Langdon Community

Langdon Community - Edgware

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection that took place on 20 March and 3 April 2017. At our last inspection in February 2015, we found one breach of regulations. This was because the provider had failed to notify us about an allegation of abuse. The provider subsequently wrote to us to say what they would do in relation to this breach of legal requirements. At this inspection, we found that the provider was now notifying us about relevant matters including allegations of abuse.

The provider is registered for this service to provide homecare and supported living services to anybody in the community. The service specialises in the care and support of younger adults who have a learning disability or autistic spectrum disorder, a mental health condition, or a physical disability. At the time of this inspection the agency provided support to 77 people in total, but we focussed on the service they provided to seven people receiving personal care support in their own homes. This included some people living in small supported-living schemes, and other people receiving stand-alone services in their own homes.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People and their relatives praised the service and said that they recommended it to friends and family. Health and social care professionals reported that Langdon had supported people well.

However, we found some concerns around how the service ensured that people received high quality care. The service was not consistently safe as responses to allegations of abuse were sometimes not robust at ensuring situations would not be repeated. This was because actions agreed from two safeguarding investigations had not been completed.

We found that people's medicines records were not always signed to show that they were provided with the necessary support, and that audits of these records were not consistently robust. Some staff giving medicines had not had their competency to do this documented.

Staff were not sufficiently supported to carry out their care roles and responsibilities, as mandatory training was not promptly completed for new staff. Many care staff had not completed training on their responsibilities under the Mental Capacity Act 2005, and on the Jewish ethos that was relevant as the service specialised in providing care and support to Jewish people. Records of regular developmental supervisions were not consistently in place for some staff, and annual appraisals had not occurred for most staff.

The service was not consistently well-led. Whilst there was a detailed developmental plan in place for the service that focussed on outcomes for people using the service, it had not identified most of the concerns we identified during this inspection. Some records about staff and the management of the service were not

accurate and up-to-date. Service-wide scrutiny was not therefore comprehensive.

Despite these concerns, the service was responsive at empowering people. It had supported most people to gain paid or voluntary employment. It promoted social inclusion and provided many recreational opportunities through which people using the service developed friendships. This helped enhance people's quality of life.

There was good support of people's individual needs and preferences. People were well supported to develop skills and independence. The support had enabled some people to move to their own accommodation or a better quality of shared accommodation.

Staff were reported to be kind, caring and emotionally supportive. People were listened to, both individually and within group meetings. They were involved in decisions about their care such as through review meetings and staff recruitment processes.

There were enough staff to provide people with their required support, and staff recruitment processes were sufficiently robust. Most people were provided with the same small team of staff, which helped positive and trusting relationships to develop.

There was good attention to managing risks relating to people's care and support. The service supported people with health and nutritional needs, for example, encouraging healthy eating practices for a number of people. People were provided with good support for complex healthcare needs.

Overall, the service had strong user-led values that were followed. The management team were approachable and supportive of people. The management team and quality auditing processes were developing in line with the ongoing growth of the service.

There were overall three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Responses to allegations of abuse were sometimes not robust at ensuring situations would not be repeated. People's medicines records were not always signed to show that they were provided with the necessary support.

There was good attention to managing risks relating to people's care and support. There were enough staff to provide people with their required support, and staff recruitment processes were sufficiently robust.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff were not sufficiently supported to carry out their roles and responsibilities, as mandatory training was not promptly completed for new staff. Records of regular developmental supervisions were not consistently in place for some staff, and annual appraisals had not occurred for most staff.

The service supported people with health and nutritional needs, for example, encouraging healthy eating practices for a number of people.

The service was following the principles of the Mental Capacity Act 2005 in how it supported people to consent to care.

Is the service caring?

Good

The service was caring. Staff were reported to be kind, caring and emotionally supportive. People were well supported to develop skills and independence.

People were involved in decisions about their care such as through review meetings and staff recruitment processes.

Most people were provided with the same small team of staff, which helped positive and trusting relationships to develop.

Is the service responsive?

Good

The service was responsive. It had supported most people to gain paid or voluntary employment. It promoted social inclusion and provided many recreational opportunities through which people using the service developed friendships. This helped enhance people's quality of life.

There was good support of people's individual needs and preferences. People were listened to, both individually and within group meetings. The support had enabled some people to move to better accommodation.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Whilst there was a detailed developmental plan in place for the service that focussed on outcomes for people using the service, it had not identified most of the concerns we identified during this inspection. Service-wide scrutiny was not therefore comprehensive.

However, the service had strong user-led values that were followed. The management team were approachable and supportive of people. The management team and quality auditing processes were developing in line with the ongoing growth of the service.

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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 20 March and 3 April 2017 and was announced. The service was given 48 hours' notice. This was to ensure that members of the management team would be available at the office to provide us with the necessary information.

Before the inspection, the provider completed a Provider Information Return (PIR) which we checked. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider. This included the views of people using the service and staff through questionnaires we sent in the autumn of 2016.

The inspection team comprised of one inspector and an Expert by Experience, who is someone with personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their representatives to ask them their views of the service.

We visited two of the service's supported living schemes, one other person in their own home, the service's local office and the human resources office. We looked at care plans and records of five people using the service, and personnel files of six staff, along with various management records such as quality auditing tools and staff rosters. The registered manager sent us some further documents on request in-between the inspection visits.

There were 77 people using the service at the time of our visits, although only seven of them were being supported with the regulated activity that the provider needed registration for. During the inspection, we spoke with 15 people using the service including five who received regulated care, two people's relatives, seven staff including scheme managers, the registered manager, the service's social worker, and three community professionals.

Requires Improvement

Is the service safe?

Our findings

People and their representatives told us the service was safe. Their comments included, "They are always careful about safety and rules and things that need to be done", "The support workers are trustworthy. They're not going to do anything wrong" and "I trust the staff, they're very fair." However, we found that the service was not consistently safe for people.

Staff told us of being trained on protecting people from abuse. They could give examples of abuse, and of actions they had to take if they suspected abuse. We saw reminder posters about safeguarding displayed in some schemes. However, when we checked safeguarding cases relating to people using the service across the last year, we found that proper procedures were not always followed. In two cases, specific staff were to have further safeguarding training, but in neither case had this occurred according to the service-wide training records. One staff member was assigned for the training in August 2016, but a record in February 2017 stated that it had not yet occurred, and so time needed to be assigned for it. The other staff member was assigned for the training in June 2016, but it was not referred to on any subsequent record on the staff member's file. This meant that steps to minimise the risk of safeguarding matters reoccurring had not been completed, which was not effective operation of systems to prevent abuse of people using the service.

There was a safeguarding policy in place that provided much guidance in line with responsibilities under The Care Act 2014. However, it had not been properly checked so as to ensure that all relevant people's contact details were in place. It also contained no guidance for scenarios where someone using the service was alleged to be abusive towards another such person. Whilst there was a bullying policy in place, it only covered treatment of staff. The management team told us they would review the policy.

The above evidence demonstrates failures to protect people using the service from abuse, which is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other records and feedback around safeguarding cases indicated some appropriate response from the service. For example, an argument between two people using the service was appropriately referred as a safeguarding case.

The service supported some people to take medicines as prescribed. Medicine administration records (MAR) were usually up-to-date, in support of ensuring that people took medicines as prescribed, and scheme managers undertook regular checks of these.

However, at one scheme, the previous month's audit of one person's MAR did not identify any concerns despite three gaps in the administration records, which the scheme manager confirmed as correct. There was also a missed signature for one medicine from the morning of our visit, and for a topical cream the previous week. The person was sometimes away from the service, but the scheme manager confirmed that the person were present at those times. A similar missed signature occurred on someone's MAR from seven days previously at another scheme we visited.

Service-wide training records included when each staff member was last assessed as competent to support people with their medicines. However, there were only three entries out of the 67 staff. We found that some line managers filled out the provider's medicines competency checks for staff members, but these weren't then added to the oversight training records. However, at the scheme where most of the omissions above occurred, staff were providing medicines support to people without the competency check record being completed. The scheme manager confirmed this as correct, but noted that staff were still assessed before being confirmed as capable of supporting people with medicines, which staff confirmed as occurring. This meant there was no record by which to show that staff at this scheme had been checked as capable of providing safe medicines support.

The findings at these schemes, of failing to maintain accurate and complete records relating to people's care and support and the management of this, contributes to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that medicines were stored securely when we visited schemes. Where people were prescribed as-needed medicines, there was detailed guidance for the medicine in relation to the person, including for guiding staff on when the person might benefit from the medicine and how to offer it. These had been signed as appropriate by the person's GP. Our checks of records showed that the guidelines had been followed for one person who had complex healthcare needs. Stock checks were regularly kept where there was risk associated with the medicine, such as if the medicine was a controlled drug.

The service assessed hazards relating to people's individual care and support needs, and set actions to minimise risks. This included for the care environment and health needs, plus where needed, for such things as behaviour challenges, road safety, and medicines management.

There were emergency bags in some people's homes, for quick access where there was an identified risk of needing emergency healthcare. These were checked regularly to ensure they were properly stocked.

One person needed a lot of support with moving and handling. Staff working with them told us of specific training with the equipment the person used, based on physiotherapist guidelines, and that the person themselves advised on specific matters such as if the sling loops for hoisting were incorrectly applied. Where someone was at risk of choking, staff told us of gaining professional advice and ways in which they minimised risks.

We saw records of daily and weekly health and safety checks in supported living schemes. Where action was needed, there was a report of it being allocated to appropriate people such as the provider's tenancy team.

The provider checked on the suitability of staff before hiring them to work in people's homes. The registered manager told us that criminal record (DBS) checks and written references had to be in place beforehand. Records showed that this was the case, along with checks of identity and employment histories. Staff files also had application forms and records of interview. The interview included questions on equality, user rights, and whistle-blowing, which helped ensure that staff with appropriate approaches were being hired.

Office staff showed us that staff were required to update their DBS check every three years, to help demonstrate that they remained safe to work with people in their own homes. A monitoring tool was used to highlight where any action was needed.

People told us there were enough staff as they always turned up, and that staff were usually on time. Comments included, "They support me on time" and "If they are going to be late they normally let me know.

We have a rota so I know from the rota who is coming." Records of staff rostering indicated that there were enough staff working to meet people's needs. The registered manager told us the service would shortly be installing electronic logging in and out systems, so as to monitor that staff arrived on time and worked the full length of time allocated to people.

The service hired staff from other agencies at times. At one scheme, we saw that a detailed induction process was worked through by each such staff member, which the scheme manager told us took around three hours. This helped to ensure they were safe to work with people.

Requires Improvement

Is the service effective?

Our findings

We found that the service was not consistently effective as staff did not always have the knowledge and skills needed for their roles and responsibilities. Service-wide training records showed that most of the 67 care staff had completed online training on most relevant topics. However, only 26 staff had a record of training on the Mental Capacity Act 2005 (MCA) despite its relevance to all staff in how they interacted lawfully with people using the service. This confirmed what some staff told us. Only 33 staff had a record for Jewish Ethos training which was relevant as the service specialised in providing care and support to Jewish people. The current staff induction booklet listed these trainings as mandatory for completion.

At our first visit, we checked the files of three new care staff who had started providing care to people in the last six months. We found that none of them had completed the mandatory online training courses that were part of their induction process. None had completed the health and safety course or infection control course. One of the staff, who began work in December 2016, had not started any of the courses. Another, who had been working for just over a month, had only completed the medicines course. The third staff member had completed their training by the time of our second visit, albeit this was five months after starting work. They told us of good support and guidance in the scheme they worked at. However, we found that their formal induction booklet was mostly incomplete. There was no developmental supervision record for them so far, which they and their line manager confirmed as correct. This all demonstrated failures to ensure that staff were provided with prompt and appropriate training when newly employed.

Although the induction training provided a structured format for line managers to work through with new staff, it did not introduce safeguarding or whistle-blowing as specific topics and so relied on line managers remembering to introduce these subjects. This presented a risk that induction training would not be robust.

Records for one staff member showed that they had formally requested training on managing people's aggression in April 2016 as they were concerned with their ability to meet one person's needs relating to behaviours that challenged. They were involved in an incident relating to these matters soon afterwards. Their training records did not indicate that they had received this training, and their last developmental supervision record was in July 2016. This demonstrates a failure to ensure that this staff member received appropriate support, training and supervision as was necessary to enable to them to carry out their care duties.

A supervision tracker document, for when each staff member was last supervised and when next due, showed seven out of 36 care staff were out of date for supervisions based on their own three-month limit. This compared to there being 67 care staff listed on the service-wide training records. Additionally, the above-mentioned staff member was recorded as supervised on 11 March 2017, despite their last developmental supervision on file being in July 2016. Another staff member's records showed no supervision between August 2016 and February 2017. A different staff member told us of infrequent supervision meetings due to line manager cancellations. Therefore, whilst there were records at some schemes of frequent developmental supervision of staff, this did not take place in support of all staff.

The registered manager told us that only five appraisals had occurred in the last year, which was below the provider's policy expectation of annual appraisals for all established staff so as to support their development. There had been some training for senior staff on implementing an appraisal and development system for all, but it had not been become embedded. There were documented plans to address this.

The above evidence demonstrates failures to ensure care staff receive such appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their role, which is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that most staff told us of good support to carry out their roles. One new staff member said, "The team work here is amazing. There's lots of support if I'm stuck." Another told us of extensive periods of working with experienced staff before working alone. Staff and the management team told us of recent training courses on medicines, autism, epilepsy and the management of aggression. At our second visit, we were shown a revised training plan that ensured new staff would complete classroom-based training on all mandatory topics within three months, in addition to the ongoing online courses. It also introduced a two-day staff leadership course for staff in a line management role.

The service supported people with health issues. One person said, "If I'm ill, they come and see if I'm OK and check on me." Another told us of the service supporting them with attending healthcare appointments, and that the staff supporting them understood their particular health needs as they had had specific training. A health and social care professional explained how staff had gained knowledge and worked closely with someone's relative to be able to provide them with appropriate health support. Health and social care professionals reported that the service worked in co-operation with them so as to help meet people's needs. The registered manager told us of epilepsy monitoring devices that were being used with a few people to identify when they were having seizures that might not be otherwise evident to anyone, such as during the night. We noted that people had health action plans in place, in support of their healthcare needs.

One person was receiving support with complex healthcare equipment. They told us that staff understood their support needs around the equipment. We saw that there were extensive guidelines around the person's individual needs in relation to the equipment and their healthcare needs. A senior staff member told us that only staff who had been trained and tested by a healthcare professional on the use of the equipment attended to this person, as there were high risks associated with this person's care. We saw training certificates confirming this.

People told us they were happy with the support they received for eating and drinking, a number of people telling us that their support included for preparing meals. Comments included, "They help me with my cooking and shopping", "I'm learning how to cook" and "I've just peeled the potatoes without hurting myself!" One person told us of how the kitchen in their scheme was set up to support a Kosher diet, and that staff provided good support with that.

One person showed us their individual menu plan for the week, and confirmed that they were supported to follow it. Staff told us of supporting the person to eat healthier and avoid overeating, plus attending a gym. The registered manager told us of the service running healthy-living workshops, to help educate and encourage people with better nutrition and lifestyle choices. We saw that food and fluid charts were kept in support of someone's intake, on the advice of a healthcare professional.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that the service was working within the principles of the MCA.

Copies of people's Court of Protection records had been acquired where these were in place, to help advise the service of implications arising from it. We saw that a relative of one person had therefore signed consent on behalf of the person for their care plan. A scheme manager told us of involving people's families in important decisions but that it depended on the relationships involved and formal decisions under the MCA, but that ultimately the person came first.

The management team told us of making referrals to social workers where they had concerns about people's capacity to make significant decisions. Examples included for road safety and going out alone at night. This resulted in social workers assessing the person's capacity for those decisions and advising on appropriate and lawful responses that the service could make.

Good

Is the service caring?

Our findings

People reported that staff were kind and caring. Comments included, "The staff are nice, friendly and chatty" and "They are very friendly, very approachable." A number of people positively described staff as "professional." Relatives also told us of a caring service, such as, "They are very, very caring."

People praised the emotional support that they received through Langdon. One person said it was the best thing about the service, explaining, "If there are any serious emotional issues, they are there to help you. There would be a discussion with the senior worker and then the office management. The senior is always on call 24/7." Staff reflected this. One told us, when talking about people they supported, "I have built up a rapport which has enabled them to trust me, and talk to me about things that may be troubling them."

People spoke positively about being helped to develop skills and independence. Their comments included, "Staff teach me things", "I'm happy with how they help me to become independent. They help me how to look after myself" and "When they talk to you they try not to do things for you but for you to do things for yourself." One person phrased it as "They help me concentrate." A relative told us, "They have worked on his road sense" as it was identified that their family member had skills development needs for road safety. Another relative spoke of "small, incremental steps" in describing how their family member had developed skills through the service. Health and social care professionals also praised the service's support of people to develop skills and independence.

Staff confirmed that there was a strong emphasis on helping people to develop independence. One staff member said, "The staff really care about the residents that we support. And it shows in the difference in the individual resident over a short period of time, when they are able to achieve things that they never dreamed that they would be able to do." A scheme manager described the various ways that one person with physical disabilities was supported to move around the house independently, and undertook tasks by themselves or with staff support. They also used mobile phone technology for greater independence, such as to draw their curtains. The registered manager told us of the use of assisted technology to help people gain access to the office and their homes without staff help.

Staff told us of ways in which they promoted people's dignity and privacy. This included through reading people's care plans, "closing doors", involving people in their care, knocking on doors, and "always addressing the member respectfully." People confirmed that staff were respectful, such as "They knock on my door" and "They help me clean my glasses."

People were provided with the same small team of staff where possible. A relative told us, "They don't chop and change. That's most important" and so "they have learnt to understand my son." Staff told us that some people were provided with their staffing roster a week in advance, which enabled them to check and alter staffing arrangement where needed.

People told us that staff kept personal information confidential. Staff confirmed this. One staff member said, "I never discuss work related topics when outside work." Another explained how people's records were kept

secure within a supported living scheme. Confidentiality was highlighted in the staff handbook provided to all new staff. During our visits to people, staff paid attention to keeping records and discussions about individuals confidential.

We saw in schemes that people's care plans and records were stored in their rooms.
A relative told us their family member was fully involved in their care plan. Health and social care professionals reported well-run review meetings that involved people using the service. We saw that people were provided with easy-to-read versions of their review meetings where appropriate.

The registered manager told us that the service was in the process of setting up user-friendly and easy-to-read documents for all key documents seen and used by people. We saw that a number of these were already in place, and had been for a while, including for tenancy and support agreements, service guides, Jewish ethos documents, and minutes of meetings.

Staff told us of the importance of communicating with people effectively. At one scheme, the senior staff member could explain the different ways in which each person communicated and what staff needed to understand about the person to communicate well. For example, that one person may react in the opposite manner to suggestions made.

The registered manager told us that people using the service were involved in staff recruitment processes. Some people attended interviews and asked questions as part of the panel, for which we saw records of involvement. A scheme manager added that prospective employees visited that scheme for a cup of tea, to see how they interacted with people and what people thought of them.

The provider promoted a Jewish ethos. A number of Jewish customs and celebrations were therefore practiced at the service. People had care plans in place in respect of their cultural needs and preferences. People told us of being supported to attend the local Synagogue and host Shabbat meals. The quarterly newsletter for people using the service provided photos of recent cultural events such as the Challah Bake, Mitzvah Day and a Chanukah party. Upcoming events were also advertised.

Good

Is the service responsive?

Our findings

People told us that staff were responsive and supported them to meet their needs and preferences, and that they would recommend the service to friends and family. Comments included, "It's fantastic", "Without Langdon, I would not manage and I did not manage" and "They are very good and very professional." One person said, "Their time is focussed on me, to get me washed, dressed and to get ready to go wherever. I have had carers in the past who had no idea how to do anything. The staff here know how to help me and understand my needs."

People's relatives agreed. One relative told us, "I can only say positive things about the service." Another said, "Langdon is brilliant. They are much better than I expected. I would 101% definitely recommend Langdon." Health and social care professionals also reported that Langdon had supported people well.

There was some evidence that the service supported people to reduce behaviours that challenged, for example, aggression or self-neglect. Records showed that one person's as-needed sedative medicine had not been used in over three months, and that the dosage had been reduced by the prescriber a year ago after a review with the person. Staff told us of supporting another person to have more control over their life, and understanding how to communicate with them, as a means of supporting them to overcome behaviours that challenged. The person also told us of the many things they were supported with by the service. They concluded that Langdon had "been a life-saver." The registered manager told us it was important to listen to people, to validate their feelings, and to have an oversight of their holistic needs such as around developing friendships and having work or purposeful activities.

Many people using the service told us of being supported to gain paid or voluntary work. Some people had a few jobs spread across their week. One person explained what they baked and sold. Another told us of how they sold books through an internet platform. The registered manager explained this was a new initiative set up for some people using the service, and for which there was a degree of competition amongst people about who had sold the most. A few people told us of also attending college courses. A health and social care professional told us that the service's ability to support people to find work stood it apart from similar providers.

A staff member told us that the service was very successful at "getting young adults with learning disabilities into either voluntary or paid jobs." Another staff member said, "We see a lot of people trying to get into employment and finding work. That is the biggest target achieved." Staff told us of the provider's employment support service that helped people to find and retain employment. The registered manager told us that through supporting people to find work, a number of people no longer collect benefits, which was seen as a considerable achievement.

The service had supported some people to move into accommodation that better met their needs. Some people told us of moving into their own flats from shared accommodation. One said, "I'm living independently in my own flat. I'm so happy! The support workers and office staff helped me move forward." Another told us, "It's brilliant, so peaceful." We met two people who had recently moved into a new

supported living scheme that looked very comfortable. They told us of being happy with the extra space. One said, "It's lovely here" and told us of now having an en-suite shower room when before they had to share.

Some people told us of the many recreational activities they were involved with through Langdon. Comments included, "I go on holiday once a year", "I'm in the Langdon Football Team. I score all the goals!" and "Thursday is Pub Night when I get to socialise with friends." One person told us of running the discos that the service sometimes held.

There was praise of the service's activities co-ordinator, who helped set up and maintain activities and trips away. One person said, "At the weekend I'm going to Bath. I'm going on a coach. Some people are going to the Spa and some are shopping." People at one scheme told us of going swimming regularly, on trips to the Jewish Museum in Camden and an upcoming day trip to Brighton. They said they needed staff support to go out, but that staff were always available.

Many people told us that the social side of Langdon had greatly helped them. Comments included, "They have helped me a lot. I've met loads of new friends. It has changed my life." A relative said of their family member, "He has a better social life than me!" Health and social care professionals also commented positively on the service's work to promote social inclusion.

The service provided people with extensive and individualised care plans that were kept under review. The service ensured an annual review meeting for each person and their representatives, to review progress, fine-tune care plans, and set further goals. Staff we spoke with knew of people's individual goals, and we were told that these were reviewed within weekly keyworker meetings that the person themselves wrote up where agreed. Health and social care professionals reported that people's care plans were up-to-date and very relevant to the person in question.

Records showed that the service met with people and their representatives to assess their needs before offering them a service. Care plans were promptly set up and kept under review at the start of the service and beyond. Where one person had moved to a new location but retained the care service, we saw that a formal review of their care at this new location was being planned for, to involve them, their family members, and their social worker. A scheme manager told us that for one person who moved in recently, there had been a transition plan involving trial visits plus many opportunities to meet people using the wider service during social events.

Staff told us about responding to people's individual needs and preferences. For example, one person was quite new to the service, and the approach of staff was changing as they better understood how the person communicated and what response the person wanted from staff.

People told us of monthly meetings for people using the service. One person said, "There are residents' meetings once a month on a Wednesday. It is really good because you get to hear things you wouldn't normally hear." They went on to describe various activity opportunities arising from this group. The registered manager told us that people using the service chaired this meeting, and the only staff or managers in attendance were the activities coordinator and someone to take minutes.

People told us about a user-led committee organised by the service. One person said, "I'm on a Committee at Langdon and we handle any issues, so anyone comes to us who wants problems sorting. It works well." The registered manager explained that this was an advisory group made up of five people using the service who give information from tenants' meetings into the trustee and managers' meetings. We saw posters

advertising for the election of people onto this group.

Most people we spoke with reported no concerns or complaints, such as, "I'm not unhappy about anything." People said they felt listened to and that if they were unhappy with the service, they would tell their parents or the senior staff member. One person said, "They sort out problems if there are any." A scheme manager told us that people using the service were reminded about the complaints procedure from time to time.

The service had a complaints policy and an easy-read procedure. The service's complaints records showed three complaints made within the last year, all from people's family members. There was evidence of trying to resolve matters. When we asked about complaints from people using the service, the registered manager told us these tended to be resolved informally, for example, through meetings with keyworkers.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well-led. Whilst there was a detailed service developmental plan in place that focussed on people using the service, it had not identified most of the concerns we highlighted in this report. These included for medicines management, ensuring safeguarding cases were promptly and fully addressed, and staff induction, training and supervision processes. Service-wide oversight was not therefore comprehensive.

Scrutiny was also undermined by some management records not being up-to-date. This included the service-wide staff training record, for which we found medicines competency checks had not been added, and that records for recent training were not consistently accurate. The oversight record for incidents omitted, within the previous five months, two medicines administration errors and an incident of failing to have the correct equipment in place for someone when attending hospital. This was despite incident records being written in most instances. Staff and a scheme manager also told us of one person hitting staff but that incident records had not been completed.

We found that at one scheme, the manager did not have access to centrally-held training oversight records by which to help oversee that staff were up-to-date with online training. We were told of staff not being enlisted to take certain training courses that were mandatory for all staff, and of difficulties experienced by staff in accessing the online courses. This demonstrated that systems to ensure compliance with the staffing regulation were not being effectively operated.

The provider's quality assurance policy placed people using the service at the centre of operational focus. However, it was brief and did not set much in the way of specific expectations, which did not help ensure good governance of the service.

The above evidence demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection of the service, we found that the provider had failed to notify us about an allegation of abuse, which was a breach of regulations. At this inspection, we found that the provider had notified us about relevant matters including allegations of abuse.

The service's manager had managed the service since August 2016, having worked for the provider for six years. We saw evidence that they had a level five management qualification in care, and was working towards the level seven qualification. They had successfully applied for registration as manager of the service.

Most people and their relatives, staff, and health and social care professionals, indicated that the service was well-led and that senior staff and managers were approachable. Staff comments included, "The whole team across the board is very supportive." A scheme manager told us of getting "a lot of support from my line manager."

The provider was using different ways to take on board people's views. There had been recent surveys of people using the service, with more being planned for people's relatives and for staff. The registered manager said that she operated an open-door policy for staff to discuss any concerns. The provider's CEO also operated staff surgeries on a quarterly basis, for staff to raise concerns and suggestions.

Management tracker tools were used at the service to oversee and scrutinise key aspects of the service such as safeguarding cases, complaints, accidents and incidents. One tracker oversaw that people using the service had up-to-date care plans, risk assessments and review meetings. This helped inform the provider of service progress.

The registered manager told us that senior staff audited each other's schemes as a means of checking that services met people's needs and what could be improved on. We saw records of these, including action plans that were signed off as completed. There were also regular audits of maintenance and safety at each property, along with weekly checks of operational systems such as medicines support and people's looked-after money. The registered manager told us that the service undertook many of the repairs at properties due to the difficulties with pursuing landlords for these matters. The service had a dedicated maintenance tracker and separate team for this work.

We saw quarterly 'team plans' for parts of the service. These focussed on specific goals and needs of each person being supported by that team, along with goals on recognising the support staff need for their roles with people.

There were regular management team meetings in respect of the service and particularly for progress with setting up services for new people. Weekly senior staff meetings also occurred. However, whilst minutes of meetings at individual schemes showed good guidance of staff in support of meeting people's needs, the frequency of these meetings varied. At one scheme, there had been only one staff meeting in six months. The scheme manager explained that others had been planned, but appointments for people using the service booked the same day had become priorities causing postponements. Instead, we saw that regular handovers took place, and the scheme manager informed us of written updates were also shared amongst staff.

The registered manager told us of an ongoing restructuring of senior staff roles. Two staff had been assigned the roles of care managers for the service, following interview processes. This enabled greater oversight and strategic vision in respect of services including staff rostering, but also allowed other senior staff to be more hands-on in their revised team leader roles.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered persons failed to ensure that service users were protected from abuse, as systems and processes were not effectively operated to ensure service users were prevented from abuse. Regulation 13(1)(2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively operated to ensure compliance with the regulations. This included failure to: • assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; • maintain securely an accurate, complete and contemporaneous record in respect of each service user; • maintain such other records as are necessary to be kept in relation to care staff and the management of the regulated activity. Regulation 17(1)(2)(b)(c)(d)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons failed to ensure that care staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to

carry out their care duties.
Regulation 18(2)(a)