

Langdon College

# Langdon Foundation

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Langdon Foundation is registered to provide accommodation and personal care for up to 8 young people with learning difficulties or disabilities. The home is run by a Jewish organisation and accommodates young people, aged 16-25, in two large semi-detached houses next to each other. There is a shared area between and a shared garden and paved area to the rear of the properties. One of the houses is run specifically for people who have orthodox Jewish beliefs. This is defined as a 'chareidi' service with stringent measures and attention paid to the environment and support to ensure this is in line with religious needs. People who live at the houses also attend an education college that is run by the same organisation. At the time of our inspection there were five young men living in the houses.

This was an announced comprehensive inspection, which took place on 27 June 2016.

The service had a registered manager. 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 told us they felt safe at Langdon Foundation. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people. We found that the service recognised the importance of how safe the residents felt. At weekly meeting residents were asked about their safety in the home and in the community.

There were sufficient staff to meet people's needs. Staff had been recruited safely and received the induction, training, support and supervision they required to be able to deliver effective care.

People had access to a range of health care professionals and safe systems were in place to ensure people received their medicines as prescribed.

Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks, whilst maintaining and promoting people's independence.

Arrangements were in place to ensure people's rights and choices were protected should they be unable to consent to their care and treatment in the service. Staff had received training in and understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA.

The service placed great importance on person centred care and on promoting people's independence and choice. Care records were detailed and contained information on what was important to and for people,

their support needs, preferences and routines. They gave information about what people could do for themselves and how staff could promote people's independence. Care records were reviewed regularly. People and their relatives had been involved in decisions about their care and in reviewing the support they received.

The service recognised and valued how people communicated. We saw that a variety of recognised communication systems were used including PECS, which is a system of picture and symbols, Makaton and British Sign Language. The service also recognised and valued people's own communication methods. Policies and important information was available in pictorial form. This would help people who may have difficulty reading words to understand their rights and what they could expect from staff and the service.

There was a respectful approach to people whose behaviour might challenge the service. Records contained information about what may make someone upset or angry and guided staff in how to respond, what to say and what to do to help the person and diffuse situations.

People's religious needs were respected and met. They were supported to observe and practise their culture and religion.

People chose what they ate and were involved in shopping and cooking. The service followed Beth- Din dietary laws. We saw that special attention was paid to the correct storage and preparation of food in line with this.

There was a wide range of activities available for people to join in if they wished. People were supported to maintain their interests and hobbies.

We observed that staff supported people in a patient and friendly way. Staff were polite and respectful. They took time to explain to people what they were being asked about or asked to do and gave people time to answer. There was a friendly rapport between staff and people who lived at the home.

There was a complaints procedure for people to use if they wanted to raise any concerns about the care and support they received. There was a system in place to record complaints and the service responses to them.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place. These included seeking people and their relatives views about the service. Senior managers of the service also met regularly to review audits and any issues or ideas about the service were discussed.

There was a system for ensuring health and safety checks within the home were completed. Equipment was appropriately maintained and serviced.

People we spoke with were positive about the registered manager, staff and the service. They told us the service was well managed. We found the registered manager to be enthusiastic, open and committed to person centred care and continually improving the service.

Staff told us they liked working for the organisation and were complimentary about the registered manager, their approach and the way they managed the service.

## 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.

The service focused on how safe the residents felt. Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse.

Systems were in place to ensure that people received their medicines safely.

Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks, whilst maintaining and promoting people's independence

### Is the service effective?

Good ●

The service was effective.

Arrangements were in place to ensure people's rights were protected should they be unable to consent to their care and treatment in the service. Staff had received training in and understood the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff received the induction, training, support and supervision they required to be able to deliver effective person centred care.

The service recognised and valued how people communicated. They used recognised communication systems and also people's own communication methods.

### Is the service caring?

Good ●

The service was caring.

The service placed great importance on promoting people's independence and choice. Care records contained information on what people could do for themselves, skills they wanted to learn and how staff could promote people's independence.

The registered manager and staff demonstrated commitment to helping people develop their potential and achieve their goals.

Staff were patient, friendly, polite and respectful when supporting people. There was a friendly rapport between staff and people who lived at the home.

### Is the service responsive?

Good ●

The service was responsive.

Care records were detailed, person centred and contained good information about people's support needs, preferences and routines. Care records were reviewed regularly.

There was a wide range of activities available for people to join in if they wished. People were supported to maintain their interests and hobbies.

People's religious needs were respected and met.

### Is the service well-led?

Good ●

The service was well-led.

There was a robust system in place for monitoring and reviewing the quality of the service provided.

People were complimentary about the registered manager and the way the service was managed. We found the registered manager was enthusiastic and committed to providing person centred care.

Staff enjoyed working for the organisation and said the service was well managed.

# Langdon Foundation

## 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 was an announced comprehensive inspection which took place on 27 June 2016.

In line with our current methodology we contacted the service 24 hours before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location is a small home for younger adults who may have been out during the day; we needed to be sure that we could make arrangements to meet them. We also needed to ensure that the provider and staff were available to answer our questions during the inspection.

This announced inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted the local authority contract monitoring and safeguarding teams as well as the local Healthwatch to request information they held about the service. They raised no concerns.

During our inspection we spoke with three people who used the service, the registered manager and four support workers. We also spoke on the telephone with two relatives.

We carried out observations in public areas of the service. We looked at three care records and nine medication records. We also looked at a range of records relating to how the service was managed including three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at Langdon Foundation.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding adults and children from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and were able to tell us about the signs of abuse, what they would do if they suspected abuse and who they would report it to. Records we reviewed confirmed that staff had received training in safeguarding.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We found that the service placed great importance on how safe people who used the service felt. Records we looked at showed that the service held weekly meetings for the people. We saw that during these meetings they were asked if they felt safe in the house, community and at college. We also saw a visual aid with pictures and symbols that could be used to help people report abuse or incidents that had upset them. This was designed for people who did not use words to communicate. This meant they could indicate by pointing, what, when and where an incident had happened. This meant they would be able to let staff know what had happened more easily.

We looked to see if there was a safe system of recruitment was in place. We looked at three staff files. Two of the staff files we saw contained an application form including a full employment history. We noted that on one file the applicant had only documented their last ten years employment history. The registered manager told us this was because the person had not worked in care before and had been an oversight. Following the inspection they confirmed to us that the staff member's full employment history had now been documented and confirmed that all staff files had been checked and were complete. All the files we looked at contained interview questions and answers, professional references and proof of address and identity including a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people were protected from the risk of unsuitable staff.

We looked at the staffing arrangements in place to support the people who lived at the home. Everyone we spoke with told us there were always enough staff available to provide the support people needed. Examination of the staffing rotas showed us staffing levels were usually provided at consistent levels. We saw that absences such as annual leave and sickness were usually covered by existing staff. We were told that, if they were not in the home, there was always a member of senior staff on call to respond in the case of an emergency.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed. We saw medicines management policies and standard operating procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering, self-administering, managing errors and the action to take if someone refused to take their medicines.

We reviewed nine medicines administration records (MAR) relating to three people's medicines. We found that all records were fully completed to confirm people had received their medicines as prescribed. Records showed that all staff responsible for administering medicines had received medicines management training. We found that when they first started work at the service staff had to be observed administering medicines on five occasions, by a manager or experienced staff member, and be assessed as competent before they were able to administer medicines without supervision. Records showed that staff also had their competency to administer medicines checked regularly.

We found that medicines, including controlled drugs, were stored securely and only authorised and suitably qualified people had access to them. The service did not have a system for recording medicines cupboard or fridge temperatures to ensure that medicines were being stored correctly. At the time of our inspection no medicines required to be kept in a fridge. The registered manager confirmed to us, following our inspection, that a system was now in place to record medicines storage temperatures. We saw there was a system of daily, weekly and monthly checks and audits of medicines and medicines records carried out by senior staff and the registered manager.

We looked at three people's care records. We found that these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We saw they contained detailed risk assessments which included road safety, household tasks, stranger danger, medicines and health conditions. We found that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included infection control, household appliances, ironing, and control of substances hazardous to health (COSHH.) We saw risk assessments had also been completed for regular community based activities such as bowling and football matches.

We looked around the home and found communal areas, toilets and bedrooms were clean and tidy. Some areas were in need of redecoration. The registered manager told us that one of the bedrooms, both halls and stairways and the laundry were going to be redecorated during the summer college holidays. Both houses were homely and people had brought personal items to make their rooms more individual.

Records we looked at showed there was a system in place for carrying out regular health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

We saw that the service had procedures in place for dealing with accidents and incidents. . These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed us accidents and incidents had been recorded and a senior manager reviewed them regularly.

We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including; effective hand washing, use of personal protective equipment (PPE) such as disposable gloves and aprons and clinical waste disposal. Staff we spoke with told us PPE was always available and used. Records we looked at showed that all staff had received training on



infection control.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place. We were told that Personal Emergency Evacuation Plans (PEEPS) had not been completed as the current people who currently lived at the home were aware of the action they needed to take in the event of a fire or fire drill and did not need assistance to leave the buildings. One person we spoke with described the action they needed to take in the event of a fire alarm sounding. They also described the appropriate meeting point and confirmed they had been involved in fire evacuation drills. The registered manager told us they would seek advice from the local fire service on when PEEPS would be required. We saw that the fire evacuation procedure was also displayed in pictorial form, for people who may not understand written instructions. Records showed that staff had received training in fire safety awareness

## Is the service effective?

### Our findings

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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. None of the residents living at the home were subject to DoLS authorisations. We found the service was working within the principles of the MCA.

The service had a policy which explained to staff what MCA and DoLS were and guided staff on their responsibilities. Training records we looked at showed that staff had received training in MCA and DoLS. The registered manager and staff we spoke with demonstrated an understanding of MCA and DoLS.

People's care records contained evidence that the service had identified whether the person could consent to their care and showed that people had signed to give their consent. We saw that documents that explained how the service worked and what support people would receive were available in pictorial form to help people understand what they meant. We saw that where appropriate relatives had been consulted about people's wishes.

We looked to see if staff received the training, support and supervision they needed to carry out their roles effectively.

We were told by the registered manager that when staff started to work at the service they received an induction. We saw this was detailed and included an introduction to policies and procedures, staff handbook, introduction to the organisation, information about Jewish culture and religion, residents voice meetings, health & safety, roles and responsibilities and mandatory training. We found these were signed as they were completed by the staff member and manager.

The registered manager showed us the training record. This was used by the service to record training staff had received. We saw that staff had received a range of general care training which included fire safety, equality and diversity, first aid, food hygiene, health & safety, moving and handling and values and principles. We saw staff also received specific training that would help them support people who may use the service including autism, challenging behaviour, communication, epilepsy management, person centred planning and visual impairment. Staff also received awareness training in the Jewish religion and culture. Staff were supported to gain additional care qualifications such as NVQs.

We saw that there were systems in place to help ensure staff received regular supervision and an annual appraisal of their performance. We saw that the service had a range of policies and procedures to help guide staff on good practice and what was expected of them in their roles. Staff told us they felt supported in their

roles.

We looked to see if people were provided with a choice of suitable and nutritious food. The kitchens were clean and tidy. There were plentiful supplies of fresh, frozen and dried foods. We saw the cook had received training in food preparation and food hygiene. Staff had received training in food hygiene practices. Checks were carried out to ensure food was stored and prepared at the correct temperatures. The service followed Beth-Din dietary laws. We saw that special attention was paid to the correct storage and preparation of food in line with this.

People we spoke with told us the food was good, they chose what food they ate and that they helped with the shopping each week. One person told us "I get to pick [food]." They also told us they helped to prepare their meals. Staff we spoke with told us this helped develop people's independence skills. We saw that the outside of cupboards had pictures of what was stored inside to help people identify where things were kept.

We saw that the service placed great importance on recognising and valuing how people communicated. One person told us " They give me time, they don't rush me." We saw that a variety of recognised communication systems were used including PECS, which is a system of picture and symbols, Makaton and British Sign Language. We saw that the service also recognised and valued people's own communication methods. Care records contained detailed information about people's communication what certain non-verbal gestures and actions might mean. They also guided staff on how they should respond.

We saw that policies and important information were available in pictorial formats. This would help people who may have difficulty reading words to understand their rights and what they could expect from staff and the service.

We saw that records contained information about what may make someone upset or angry and guided staff in how to respond, what to say and what to do to help the person and diffuse situations. We were told that as staff learned how to support people with their behaviour, information was given to relatives to help with continuity of support. Records showed that staff were trained in physical intervention and breakaway techniques for people whose behaviour may challenge the service. These would help to ensure that people were responded to effectively and that people and staff remained safe. The registered manager told us that these were not currently needed or being used.

Care records we looked at showed that people had access to a range of health care professionals including doctors, district nurses, speech and language therapist, chiropractors and occupational therapist. People also had a health check every three months which included checking their weight and identifying if there were any health issues for the person. We saw that records were kept of any visits or appointments.

## Is the service caring?

### Our findings

People we spoke with told us staff and the registered manager were caring. People said, "I like living there" and "It's a good place to live." Relatives said "I am moved by the way they go above and beyond to support him", "They have gotten to know [person who used the service] very well, they understand him." They were positive about the support staff provided; they told us, "They are really teaching him independence" and "He is talking more than he used to."

We observed that staff supported people in a patient and friendly way. Staff took time to explain to people what they were being asked about or asked to do. They gave people time to answer. Staff talked to people in a polite and respectful manner. We observed that there was a friendly rapport between staff and people who lived at the home.

Care records we looked at placed importance on promoting people's independence and choice and covered people's preferences and routines. They gave detailed information about what people could do for themselves and also tasks they wanted to learn. One person's records showed that they wanted to work towards taking their medicines independently. The registered manager told us that they had purchased adapted cutlery that would enable people to eat independently. We saw that staff supported people in a way that helped promote their independence. We observed one person being supported to prepare their evening meal. Staff gave prompts and advice in a relaxed and unhurried manner. One staff member told us, "It's my job to promote their independence."

The registered manager and staff knew people well. They could tell us about their likes and dislikes and things they wanted to do. They were committed to providing good quality, responsive, person centred care. We saw a poster in one of the hall ways that said one of the aims of the service was "Inspiring students to achieve their full potential." The registered manager told us, "I love to see how the residents develop while they are here." A staff member said, "I love to see what they achieve."

The service operated a key worker system. This meant that a named member of staff worked closely with a resident to make sure the service was meeting their needs. They were responsible for ensuring information was kept up to date and would also keep in contact with relatives. This meant that continuity of care was maintained.

Relatives told us they were able to visit when they wanted to and the service helped them stay in touch with their family members. "We have regular phone calls", "Yes, we have weekly chats, they update me before I speak to him."

One of the houses was run specifically for people who had orthodox Jewish beliefs. This is defined as a 'chareidi' service with stringent measures and attention paid to the environment and support to ensure this is in line with religious needs. Records showed this was a male only environment and staffed by only males. One relative told us, "He only has male carers; that's important to us."

We found policies and procedures we looked at showed the service placed great importance on protecting people's confidential information. We found that care records were stored securely.

## Is the service responsive?

### Our findings

People told us the service was responsive. One person said of the staff, "They listen to you." A relative said, "I went to the annual review, it was very professional."

The registered manager told us that prior to someone starting to live at Langdon Foundation an assessment was carried out to identify what people's needs and wishes were. We found the assessment was detailed and gave information about people's support needs including personal care, interests and hobbies, behaviour, medication, health needs, communication and aspirations. We saw that one person had identified they wanted to "Get married, have children and a normal life." It also looked at their independent living skills, such as cooking and road safety.

We saw that the service had a bedroom that was used so that people could stay overnight to see if they liked the home. They would also visit the college during this stay. This assessment process made sure that people could find out if they liked the home. It also enabled the service to be sure they could meet people's needs. Records showed that a review was held after six weeks to see if the person was happy with the service and to see if any changes needed to be made.

We saw that the initial assessment was used to develop detailed person centred care plans and risk assessments. They included information about people's needs in relation to personal care, mobility, capacity, health conditions, communication, cultural and religious needs, challenging behavioural, health and diet. Some of the people who lived at the home had Autism. We saw that care records detailed any sensory issues they had such as being upset by heat, loud noises or crowds. The records we looked at were sufficiently detailed to guide staff on how to provide person centred care to people.

We found that care records had been reviewed monthly or sooner if the person's needs had changed. We saw that people who used the service and their relatives were involved in regular reviews of the care and support provided.

We looked to see what activities were available for people who used the service. We saw that as well as attending college Monday to Friday, people also accessed a range of activities in the community. People we spoke with told us these included bowling, cinema, reading, music, football and a friendship circle. They told us they enjoyed their activities. One person told us they had recently been camping and were working towards their bronze 'Duke of Edinburgh' award. We saw that some residents were carrying out work experience and others. We were told that some people did not take part in all activities because of their religious beliefs. People were supported with religious studies and visited family and friends in their homes to have hospitality meals. The registered manager told us that every couple of years people who lived at the home also had the opportunity to visit Israel in order to explore their culture and religious beliefs.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. It gave contact details of people within the service who would deal with people's complaints and how long staff

within the service would take to respond to complaints. It also gave details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. The registered manager told us they had not received any complaints.

# Is the service well-led?

## Our findings

People we spoke with were positive about the service and how it was managed. They told us, "It's excellent, I couldn't rate them highly enough" and said "I am very, very pleased with them [The service]."

The service is required to have a registered manager in place. There was a registered manager in place at Langdon Foundation. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People spoke very positively about the registered manager and how they managed the service. One relative said of the registered manager, "She is my go to person." We found the registered manager to be enthusiastic, open and committed to person centred care and continually improving the service.

Staff we spoke with said of the registered manager, "She's lovely, a really nice manager", "She helps you out, so you are happy to help." Staff we spoke with told us they enjoyed working for the organisation and liked working with the people who lived at the home. They said, "It's like a family" and "100% it's a good place."

The service held staff meetings every two months. We saw that notes were kept of these meetings and that staff could raise any issues they wanted.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place. We saw these included, health and safety, care records, training, violence to staff, risk assessments, home environment, accident and incidents and equipment. Records showed that senior managers of the service also met regularly to review the audits and any issues or ideas about the service were discussed and agreed actions documented.

We found the service had a range of ways of involving people and getting their ideas for how the service could be improved. The registered manager told us that weekly residents meetings were held. Records we saw showed that people could bring forward ideas to talk about. We saw that issues discussed recently included safeguarding, health and safety, household cleaning, respecting each other, food shopping and activities.

Records we looked at showed the service completed a resident survey and also held a relatives end of year survey. We saw that responses were positive and that no issues had been raised

We were told that when people started to live at the home they were given a 'student residential guide'. This detailed what people could expect from the service and included the service's Statement of Purpose. It gave people information about their rights, what they could expect from staff, and information about how to make a complaint.

Before our inspection, we checked the records we held about the service. We found that the service had



notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.