really well. I love the relationship I've built with the service users and watching them grow and learn new skills is so rewarding."

Staff knew people well and built positive, caring relationships with the people they supported. Each person's care and support records included their background and history as well as information relating to their current support needs. Staff told us this helped them to get to know the person, however stressed that this was not a replacement for getting to know the person individually. One support worker told us, "You have to tailor the support to the person – each person has different needs and their own life and history and what makes them who they are. They get to know you too." The same support worker also told us that staff were matched to people with common interests to facilitate a positive working relationship.

People told us they were always supported by the same staff, who respected them. One person said, "The staff aren't on the computer all the time like they were in the last place I lived. Here they are always there for us, supporting us to do what we want." Another person told us, "In other places I have lived the staff and managers always spoke in [their own language] in front of us. I felt like they were talking about me and it was very rude. Here the staff never do that and I feel completely respected."

People also told us that staff respected their privacy and dignity when supporting them with personal care. One person said, "[The staff] are amazing. They treat me with such respect and always put me first. They always make sure I'm decent and I only have the staff I choose to support me with personal care."

We found that people clearly directed their own support and support was delivered according to their preferences. Each person we spoke with stressed how they were in control of their support.

People were supported to maintain relationships with their families and friends, and one person told us "I really feel as though I'm part of a community here". The shared Jewish culture aided this and we saw that communal Shabbat dinners were highly valued. One person, who had physical disabilities and some communication difficulties, told us, "The staff support me to make phone calls when I need to and helped me to get this special band so I can text on my phone. My family and friends can come and visit any time and they are always made to feel welcome." A relative told us, "What Langdon has created here is just lovely. They have a lovely arrangement for Friday evenings and share everything so costs are kept down."

We asked the registered manager about the cultural and religious identity of people who use the service and she told us that people were supported to be as observant as they wished. She said, "Some people are very religious and others much less so. Each person receives a 'Jewish ethos' gift when they move in which is a bag with candles and other things for Shabbat rituals. It is up to them what they do with it." A staff member told us, "They give you lots of information about the different Jewish rituals and holidays so you know how to support people if that's what they want. Some people are very religious and others really aren't."

# Is the service responsive?

## Our findings

People's support plans were person-centred and people told us they were in control of their support. One person said, "I wrote my plan with my keyworker. We changed my 'essential tasks' just the other day because things had changed and I wanted my support at a different time." Their support worker told us, "I stand back and they take the lead. We have our 'essential tasks' but [the person] does them and my role is to advise and support." Another staff member told us, "we are a 'do with, not for' service and my job is to persuade and encourage but it's always up to [the person]."

People's needs were assessed before they moved into the service through an 'Independent living skills assessment' which looked at the skills they had and what they needed to work on to become more independent. Each person's care and support records also included their assessment and support plan from the commissioning local authority and we saw that their needs were addressed through their support plans. Support plans, risk assessments and other support documents were reviewed regularly and as people's needs changed. The registered manager told us they were trialling an improved easy-read version of the support plan template for people who needed it.

Each person had clear goals for their support and we saw that outcomes were recorded. Employment was a specific focus of the service and the registered manager told us that 85% of the people who used the service undertook paid or voluntary work. People told us staff supported them to find and stay in work and also supported them to learn associated skills such as travelling to the workplace. During our inspection we saw that the service office was staffed by people who use the service and they undertook a range of tasks such as reception duties, filing and data entry.

People who used the service met monthly as part of the 'community meeting' to determine the activities timetable for the month. The service employed a full-time activities coordinator and we saw there were activities offered most days each week. There was also a catalogue of supported holidays planned throughout the year and people told us they were greatly looking forward to these. We saw that people were also supported to undertake a range of activities outside the service if they wished, although one staff member told us "a lot of people don't really have friends outside Langdon. I feel we could be more encouraging of outside interaction". We discussed this with several staff and managers and they all felt this was part of the Jewish ethos of the service.

Each property in which people received support had a 'moans, groans and grumbles' book in which people could note any issues or complaints they had. These were reviewed by the person's keyworker or senior support worker and discussed with the person. People told us they liked this system and they were satisfied with how their complaints and concerns were handled.

The service also had a complaints policy and procedure and we saw that complaints were recorded as they were received and responded to appropriately. We saw records of meetings with people who use the service and their representatives when they had a complaint. However, the registered manager did not have a central system for recording complaints or feedback and they were instead recorded in her day-to-day notebook. This meant that other staff of the service weren't able to access this information if she wasn't available and they needed to.

# Is the service well-led?

## Our findings

People told us that communication with the service was very good and they were able to contribute to decisions about the service. One relative told us, “The communication is excellent. I can always just phone and any issues are addressed immediately.”

We looked through safeguarding records and saw that a safeguarding alert had been raised and investigated by the local safeguarding authority. However, the registered manager had not submitted a statutory notification to CQC informing us of this, as she is required to do.

This was in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009, which corresponds to regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service held a monthly ‘community meeting’, in which all people who use the service were encouraged to participate and where decisions about activities, religious observance and community events were made. Additionally, the service also had a formal mechanism for representation known as the ‘Langdon People Advisory Group’ where people were elected to represent their peers and served annual terms. This group contributed to decision-making for the service and participated in staff recruitment through writing interview questions and interviewing applicants. There was also the ‘Langdon Ambassador and Parents Committee’ in place in which people’s relatives contributed to decision-making about the service.

At the time of our visit, the service had recently held a ‘staff open day’ which was a conference and workshop for staff to express their views about the service. The registered manager told us this would be held every six months. As a result of the open day, several ‘champions’ had been identified to develop resources and lead on various aspects of service provision such as infection control, safeguarding, risk management and supporting people with mental health needs.

Staff and managers of the service were clear about their roles and expectations. The service was undergoing a restructure at the time of our visit and staff and managers were aware of their changed roles and how this affected service delivery. The registered manager and service manager told us they were well-supported by the senior managers of the provider organisation and participated in a monthly ‘community managers meeting’ with their counterparts throughout England using videoconferencing. The registered manager told us these meetings were “absolutely vital” for support and sharing information. Senior support workers also met weekly to discuss practice issues and support each other, and each team met regularly for the same purpose.

There were systems in place to check the quality of the service. The provider organisation employed a quality, performance and review manager who visited the service every six weeks and completed an audit covering cleanliness, health and safety, people’s personal care and support records, people’s finances, medicines management and staff training and supervision. She told us that any issues found were addressed with the service managers who in turn addressed them with the senior support workers. She told us that paperwork was a particular focus at the time of our visit to ensure that the “good work we do is documented and reflected in our paperwork”.

The registered manager participated in a number of forums to ensure she was up-to-date with developments in the sector and local and national policy initiatives. She told us she attended the provider forum of the local authority and the ‘Voluntary Organisation Disabilities Group’ (VODG) which she found very valuable and passed information onto staff and other managers through the community manager meetings and the senior support worker meetings.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 18 CQC (Registration) Regulations 2009<br/>Notification of other incidents</p> <p>The registered person did not notify the Commission without delay of an allegation of abuse in relation to a service user.</p> <p>Regulation 18(1).</p> |