Langdon Community

Langdon Community - Edgware

Inspection report

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Date of inspection visit:
18 January 2018
26 January 2018

Date of publication:
12 March 2018

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?	Good

Summary of findings

Overall summary

This service provides care and support within a Jewish framework to adults with learning disabilities and autism living in their own houses and flats in the community and in three 'supported living' schemes, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this unannounced inspection looked at people's personal care and support.

Not everyone using 'Langdon Community – Edgware' receives regulated activity. CQC only inspects the service being received by people provided with 'personal care', meaning help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were nine people using the service in this respect.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. This 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.

At our last inspection of this service, in March 2017, we found three breaches of legal requirements. These were in respect of safeguarding people using the service from abuse, staff support and training and effective governance including for medicines management. The service was rated 'Requires Improvement.' The provider sent us an action plan in respect of the addressing the breaches. We undertook this inspection to check that the action plan had addressed the breaches. This was also a comprehensive inspection, to make sure the service was providing care that is safe, caring, effective, responsive to people's needs and well-led.

We found the required improvements had been made. Allegations of abuse were being properly addressed and monitored, minimising the risk of concerns being repeated. There had also been good work to raise awareness of amongst people using the service and staff of hate crimes, discrimination and bullying.

Increased monitoring and further staff training and competency checks had helped to ensure that people were consistently supported to take prescribed medicines. Records of this were now being accurately kept.

Improvements had been made to systems for ensuring staff received appropriate training, regular developmental supervisions and annual appraisal which helped to ensure staff had the knowledge and skills needed for supporting people. We found weaknesses with ensuring new staff completed induction training and probation periods in a timely manner. However, the management team were starting to

develop systems to address this.

The service was now demonstrating better overall governance, as systems for scrutinising service delivery risks and the quality of care had been reviewed and improved on. There was an accountable structure in place and there were processes in place to support continuous learning and improvement.

People we spoke with all praised the service. Comments included, "I think Langdon is the best" and "It's a fantastic service." Most relatives told us they recommended the service to others, and a community professional told us the service worked well with them in meeting people's needs.

The service promoted people's independence well. It continued to support 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 enhanced people's quality of life.

Staff at the service were kind, caring and emotionally supportive. There were enough staff to provide people with their required support. This was usually through the same small team of staff, which helped positive and trusting relationships to develop and enabled people's needs and preferences to be better understood and addressed.

People received personalised care that was responsive to their needs. There were systems in place to ensure people were supported to have choice and control of their lives and for support to be provided in the least restrictive way possible. There were a number of avenues by which people using the service and their relatives were involved in the development of the service.

The service paid attention to people's safety. Risks were assessed and managed, to balance people's safety with their freedom.

The service supported people with health and nutritional needs, including accessing healthcare professional advice and following it.

The service supported people's individual communication needs. It had an extensive range of easy-to-read documents, used to help some people's understanding of specific matters.

The service promoted a positive and inclusive culture that achieved good outcomes for people, particularly for social inclusion. The management team were approachable and supportive of people and the staff working with them. There were effective links with other agencies to support care provision and development.

The service listened and responded to people's concerns and complaints. However, we have made a recommendation to improve the overall monitoring of matters raised in this area, to help ensure opportunities to improve the service are followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Improvements had been made to systems, processes and practices to help safeguard people from abuse. There were also improvements to the management of people's medicines, to help ensure people were supported to take medicines as prescribed.

The service assessed and managed risks to people, to balance their safety with their independence. There were systems to maintain hygiene standards and protect people from infection.

The service provided sufficient numbers of suitable staff to support people, and had procedures to check that new staff were safe to work with people.

There were systems to ensure lessons were learnt if things went wrong.

Is the service effective?

Good

The service was effective. There were improved systems to make sure staff received appropriate training and support for their roles. There remained some areas of weakness for monitoring the completion of the induction and probation of new staff, but actions were being taken to address that.

People were supported to maintain good health and access appropriate healthcare services. The service supported people to eat and drink enough and maintain a balanced diet.

Consent was obtained before care was provided. The service worked in line with the requirements of Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. It ensured that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. People's privacy and dignity was respected.

People received consistent staffing, which helped trusting

relationships develop.

People were supported to express their views and make their own decisions about their care and support. The service promoted people's independence well.

Is the service responsive?

Good

The service was responsive. It enabled people to follow their own routines and addressed their needs and preferences.

The service was particularly capable at supporting people to gain paid or voluntary employment. It helped people to follow their interests and to have active social lives. This had helped people to develop and maintain relationships that mattered to them.

The service listened and responded to people's concerns and complaints. We have made a recommendation to develop the oversight of this.

Is the service well-led?

Good

The service was well-led. The service was now demonstrating better governance, as systems for scrutinising service delivery risks and the quality of care had been reviewed and improved on. Systems at the service enabled sustainability and supported continuous learning and improvement.

The service promoted a positive and inclusive culture that achieved good outcomes for people, particularly for social inclusion. The management team were approachable and supportive of people and their staff.

There were a number of avenues by which people using the service and their relatives were involved in the development of the service. The provider valued their contributions.

The service had developed many links with other agencies to support care provision and development.

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 18 and 26 January 2018. It was carried out by one adult social care inspector. The first visit was unannounced.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority and other community professionals involved in the service for their views, receiving one reply.

The inspection site visit activity took place on both of our visit days. It included visits to two supported living schemes, to meet people living at those schemes, staff working with them, and to check records kept at the schemes. We also observed people's interactions with staff and how they were supported.

We also visited the office location on both days, to meet the registered manager and office staff, and to review records relating to the management of the service. The first day also included a visit to the provider's local human resources department, to check staff personnel records in respect of recruitment, training and supervision.

There were nine people receiving a personal care service in their home at the time of this inspection. During the inspection, we spoke with seven of these people, four people's relatives, four support staff, two scheme managers, a team manager, the human resources manager, the service's social worker, the registered manager and the CEO for the provider.

During our visits we looked at four people's support plans along with other records about people's care and treatment including medicines and care delivery records. We looked at the personnel files of four staff members and records about the management of the service such as safeguarding and complaint records. We also requested further specific information about the management of the service from the registered manager in-between and after our visits.

Good

Is the service safe?

Our findings

At our last inspection, we found the service's responses to allegations of abuse were sometimes not robust at ensuring situations would not be repeated. Additionally, people's medicines records were not always signed to show that they were provided with the necessary support. This meant the provider was in breach of regulations 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found these matters had been fully addressed. The service's systems, processes and practices safeguarded people from abuse. The management team had reviewed and strengthened their safeguarding policy. There were clear oversight records of any allegation of abuse. These showed how concerns had been promptly attended to, which other organisations such as the police and social services had been involved, and how matters had been concluded. Each case now included an ongoing chronology of events, to help clarify what happened and when. There were also now monthly reviews of ongoing cases, to ensure appropriate actions had taken place. This helped to minimise the risk of matters being repeated.

The management team told us of work to raise awareness amongst people using the service and staff of abuse in the form of hate crimes, discrimination and bullying. This included workshops at recent meetings for people using the service. One person told us this involved "drama scenes" of staff role-playing scenarios to help people understand what constituted abuse, such as bullying between people using the service, and what action they could take if they experienced this. Easy-read anti-bullying leaflets had been developed in support of this. The local police were due to attend another meeting for people using the service, to help explain their roles when abuse was reported to them, and to build familiarity.

Staff we spoke with knew what could be seen as abuse and what to do if they suspected someone using the service was being abused. They told us of receiving training on safeguarding. Records showed all employees, not just care staff, had completed this training.

The service had responded to a staff member raising concerns about how people were treated at one scheme and whether staff were following the provider's procedures. Records showed investigation and conclusion of this whistle-blowing matter, including interviews of staff and people using the service. The management team explained how changes had been made as a result of the investigation findings. This helped show service responded to safety concerns and made improvements when things went wrong. The service also had procedures in place to report and respond to accidents and incidents. Management tracker tools were used to oversee and that appropriate responses occurred and to monitor for trends.

The service ensured the proper and safe use of medicines. There were now weekly audits of medicines processes at each scheme, along with monthly audits by team managers, both of which investigated any concerns identified. Records showed staff were up-to-date with annual medicines competency checks, and they had had medicines refresher training since our last inspection. This helped ensure people were consistently supported to take prescribed medicines and that records of this were accurately kept.

People told us of good support with their medicines. They confirmed they received their medicines at the

right time and medicines did not run out. A relative also praised medicines support, saying, "They are vigilant in ensuring my son takes his medicine in a timely manner and have good procedures in place to manage this." We saw that medicines were securely stored. There were individual guidelines in place for when people's occasional-use medicines, such as painkillers, should be offered. Records were kept of medicines being taken out of schemes for extended periods such as when someone visited family, and of any being returned to the pharmacist. This helped ensure a clear audit trail of any medicines looked after by the service.

People and most relatives told us of a safe service. One person knew who visited for maintenance checks and who else was called upon when things like blocked toilets needed fixing. People said things were fixed quickly when needed. Staff told us they helped people to manage risks. One staff member spoke of helping new people "to gain more understanding of the world in front of them, including understanding risks and the consequences and also identifying risks for themselves." There were a range of individualised risk assessments in people's files showing hazards they were susceptible to, risk of harm, and control measures. Safety risks were also discussed within staff meetings. The ethos was to balance people's safety with enabling independence.

The service had systems to protected people by the prevention and control of infection. Records showed staff in all roles had completed infection control training. Care staff had also completed food hygiene training, as they supported people to cook and eat. Our visits to schemes found staff had good access to personal protective equipment, to help control infection in supporting people with personal care. We saw no cleanliness concerns during our visits.

The service ensured sufficient numbers of suitable staff to support people to stay safe and meet their needs. People told us there were always enough staff. One person who needed two staff for some support confirmed this always occurred. Another person said there was enough staff to support them to go out "whenever I want."

The service had started using an electronic rostering system that required staff to log their attendance at people's homes. A member of the management team explained this helped to maintain hours and audit cancellations and punctuality. For example, alerts were sent to the management team if a staff member had not attended a planned care visit, to ensure there were reasonable explanations or to provide emergency cover. They informed us there had been improvements in staff punctuality as a result of the system.

The human resources manager told us staff vacancy levels had significantly decreased through targeted advertising and recruitment open days that some people using the service helped at. Records and feedback from other staff confirmed this, and that there was no reliance on agency staff.

The service undertook checks of prospective staff before making offering them employment, to help identify any risks they may present in working with vulnerable adults. The checks included criminal record (DBS) disclosures, proof of identity, and written references from previous employers relating to care work. In some recent cases, CVs were accepted instead of application forms that prompted applicants to declare answers to relevant questions such as reasons for leaving previous care employments and any employment gaps. The management team explained that those reasons were explored at employment interviews, however, interview records only referred to these matters in broad terms. They agreed to expand interview templates to ensure those matters were prompted for.

Good

Is the service effective?

Our findings

At our last inspection, we found 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. This meant the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found these matters had been addressed. The provider had now employed a dedicated training co-ordinator, to help ensure staff received suitable training. Improvements had been made to systems for monitoring staff training, for example, through training oversight reports being more easily accessible for scheme managers. Regular reports were also circulated which identified when staff were due for refresher training. Staff confirmed they were reminded when training was due. Consequently records showed that staff training was up-to-date, including for the low-uptake courses we previously identified. This was in the areas of the Mental Capacity Act 2005 (MCA) and Jewish Ethos training which was relevant as the service specialised in providing care and support to Jewish people.

Records in staff files confirmed up-to-date training. Where one staff member had not completed a training course, we found they were booked on the next available one. Staff were trained via both online courses that tested what they had learnt, and in classroom scenarios where the provider felt this to be more beneficial, for example for safeguarding people from abuse and for moving and handling. This all helped to ensure staff had the knowledge and skills needed for their supported roles.

Systems for monitoring that staff received regular developmental supervision and annual performance appraisals had been set up and were in ongoing use. These showed staff supervisions and appraisals were now up-to-date, both across the service and at specific schemes, which staff confirmed. Supervision forms had been adapted to consider the staff member's holistic development, such as for training needs and whether these had occurred, the needs of the people using services that the staff member was working with, and of how well the team were working together.

Records and managers' feedback indicated a structured induction processes for new staff, including a period of shadowing established staff in working with people using the service. A relative told us, "Training of new staff has improved." One new staff member told us of "the best support from staff" when starting work, and that there had been good training on the Jewish ethos that the service upheld. However, another staff member said a weakness of the service was "not even training or a shadowing period given to some staff which leads to poor quality of service."

We identified that there remained some areas of weakness for the monitoring of induction and probation of new staff. For example, records showed one staff member received an annual appraisal after two months of employment but had not completed their probationary period and been confirmed in post. They had not provided evidence of a national training qualification as per claims in their recruitment application, but their file had no evidence of undertaking the national care certificate package as per the provider's policy.

Another staff member had their medicines competency assessed the day after starting work, before they completed medicines training. They completed their probationary review despite not completing the mandatory training course on the Jewish Ethos. Their induction record was incomplete for the national care certificate. Discussions with senior staff and the management team did not demonstrate a clear oversight process for the matters.

The registered manager told us induction processes were being adapted to recognise individual needs, so for example, having buddying arrangements to support someone who was struggling with online training. There were also plans to review and strengthen the induction process, including a switch to online national care certification. In light of our findings, the management team agreed to develop their oversight records to focus more on completion of indications and probationary reviews.

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. The management team told us of assessing people's individual needs and only offering a service if there were sufficient staff who could meet those needs. However, as the service had been reducing the number of staff vacancies and decreasing agency staff use, there had been no increase in people using the service since the last inspection.

The service supported people to have access to healthcare services and receive ongoing healthcare support. People told us of being supported to access healthcare professionals if needed. One person said, "They look after me if I'm not well." A relative told us their family member was "taken to the doctor if there are any health concerns." Another relative praised staff for being "cautious in their approach" to managing their family member's health matters.

There were up-to-date records of the health professional input and actions arising within most people's files. This included annual health checks. One person's file included records of ongoing monitoring for risks associated with constipation, and for ensuring teeth flossing support occurred frequently. The management team told us 'grab bags' of relevant information and items were in place for people who may need to attend hospital at short notice.

The whole service worked in co-operation with other organisations to deliver effective care and support. We saw records of one person being regularly supported with exercises set from both physiotherapist and speech and language therapist input. The management team told us of working with a community nurse in support of another person, to help train staff in the person's complex healthcare needs.

The service supported people to eat and drink enough and maintain a balanced diet. Some people told us of getting support to prepare meals, and everyone liked the food staff helped to provide. People described meals as "healthy" and "nice." At one scheme we saw someone go out to the local high street for ingredients for the night's agreed meal, and later to help cook it. Staff there explained the shopping occurred daily so that people could have greater choice of meals. At another scheme someone showed us the week's menu that was on display. They added that meals were Kosher, and we saw the kitchen was set up to accommodate that.

A relative told us of staff providing good support to their family member to eat more healthily, which was now "paying dividends." One person's records showed good attention was being paid to support them with healthier eating, for example, through using wholemeal pasta. This was in line with a care review goal and resulted in weight loss. .

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 the service was working within the principles of the MCA. No-one told us of being forced or coerced by staff. We saw occasional records of people refusing particular support, for example, with exercises recommended by healthcare professionals. Staff told us another person would agree in advance to attend a local gym but then refuse to go out on the day, which they had to ultimately respect despite encouraging them. This helped to indicate that people's consent for care and support was sought and answers listened to.

Record and feedback from staff and managers demonstrated the service was clear that people using it were assumed to have capacity to make decisions unless proven otherwise. Therefore, for example, people's care review meetings always took place with them present and with them deciding who was to attend. The management team told us of trying to strike the right balance on people's legal rights to make decisions and parents' sometimes conflicting wishes. Managers knew who had lasting power of attorney (LPOA) arrangements and what that meant in practice, for example, in terms of ensuring one person's LPOA was contacted about welfare decisions. Our feedback from people using the service and relatives indicated the right balance was generally being achieved.

Good

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion. Everyone told us the service was caring. Comments included, "It's like a big family to me." Staff were described using words such as polite, good, kind, funny, amazing, and fantastic. Relatives' comments included, "The staff are extremely caring and supportive" and that staff are "very keen to do the right thing."

The service ensured people's privacy and dignity was respected and promoted. For example, one person told us this was the case when getting staff support to wash their hair. Another person told us staff knocked on their room door before requesting entry. We saw people had been supported as needed with appropriate clothing and presentation.

People and relatives confirmed there was consistent staffing. As one person affectionately put it, "It's the same old people." They also told us of receiving emotional support when needed, such as when upset. One person said, "I can talk with staff whenever I want." A relative added, "The staff do their best to understand her." A staff member told us, "Support staff spend a lot of time getting to know clients which also helps to build a relationship of trust." Consistent staffing helped trusting relationships to develop.

People's independence was promoted. We saw people being supported with household tasks such as cooking and laundry, rather than staff doing the tasks for them. One person told us they had keys to their home and were able to lock the door to their room. They also managed their medicines with a degree of staff support, signing for it themselves.

Most relatives told us the service supported their family member's independence, for example, "Her independence has increased in many ways." A staff member told us of people who used to live in shared properties, but with the service's support, "now live independently on their own and are very happy and can confidently do day to day tasks to say safe and healthy." The management team told us of some people attending fire safety training, which helped them to undertake fire safety checks at their scheme.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. This was evident from how staff listened to and respected people. There were records of regular keyworker meetings and annual care review meetings in which people had opportunities to influence their support. One person told us of being involved in a recent interview at their home, along with other people living there, of a staff member who subsequently started working there.

A recent parents' survey, for the wider service provided by Langdon, identified they would like to see an improvement in communications. However, most relatives of people using this service told us of being kept informed and involved in their family member's care. One relative said, "Communication is regular and positive." Another told us, "The staff are always amenable to discussions with the family to look for ways to improve things; we appreciate this." Staff told us they felt communication with people's relatives was improving. One staff member said, "I can phone or text Mum anytime" in respect of the person they worked closely with.

Good

Is the service responsive?

Our findings

The service enabled people to receive personalised care that was responsive to their needs. People told us they were happy with the service and that they followed individual routines and lifestyles. A relative told us their family member's care needs are "fully met as are her social, emotional, health and employment needs." Another relative told us their family member's needs were "very effectively" met by the service. A community professional and staff also told us the service met people's individual needs well.

Our discussions with staff and managers showed they knew people as individuals and how people had progressed with support from the service. They explained how people had their own routines and activities which the service supported them with. For example, one person went to college during our visit. The staff member knew to take emergency epilepsy medicine with them, as per the person's care plan. The management team told us of a ramp being installed at the entrance of one house instead of a step, to support someone who had mobility needs to get in and out safely and independently. Another person had been supported to gain employment, develop local friendships, and gain confidence. They now interacted in a more socially acceptable manner, and no longer needed certain medicines for behaviour management.

People had extensive and individualised care plans that were kept under review. These guided staff on people's holistic support needs, including for developing independence, occupation, health matters, cultural needs, and communication. The service aimed at annual review meetings for each person and their representatives, to review progress, fine-tune care plans, and set further goals. A staff member said, "A lot of clients have achieved their goals and come along way due to the hard work of the support staff." People's records paid some attention to reviewing and updating on goal progress.

People using the service told us of being supported to gain paid or voluntary work. One person told us of travelling into central London for their work, another of attending the provider's "New Chapters" employment service where they helped set up online sales. Some people had a few jobs spread across their week. A relative told us, "Through Langdon she has several voluntary jobs and works twice a week for a few hours within its fantastic social enterprise scheme New Chapters." Another relative said the service supported their family member "to be a more considerate and productive person, who can live in the 'real world' as far as this is possible." A staff member told us, "The majority of our members are in voluntary or paid work sometime even both!" The management team 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 supported people to follow their interests. People told us of staff supporting them where needed with activities such as bowling, horse-riding and gardening. They said the service organised social events such as coffee and pub nights, and going swimming or to the cinema. A relative praised the service for offering "social opportunities against a Jewish background." The quarterly newsletter for people using the service provided photos of recent cultural events such as the Challah Bake and Mitzvah Day. Upcoming events were also advertised.

One person told us the service's activities coordinator circulated monthly reminders of what was being

planned. We saw these to include almost-daily activities based around a weekly routine but with some specific variations such as for cultural celebrations or to vary event locations which gave everyone a chance of easier access. Another person told us the service's activities support network was enabling them to go on a cruise later this year. Staff praised the activities available to people through the service, one saying, "Activities are regular and available to all clients regardless of their condition."

The service supported people to develop and maintain relationships that mattered to them. People told us of inviting friends over for Shabbat dinner, using phones or internet technology to speak with family and friends, and of being in relationships. There were no concerns with having visitors. One person told us of a care-planning goal of learning to travel independently to visit a relative. They had just started the process, with lots of staff support on the first occasion. Another person told us their home was quiet some weekends as everyone else in the house had gone to visit family. The management team included someone with training in relationship matters for people with learning disabilities. They told us the importance of helping people avoid social isolation, hence the service providing a number of community activities along with helping people find employment.

The service supported the communication needs of people with a disability or sensory impairment. Staff and managers knew people's individual communication needs, so for example told us that one person needed new staff to 'buddy' with experienced staff to help the new staff member understand what the person was saying. Another person had a picture board in their room on which they planned the next day's events. They were also having speech therapy. A third person had recently started using finger-operated technology that vocalised for them. People's care plans provided clear information on people's particular communication needs.

The registered manager told us of ongoing work to produce more easy-to-read versions of all key documents seen and used by people. Some had been in place for a while, including for tenancy and support agreements, transition planning, safeguarding processes, Jewish ethos documents, and minutes of meetings for people using the service. But there were also now versions on the safe handling of people's money, to enable people to provide informed consent to various parts of their care and support, on raising awareness of bullying, and on the provider's viewpoints survey. This demonstrated an extensive range of easy-to-read documents.

The service listened and responded to people's concerns and complaints. People generally told us of having never had any complaints with the service. They knew to speak with managers or family if unhappy about any aspects of the service. Relatives' comments included, "When issues have arisen, they have been dealt with efficiently and effectively by staff" and "They try and resolve the issue and improve on the situation." Staff knew what to do if people using the service were unhappy with it, for example, discussing with their line manager to ensure that matter was resolved.

The registered manager told us there had been no complaints since the last inspection, explaining matters were only documented as a complaint if made formally. The complaints oversight form showed no complaints. However, one relative we spoke with said they had complained in this period. This indicated to us that the service's systems for identifying, recording and monitoring complaints was not fully effective. Whilst evidence showed the management team were open to complaints and that these were being addressed informally, the failure to identify and document any informal complaints made it difficult for the service to demonstrate to us that these were being used as an opportunity to improve the quality of care.

We recommend the service review best practice guidance on managing complaints in a service for people with learning disabilities.

Good

Is the service well-led?

Our findings

At our last inspection, the service had not identified most of the concerns we found during the inspection, despite having a detailed developmental plan in place. Service-wide scrutiny was not therefore comprehensive. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found these matters had been addressed. The service was now demonstrating better governance, as systems for scrutinising service delivery risks and the quality of care had been reviewed and improved on. Improvements had therefore been made to safeguarding systems, medicines management and staff training and support systems. The provider's quality auditing policy had also been reviewed and strengthened.

We were shown an extensive Planning and Quality Cycle that prompted for various governance processes such as surveys, unannounced audits, and reviews of various aspects of the service. This helped ensure sustained governance of the service, to improve quality and address risks. We were shown audits of particular schemes that considered a range of service standards. Actions from these were signed off when completed.

The provider had a clear vision and credible strategy to deliver high-quality care and support. There was a business plan for the service from which a set of actions had been developed. The management team told us this was kept under regular review, to help ensure strategic plans were being followed.

The service promoted a positive and inclusive culture that achieved good outcomes for people. Most relatives praised the management of the service and the schemes their family members lived at. One relative told us, "They operate an open door policy and are always willing to look at how they can do things better." A community professional praised the approach of the registered manager and staff. Staff were also proud of their work in helping people develop their quality of life. A staff member felt the service's strengths were primarily in helping people "to reach their full potential and capabilities in life, giving them a purpose in life and helping them to feel like a valued member of their community." Equality and diversity training was considered mandatory, and staff of all roles had completed it.

The management team told us of improved understating and better cooperation between teams working for the provider, particular those teams not directly involved in care. For example, regular meetings with the Human Resources team enabled closer monitoring of staff training, induction and sickness.

The management team told us of ways in which the provider was trying to demonstrate greater valuing of staff. Examples included panel-agreed awards for employee and team of the quarter. This was in respect of such things as innovative care ideas and practices, or meeting training targets. The provider had also decided not to challenge the additional night work back-pay that was recently required from a national test-case.

Most staff told us of good support from members of the management team. One staff member said, "I love working here" because of the good outcomes and quality of life people experienced. Another staff member told us, "All management in Langdon are very supportive and helpful." A staff member told us of feeling valued, as for example that they had secured training on a topic they did not need for their current work as it was helping them develop their role. Staff also spoke of good support from colleagues. Record showed team meetings occurred regularly at schemes, by which staff could ask questions and be guided on service expectations and meeting individuals' needs.

The provider engaged with and involved stakeholders in the development of the service. A few people using the service had been voted onto the Langdon People's Advisory Board by their peers, to meet with senior managers and advise them on feedback from people using the service. The management team told us this helped ensure the service listened to people using it. We met one person involved in this, who told us of helping with an ongoing 'secret' project that would soon be launched to everyone using the service. Minutes of these meetings showed they were used to raise concerns and suggest ideas about how the service operated. Members discussed matters with others using the service to feedback to managers at the service, including through monthly community meetings for everyone using the service.

The service was holding quarterly meetings for relatives of people using the service. These gave relatives an opportunity for feedback about the service along with updates on the service strengths, weaknesses and improvements, and changes in national policy and legislation. We were shown some prompt feedback to relatives about what was discussed. There were also three relatives invited to quarterly committee meetings hosted by the provider, to help ensure relatives' views influenced how the service progressed.

Systems at the service enabled sustainability and supported continuous learning and improvement. During the inspection, the management team told us they attended a strategy day for the provider's ongoing development of all its services, to look at key areas of focus and the provider's overall vision. The registered manager told us of the provider's fundraising team, and of new property being acquired in recognition of identifying that some people with higher physical needs in the local community may require a care service.

The service worked in partnership with other agencies to support care provision and development. The management team knew relevant professionals within the two closest local authorities. This helped demonstrate their attendance at training courses and workshops hosted by those organisations, along with welcoming support and monitoring visits from those professionals. On our first day of visiting, for example, the service's student social workers had attended a meeting about a new health initiative from the host local authority. The management team praised their involvement as the students were "full of ideas" and so were involved in a number of projects such as the development of 'Books without Words' being used to support some people with understanding social situations. The management team also told us of acquiring mentoring support through local authority contacts, which helped them to develop the service, and of helping someone overturn a questionable benefits decision with the help of specialist service in Harrow.