Langstone Society

Langstone Community Support Services

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: Langstone Community Support Services is a supported living service providing personal care to adults in their own homes or a supported living environment. People the service supported had a range of needs including physical disability and learning disability. On the day of the inspection, 56 people were receiving support.

People's experience of using this service:

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way as possible; the policies and systems in the service supported this practice.

People felt safe and staff had good knowledge of safeguarding processes. Staff had been recruited safely. We saw staff had received training that was relevant to their roles.

People knew how to complain, and an easy read version of the complaint's procedure was accessible.

Staff treated people with kindness and compassion and people spoke highly of them. We saw positive feedback had been gathered about the support staff provided.

Staff were positive about the current management team and felt the new policies implemented have been beneficial. For example, a new policy had been issued about professional boundaries.

Project managers had good oversight of the people they supported. However, the provider lacked oversight of the whole service. This meant the quality of the service was not always monitored.

The outcomes for people using the service reflected the principals and values of Registering the Right Support. For example, peoples support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection:
At the last inspection the service was rated good (report published 15 September 2016).

Why we inspected:
This was a planned inspection based on the ratings at the last inspection. The inspection took place on 22 May 2019.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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**

Langstone Community Support Services

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 carried out by one inspector and one assistant inspector.

Service and service type:
This service provides care and support to people living in their own homes, known as a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

The management structure compromised of a chief executive officer (CEO), supported by project managers, supported by team coordinators.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit. This enabled us to make arrangements to talk to people and ensure the CEO and project managers were available.

What we did:

Due to technical problems, the provider was not able to complete a provider information return. This is the information we require providers to send us to give some key information about the service, what it does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service. This included notifications received about deaths, accidents/incidents and safeguarding alerts which the provider are required to send us by law. We also contacted the local authority who commissioned services for feedback.

During the inspection nine people shared their views about the support they received. 11 staff members were spoken with along with two project managers and the CEO who was available throughout the inspection.

We looked at care records for three people. We also looked at medicine's administration records, as well as a range of records relating to the running of the service. These included incident and accident monitoring as well as complaints. We viewed four staff files and training records.

Good

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.

Assessing risk, safety monitoring and management
• People were encouraged to take positive risks and be involved in planning their care. For example, we saw staff had supported one person to start archery classes.
• Care plan and risk assessments did not always contain enough detail about peoples care and support needs. However, daily records contained in depth information about how staff were supporting people on a day to day basis and staff had a good understanding of people's needs and associated risks.
• Staff used an electronic system to record people's daily records and store care plans and risk assessments. This allowed for all documentation to be stored safely and staff told us the devices were password protected.
• Staff encouraged people to be involved in maintaining a safe home environment. Staff had arranged for the local fire service to visit people in their homes and discuss fire safety.
• The provider required all project managers to send a monthly report documenting any concerns or safeguarding's. This allowed them to monitor incidents and ensure the relevant authorities were notified where needed.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe and staff supported people to stay safe in their own homes. A person we spoke with said, "I feel safe with the staff."
• Staff had completed safeguarding training and could tell us the different types of abuse.
• Staff knew the process for raising concerns. A staff member told us, "If there was anyone at risk, we would report it."

Staffing and recruitment
• The provider had a system in place to monitor missed calls and a team coordinator communicated missed calls to the project manager. People told us they were given notice if calls needed to be cancelled and it did not happen often.
• Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers which we saw had been validated.

Using medicines safely
• Where people required support with medicines, we saw these were stored safely in people's home and staff followed the correct procedure when administering medicines.
• People knew what medicines they took and told us staff supported them to take these safely.
• One person had 'as and when required' medicines but the protocol, which told staff when to give this, was missing. Staff were able to tell us when the person would require the medicine and what information would be on the protocol, the on-call manager had access to the protocol. We raised this with the provider and

they told us they had put a new copy in the persons medicine file the next morning.

Preventing and controlling infection
• People were supported and encouraged to keep their homes clean and tidy.
• The provider displayed hand hygiene posters in the games room where people and staff met for social activities. We observed staff following good hand washing processes.

Learning lessons when things go wrong
• The provider demonstrated they investigated and learnt lessons following safeguarding concerns. We saw an instance where the provider identified a delay in information being passed on regarding a medicine error. The provider had therefore updated their medicines policy, their medicines training and their on-call policy and procedure. This had been communicated with staff. Staff told us policies had been updated and this had been beneficial to them.

Good

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.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. At the time of inspection, no one was being deprived of their liberty under a Court of Protection.

• People told us they made day to day decisions and their choices were documented in their care plans.
• Staff had a good knowledge and understanding of the MCA, one staff member told us, "Mental capacity is about supporting and advising people on each individual decision, if we are unsure about it [ability to make a decision], we report to the manager and would have a meeting and involve other people like the GP, family and social workers."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People received support they wanted to meet their needs, one person told us "they know what I want … we have a nice time doing it. I do what I want to do".
• Peoples physical, mental and social needs were assessed and documented in their care plans and risk assessments.
• Staff supported people with their religious and cultural needs. Staff told us some people only had support from male staff due to religious needs. Other staff told us how they supported a person to go to the library to access the Asian newspaper.

Staff support: induction, training, skills and experience
• People were supported by staff who knew them well. One person said, "[Staff are] brilliant, can't fault them in any way. I appreciate everything they do."
• Staff induction included completion of the care certificate, and training was tailored to meet the specific needs of the people they were supporting.
• A supervision schedule was in place but not all staff had access to supervision. We brought this to the attention of the project manager who said they would address this.

Adapting service, design, decoration to meet people's needs
• A project manager gave us an example of how they supported a person to move to a property that met

their physical needs. A vacancy had become available in a wheelchair adapted home and had been suggested to the person. The person accepted, and the accessible environment enabled them to have more independence with a lowered kitchen and wheelchair friendly bathroom. The person would not have known about the vacancy without the support of the project manager.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Staff supported people with shopping and independent living skills. Where a person had wanted to lose weight, staff had supported them to attend slimming clubs.
• People had reviews and their health needs were discussed. We saw discussions with people on how they could improve their health and what staff could do to support this. Health action plans were then updated so staff always had access to the most recent information.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us staff supported them with cooking or cooked for them. Where people relied on staff to cook their meals, a person we spoke with told us "the food is perfect. There is a choice of meals, … I have a tomato and sausage sandwich on brown bread … It's the best thing I have ever tasted".
• Staff supported people to maintain a healthy balanced diet in line with their health needs. For example, staff told us how a person liked to buy toffee, so they had found some sugar free ones. The person told us they likes these and purchased two bags.

Good

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.

Supporting people to express their views and be involved in making decisions about their care
• People, relatives and staff were provided with questionnaire, so they could express their views about the service. Comments from a family member included, "Excellent support on a practical and emotional level, [person] is safe and their best interests are priority" and from a person, "I'm getting the right help to cater for my actual needs."
• The provider had devised an easy read 'make your own decisions' document. This supported people to make decisions and signposted them to external agencies such as advocacy services.
• People and staff felt they had enough time on each call and people received the support they needed. One person we spoke with said, "Sometimes if there's time after shopping, we go for a pint down the pub and have a chat."

Ensuring people are well treated and supported; respecting equality and diversity
• Staff treated people with kindness and compassion and people spoke highly of them. We observed positive interactions between staff and people, a person we spoke with told us, "I get 110% perfection from everyone. The staff are always so happy, and they work so hard."
• Staff told us what was important to people and gave us examples of how they made sure people had a sense of self-worth.
• Staff used different methods of communication to ensure people understood information that was provided to them and were supported in a way that suited them.

Respecting and promoting people's privacy, dignity and independence
• People told us they had good relationships with their families. Where appropriate staff encouraged people to socialise together, either on group activities or in the games room at the providers office.
• Staff maintained people's dignity and respected their privacy. For example, we saw staff knocked on people's doors and asked permission before going in to their homes.
• Staff shared confidential information on a need to know basis. This ensured sensitive information about people was not discussed unnecessarily.
• Staff treated people as individuals and listened to them, one staff member told us, "All clients vary, so what they need has to be varied and the care provide for them has to be tailored."

Good

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
• People told us they were involved in their care planning and review processes, one person said, "I have a review once a year to talk about what's going on and my views on things."
• People told us they got the care they wanted. One person said, "Anyone doing a tour, I tell them to come here or they'll regret it if they don't. It is a first-class place."
• Staff could tell us how they ensured people had personalised care and choice. A staff member told us "[person] had difficulty walking, we worked with them to help improve their physical ability … [person] could barely walk … they are now able to use the bus by themselves because they regained mobility. It has improved their confidence".
• Staff had a good understanding of people needs, preferences and aspirations. Staff told us how they had supported people into paid and voluntary jobs. One staff member told us, "I supported [person] to the job centre then helped them write their CV. After this we did mini interviews to build their confidence. Now they have a job."
• Staff told us care plans were updated as and when needed. We saw these updates recorded on the providers electronic care plan system. This enabled staff to have access to the most up to date information about people.

Improving care quality in response to complaints or concerns
• People told us they knew how to complain, and we saw easy read complaints procedures displayed in the providers office and games room. A person we spoken with said, "If I was not happy I'd tell [project manager]" and, "After they've [staff] done breakfast, they sit down and talk to me and ask if I have any complaints. But I have nothing to complain about."
• The provider had a complaints procedure. We saw one complaint had been logged and dealt with in line with their policy.

End of life care and support
• No one was receiving end of life care at the time of inspection. The provider had not documented end of life preferences for people but said they would consider this on an individual basis.
• A person told us a close relative had passed away and staff supported them to come to terms with this. The person showed us visual aids they were using to help them cope.
• Staff told us how they had supported someone through end of life. They told us it was important for the person to feel they were surrounded by people who cared about them.

Requires Improvement

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 inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

• There was no registered manager in post at the time of inspection. Therefore, there was a lack of oversight of the service. The provider told us they had a plan to register an existing manager.

• We saw documented team meetings were held with the CEO and project managers to gather updates and share information. However, the CEO was unable to give certain information about people's needs and relied on project managers for information we required.

• There were no consistent checks or audits on the quality of the service. The CEO told us they had identified this as an area that needed to be improved and it was part of the overall development plan.

• We saw spot checks had taken place to ensure staff were working in line with peoples care plans and risk assessments, these had identified good practice and areas of improvement with actions. However, these were not carried out on a frequent basis, for example one project manager had not undertaken a spot check since November 2018.

• Most staff received supervision, but we found a small number had not had a supervision since they started. We discussed this with the provider who said they would rectify this. Staff who had received supervision told us they were beneficial, and they felt listened to.

• Staff understood their responsibilities and what was expected of them. They told us they received updates from the provider. A staff member told us, "Staff are kept up to date with the needs of people via emails."

• The provider had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the office and on their website.

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

• Staff were concerned there was a lack of travel time between calls. This meant they were sometimes late and had to work longer days. The project manager told us they were looking at rotas, so staff attended calls that were closer to one another.

• Project managers and staff demonstrated a good attitude and approach with the people they supported. We saw positive rapport between people and staff and people told us they were listened to by staff and the project managers.

• Staff expressed confidence in the provider and project managers. A staff member told us, "I've met the new CEO, they are supportive and professional, and I wouldn't hesitate to approach them."

• Staff told us they knew about whistleblowing and would feel confident to raise concerns.

• The provider had developed new policies these included professional boundaries and duty of candour. We saw meeting minutes discussing the new policies and staff told us these were beneficial and had a positive impact on the way they worked.
• The provider had completed an internal audit and an action plan and identified areas of improvement. We could see they had achieved actions and were working on others.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• We saw feedback had been sought from staff, families and people. The outcome was positive, one person said "staff help me feel that I am able to contribute … it [staff support] gives me back a sense of self-worth".
• People were consulted and involved in day to day decisions about their care and were updated about changes within the organisation. A person told us, "Yes I think I do get informed about changes. I can pop to the office to see people and they will grab me and introduce me to someone that is new."
• Staff felt valued and listened to. One staff member said, "We can suggest improvements, we are listened to. For example, if a person wants something or if something could be done in a different way."
• The provider communicated with external agencies such as respite homes, financial advocacy services and health professionals to ensure people received consistent care.

Continuous learning and improving care
• The provider was able to demonstrate they were continuously learning and developing. For example, they had identified a lack of knowledge around professional boundaries, so they had devised a training package and wrote new policies. The provider had also implemented a new medicine policy, training program and competence checks.