

Link-Ability

# LinkAbility Charity Limited

## 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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

LinkAbility Charity Limited is a none profit making organisation that supports people who have a learning disability. Support is provided in people's own homes and can range from 24 hour care to an agreed number of hours on a weekly basis.

Support is provided to assist people in their everyday lives, in areas such as personal care, household tasks and engaging in activities.

The last inspection of the service was carried out on 7 January 2014. The service was found to be compliant with all the regulations assessed at that time.

This inspection took place on 15 April 2015.

We were assisted throughout the inspection by the registered manager who had been in post for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

As part of the inspection we spoke with a number of people who used the service and in some cases their main carers or relatives. The feedback received was very positive with people consistently expressing satisfaction with all aspects of the service. Every person we spoke with told us they would happily recommend the service to others.

People told us they felt safe when receiving care and felt care workers had a good understanding of their needs. There were thorough processes in place to ensure every person who used the service had a detailed care plan that addressed their care needs and any risks to their safety and wellbeing.

People were provided with effective health care support and the service worked well with community professionals to ensure the support met their needs and helped them to stay safe and well.

People who used the service were provided with personalised care which was based on their individual needs, wishes and goals. People were fully involved in the development of their care plans and felt their views and opinions about how their care was provided were encouraged.

In discussion, care staff were described as caring, kind and thoughtful. People who used the service felt they were provided with compassionate support and that their privacy and dignity was always respected.

People described a reliable service which was responsive to their needs. We heard a number of examples of people's care and support being adapted to meet their needs with very positive outcomes.

Staff were carefully recruited and were required to undergo a number of background checks prior to starting their employment. There was a comprehensive training programme in place which helped ensure staff had the appropriate skills and knowledge to carry out their roles effectively.

The service was based on values such as caring, respect and supporting independence. Managers promoted these values and staff described a positive, open culture within which they felt able to express their views or raise concerns.

The provider and registered manager had an effective system to regularly assess and monitor the quality of the service that people received. Quality assurance systems involved people who used the service and staff, which helped to ensure they had a say in the development of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Care workers were aware of any risks to the safety and wellbeing of people they supported and had clear guidance on how to promote people's safety.

Staff knew how to identify any signs that a person who used the service had experienced abuse and were fully aware of reporting procedures.

Recruitment practices carried out at the service helped to protect people against the risks of receiving their support from people of unsuitable character.

Good



### Is the service effective?

The service was effective.

People who used the service felt they received safe, effective care and that their health care needs were met.

Staff received a good level of induction, training and ongoing support to help them carry out their roles effectively.

The rights of people who were unable to consent to any aspect of their care were promoted to ensure any support they did receive was in their best interests.

Good



### Is the service caring?

The service was caring.

People felt they were supported by kind and caring staff who respected their privacy and dignity.

People's care was based on their individual needs and wishes.

Good



### Is the service responsive?

The service was outstanding.

People's care and support was planned with their full involvement and they were encouraged to express their wishes and views.

The service recognised and responded to people's needs in a consistently positive manner.

People were encouraged to be involved in the development of the service and their views and opinions were valued.

Outstanding



### Is the service well-led?

The service was well-led.

People reported a consistently open culture within which they felt able to raise concerns and confident their opinions were valued.

Good



# Summary of findings

Staff felt well supported by the management team who they described as approachable and always available.

There were effective systems in place to monitor quality and safety across the service, which included the views of people who used the service and their representatives.

# LinkAbility Charity Limited

## 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.

The inspection took place on 15 April 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to be sure there would be somebody available at the service's office to provide the information and documents we required.

The inspection team was made up of a lead adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had expertise in using services for people with disabilities.

Prior to our visit, we reviewed all the information we held about the service. The provider sent us a provider

information return (PIR). 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.

During the inspection we spoke with 16 people who used the service or their main carers. We spoke with nine staff members, including the registered manager who is a service director and one other service director, the training administrator and support workers.

We also contacted four community professionals who supported people who used the service and the local authority contracts department.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records and minutes of staff and management meetings.

# Is the service safe?

## Our findings

People we spoke with expressed confidence in the service and felt they were provided with safe, effective care. People felt care workers understood their needs and any risks to their safety or wellbeing, and took the time to provide care in a safe manner.

Typical comments included, “We do feel sure he’s safe with them as he tells us everything that goes on or that he does.” “I feel very safe with them.” “I’ve had no accidents and no complaints.”

We were given a number of examples of how care staff had identified risks and taken action to maintain people’s safety and wellbeing. One person told us, “They respond well to things that way. Her risk assessments now relate to her bone weakness and they now know what to do straight away. They have adjusted the care plan for this.”

We heard of another example from a relative who explained their loved one had experienced some difficulties when accessing the community. They told us that care staff had responded very quickly by updating their relative’s risk assessments and care plans and by enhancing the support provided to help promote his safety. They went on to say, “He always seems safe and at ease. All the staff are friendly with him but they try to encourage him and they can deal with any distress on his part in the right way. They have given (name removed) a good life.”

All the care plans we viewed contained clear information about the support people required to stay safe and well. Any risks to a person’s safety were fully assessed and where risk was identified, a care plan was in place to help staff provide safe and effective support.

Risk assessments were conducted as part of the care planning process and included a number of areas such as health related risks, behaviour related risks or risks associated with engaging in activities within the community. We saw that staff at the service were not risk averse and had an understanding of the balance between encouraging positive risk taking, promoting people’s independence and keeping people safe from harm.

Some people who used the service required help to manage their prescribed medicines. All those we spoke with described safe, effective support in this area and confirmed thorough records were maintained by care staff.

There was clear guidance in place for staff regarding the safe ordering, storage, administration and disposal of medicines. The guidance also included areas such as the use of homely remedies and the procedures to follow in the event that someone refused to take their prescribed medicines, or in the event of an error being made.

Care workers spoken with demonstrated a good understanding of the procedures and were also able to confirm they had received training in the area. Records were available to show that all staff were required to undergo competence assessments before they were able to administer people’s medicines. We also noted the competence assessments were reviewed on an annual basis or sooner, if necessary.

There were individual medication care plans in place for every person who used the service and required support to take their medicines safely. The care plans included clear information about the levels of support the person required and any specific instructions in relation to that support. For example, where within the person’s home, their medication was stored and the details of the supplying pharmacist. The medication care plan also included important information such as any allergies the person had.

Medication records viewed during the inspection were found to be clear, well detailed and free from errors. The records included clear explanations of the medicines and doses prescribed to people, as well as any special instructions.

Managers from the service carried out weekly audits of medicines, during which all stocks and records were checked. Staff also carried out daily checks to ensure any errors could be quickly identified and addressed.

The service had a policy and related procedures in place in relation to safeguarding adults. This included guidance for staff in the action they must take in the event of any allegations or suspicions of abuse.

At the time of our inspection the registered manager was in the process of implementing an easy read safeguarding policy and procedure for people who used the service. Those that we spoke with were well aware of their right to be protected from abuse and confident in staff and managers to do so. Their comments included, “They’ve never done things for me to get upset about.” “Yes, I feel safe and at ease with them. They are very friendly. They

## Is the service safe?

have a laugh with us sometimes.” “I feel very safe with them and they never get nasty with me or irritable. I don’t ever feel tense with them. They don’t get worked up or irritable. They are pleasant and polite.”

One person who used the service recalled a situation from several years ago where they had been unhappy with the approach of a care worker and reported them to the registered manager. They felt this was dealt with very well and told us, “When it happened we were able to speak up. I still can. We can get advocates but they are not needed much now. I can and will speak up.”

We saw that safeguarding was part of the service’s mandatory training programme, which meant all staff were expected to complete it. Staff we spoke with demonstrated a good understanding of the area and were able to tell us how they would respond to any suspicions or allegations of abuse.

Staff also demonstrated awareness of the service’s whistleblowing policy and expressed confidence in managers from the service to respond appropriately to any concerns raised. One care worker told us, “I would have absolutely no qualms about blowing the whistle. The management team here are incredibly supportive, they would thank you for it.”

We viewed a selection of staff personnel files during the inspection. These records demonstrated that robust and thorough recruitment procedures were carried out, which helped protect the safety and wellbeing of people who used the service.

All applicants were required to undergo a formal recruitment process, which included formal interviews and a number of background checks. Records of background checks, such as full employment history, previous

employment references and DBS (Disclosure and Barring Service) checks, which would show if the person had any criminal convictions or had ever been barred from working with vulnerable people, were present in all the files we viewed. Carrying out thorough checks such as these, helped to protect people from the risk of receiving their support from staff of unsuitable character.

People told us that care staff were generally available and reliable but there was some evidence that tight staffing levels could raise concerns for some people who used the service. However, people did not feel they were ever at risk due to low staffing levels. “They are friendly. Yes, they are respectful but the staff get moved sometimes to other homes to cover and this affects us as we sometimes cannot get help as quick then.”

We saw that the registered manager adapted staffing levels to meet the needs of people who used the service. The registered manager was able to show us examples of when staffing levels had been increased at short notice to meet people’s needs. For example, waking watch staff were arranged for a person who used the service during a period of unexpected illness. This demonstrated that staffing levels were adjusted in line with the changing needs of people who used the service.

There were processes in place to help ensure the health and safety of people who used and worked for the service, was consistently protected. The provider had a health and safety quality group in place, who met on a regular basis. Their role was to monitor safety across the service and ensure that health and safety procedures were being consistently adhered to. The group was made up of staff and manager representatives and overseen by a specialist in the area.

# Is the service effective?

## Our findings

We spoke with people who used the service about the support they received to maintain good health. People told us they were happy to discuss their health care needs with their care workers and expressed confidence in care staff to support them in accessing medical support when they needed it.

A number of people shared examples of support they had received from care workers to contact their GP or other health care professionals and several we spoke with could describe good effective practice in relation to how they were supported. We heard many specific examples of how the care they had received had helped to achieve good outcomes for their health.

One person commented, “(Name removed) has had fairly regular staff, which has really helped over the years to make sure his care is consistent. They went with him to the hospital and to visit him whilst he was in hospital. They also help him to go to the doctors, the dentists and the chiropodists. They help him stay well.”

People’s care plans provided a good level of information about their health needs and any support they required in this area. This information included any specific needs people had due to individual conditions and routine health care, such as regular dental and eye checks.

We saw several good examples of effective joint working with community health care professionals, which enhanced the support provided to people. People’s care records showed that care staff identified changes in people’s health and responded proactively. Evidence was available to show appropriate referrals to relevant professionals, such as occupational therapists or mental health services, were made as and when required.

In one example we saw that managers from the service had advocated strongly for a person who was having difficulty accessing the health care support he required. The service director had also involved independent advocates to ensure the person received additional representation.

In all the care plans we viewed we saw that any risks to a person’s nutritional health had been assessed. Where any risks were identified there was good information for staff about the support people needed to maintain good nutrition and hydration.

We viewed the care plan of one person who had difficulties in swallowing. We were able to confirm that the appropriate community professionals were involved in their care and had developed safe swallowing guidelines, which were in place for all care staff to follow. We also viewed the care plan of a person who had been assessed on admission to the service as high risk due to a low appetite and low BMI. His care records showed he had been supported carefully in line with advice from a community dietician and as a result, had begun to increase in weight and physical strength.

Effective nutritional support was also described by some people we spoke with. One person told us, “When they do meals they let her have a go to cook but make sure its safe first. It’s good how they work with her to get her to eat better. At first she was doing food that was what she liked but often unhealthy, but they gradually helped her make it more healthy than at the start.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

During discussion the registered manager and staff demonstrated a very clear understanding of the MCA and issues relating to capacity and consent. They were clear about the need to protect people’s rights and ensure any restrictions in terms of care practice, were only carried out in people’s best interests.

People who used the service described staff as being sensitive to issues concerning their ability to consent to their care and acting in their best interests. One relative told us, “In a few weeks there is a best interest meeting and we will attend. We are encouraged to be involved in this.”

In viewing people’s care plans we saw that close attention was paid to ensuring any restrictive practices were conducted in a lawful and proper manner. In all cases we saw effective multi-disciplinary working, which ensured all



## Is the service effective?

the relevant professionals involved in a person's care were involved in decisions about restrictions to their freedom. Formal discussions around best interests also included the person who used the service and their representatives.

People described staff as being competent and professional. The strongly expressed view from conversations we held was that staff were well trained and able to carry out their roles effectively.

There was a training administrator employed at the service whose role was to oversee the learning and development of the workforce. Having a dedicated manager in place meant that the area of training was well monitored and training programmes constantly updated in line with national guidance and best practice.

There was a thorough induction in place, which was offered to all staff at the start of their employment. The induction, which included the nationally recognised care certificate and various training programmes specified by the provider as mandatory, meant that new staff were well equipped to carry out their roles.

In addition to the mandatory training programme, additional training was provided in accordance with the needs of people who used the service. There was an individualised training profile in relation to each service user, which listed specific courses to be completed by any staff member supporting them. For example, one person's training profile required all staff who supported him to be trained in epilepsy, safe swallowing, positive behaviour support and autism. This helped ensure staff had the necessary skills to provide safe and effective care.

# Is the service caring?

## Our findings

Throughout the inspection the management team demonstrated a strong commitment to person centred care and spoke of the service being based on values such as respect, caring and promoting independence. This was supported by our observations, the feedback we received from people who used the service and the discussions we had with staff. Staff spoke about the people they supported in a sensitive and caring manner and were clearly passionate about their roles.

The feedback we received from people who used the service and their relatives, provided consistent evidence that care staff were considered to be caring, polite and respectful. People told us they were supported by compassionate staff, that their rights were respected and their independence promoted. People's comments included, "I cannot find any fault at all with them. They help in every way." "They are nice with me and help me." "I'm very happy with them, they are kind and pleasant to me and respect me and my room." "They are nice, they treat me nice. They check things with me." "It's very good. We have got really good staff." "They are very good and very helpful. Very friendly and we get on well. There is not really anything that I would feel was wrong."

People often recalled care staff doing 'little extras' or as being thoughtful about things that made a big difference to the lives of people using the service. One person described how, in their opinion, care staff had gone 'above and beyond' in supporting their loved one to deal with some problems they were having outside the service. They said, "They gave him support by being a shoulder when needed. They got it all sorted and this was really helpful - a weight off my shoulders."

People reported that they generally received their care and support from a consistent staff team, which they overwhelmingly preferred. This meant people were supported by care workers who they were familiar with and who had an understanding of their needs and preferences.

People regularly referred to the way that staff respected their home, their room or flat and, their private or family life. Relatives said they found staff welcomed them and that they enjoyed visiting their relative's home. People told us that care workers were sensitive to their disabilities and diverse needs.

There was a strong emphasis within the service on ensuring people were enabled to direct their own care planning and have a say about the way their support was provided. People's care plans were based on their individual needs and wishes. In viewing people's care plans, we could see their views and opinions were central to the process and the ongoing support they received.

People's care plans provided clear information about the support they required to express their views and wishes. Individual methods of communication for people who were not able to express their views verbally, were well detailed. This enabled staff to support people in a way that promoted their independence and enabled them to make and express choices in their daily lives.

The involvement of advocates was promoted throughout the service. People were encouraged and supported to access the services of external advocates to assist them in expressing their views. We saw a number of examples of people who had been provided with support to access advocacy services which were independent of Linkability. One person told us, "They would get me an advocate if I wanted, but I don't really feel like I need one. You can speak up here."



# Is the service responsive?

## Our findings

We received a great deal of feedback about the responsiveness of the service, which was overwhelmingly positive. People felt the service was very reliable, consistent and extremely responsive to their or their loved one's needs. A number of people shared very positive experiences with us and described effective care that had been adapted in line with their needs.

People's comments included, "It could not have been better for (name removed) and despite odd hiccups, they have been really responsive to him and us, and we have been kept involved and listened to." "(Name removed) can still be difficult but he likes them and they seem to like him. He's had pretty regular staff for a long while. To avoid him being upset they work someone who is a new staff member in gradually."

Other people described the effective support they had experienced from Linkability following less favourable experiences with previous service providers. "I'm very impressed. (Name removed) had a difficult time after college and Linkability were the only people who could suit her and realised she was very unsettled. They have bent over backwards to help her and since then it's gone really smoothly." "It's been very reassuring. She had a bad time before Linkability. Two previous services had failed before they (Linkability) helped her. (Name removed) has had some 'behaviour' issues and Linkability have found out about her a lot and they have done courses to get it right. They have been very thorough. They have done training on her behavioural issues. From the start they have done well."

There were processes in place to assess people's care needs prior to them receiving a service. This meant that the registered manager could be sure the service could provide safe and effective care and also meant care staff had a good level of information about people's needs at the point they started to support them.

Every person we spoke with confirmed that an assessment of their, or their relative's care needs had been carried out prior to them starting to use the service. We also spoke with care staff about the assessment process. Care staff told us assessments were thorough and in some cases went on for several months. This helped to ensure care staff were fully aware of a person's needs and any risks to their wellbeing.

We found care plans were extremely comprehensive and provided very clear information about people's daily support needs. There were well detailed protocols in place, which provided step by step guidance for carers in how to support people to carry out activities of daily living such as bathing, dressing and meal preparation. Some, such as those in relation to moving and handling, included clear photographic guidance of people's mobility equipment.

There was detailed information in people's care plans about their individual methods of communication and any support they required in this area. For instance, where a person did not communicate verbally, any individual methods they used, such as gestures or certain sounds, were clearly described. This helped care staff to understand people and how they may express their views and wishes.

People were provided with support to maintain relationships that were important to them. Any support required in this area was detailed in each person's care plan. We saw one very good example, which was a list of the birthdays of one person's relatives. The list also included ideas for birthday presents, based on things each family member liked. However, the person's care plan stated, 'These are just ideas and remember the most important thing is that I pick the present myself.'

Where people had complex needs, which meant they sometimes required behavioural support, there were very detailed and positive strategies in place. The strategies included guidance for care staff in how to provide positive, consistent support during challenging situations. We saw that care staff had been involved in the development of the strategies to ensure they understood and agreed with them.

In one example we saw that staff had worked extremely hard to support a person who sometimes presented with distress behaviours that challenged the service. There had been some very positive work done with external professionals and some positive outcomes for the person who had started to experience less periods of anxiety. We spoke with care staff who felt very positive about the support they had provided and described how they were continually reviewing the person's care plan. One care worker said, "We have seen major steps forward and we are continually looking at how we can do things better. His care plan is changing all the time - we are still getting to know him."



## Is the service responsive?

People's care plans contained a lot of information about their favourite hobbies, pastimes and activities. We saw that people were supported to live busy, fulfilling lives filled with lots of activities and interests such as going to the gym, swimming, drama and pub trips. In addition to being supported to carry out their preferred activities, people were often encouraged to undertake new ones. One person who used the service told us, "I have started to do gardening, I really love it. I wish I had done it before."

People we spoke with told us they were always fully involved in the development of their, or their loved one's care plans. People also confirmed that care plan reviews took place on a regular basis and felt their views and opinions about their care were encouraged and listened to.

Typical comments included, "When the care plans were worked out we had a lot of initial input. We were able to input into the plan and this included a good emphasis on his love of sport." "(Name removed) and the staff went through the plan yesterday and they helped him by setting out some things with pictures. He can speak up but then can get stuck." "We each have our 'link up' meetings, and we also meet with them together at tenants' meetings. I have my say. I can speak up. They take things on board." "We have reviews every now and again, we've just had them. I feel they are done on equal terms. I've had no complaints." "There's a care plan which has been well done. They consulted with her and us. We've also had a lot of meetings and they have reviews every now and again. They are now more periodic." "We have meetings, they are review meetings. They listen to me. They make changes if I want them."

During our inspection we met one person who used the service and had come to the office for her review. She had

made some cakes to share in her review meeting. She said, "I'm having a review. It's good, I am happy with it. It's not finished yet I am just having a break." This person was in an upbeat mood and was clearly enjoying the occasion.

There were a number of processes in place to enable people who used the service to be involved in its general running. These included the Service User Forum, which met on a regular basis. In addition, people who used the service took part in a number of groups, such as the Quality Group and the Tenants' Group. We also noted that it was standard practice to include people who used the service and some relatives on selection panels when recruiting new staff.

People we spoke with were content they could address any problems that arose and confirmed they would feel able to express any concerns they had with the registered manager. People also expressed confidence in the management team as a whole, to deal with any concerns they did raise appropriately.

There was a complaints procedure in place which provided guidance for people about how to formally raise concerns. The procedures also included information about other agencies people could speak to if they were not satisfied with the response they received, such as the Care Quality Commission and the local authority. There was an easy read complaints procedure also available for people who used the service. This included all the relevant information and stated, 'No one will be bad to you because you have complained. It is your right.'

There was a process in place to record any complaints received, details about their investigation and subsequent action taken. However at the time of the inspection there had been no recent complaints made.

# Is the service well-led?

## Our findings

There was a registered manager who had been in post for several years. In addition, there were two service directors who were closely involved in the day to day running of the service as well as a number of team leaders and senior support workers.

People we spoke with were aware of the management structure and lines of accountability within the service. This meant people knew who to speak to if they wished to raise any issues or obtain advice.

The conversations we held gave a consistently favourable impression of the manner and professionalism of the senior staff and managers within the service. People told us they found the management team approachable and supportive and confirmed there was always a member of the management team available to contact.

People's comments included, "They started out as a small charity but they have kept going. I think they are very good. It was a very parent focused body, though they are now better in my opinion. Some of the intimacy has gone but they have needed to be more robust." "I think the first time I met the senior staff I was impressed by their professionalism. As a small charity they are dedicated."

We noted that managers were familiar with people who used the service. During our time at the service's office, we saw several people who used the service popping into the office, sometimes just for a cup of tea and a chat with the managers. It was clear people got along well with the management team and were comfortable in their presence.

Staff we spoke with also gave us very positive feedback about the management team from Linkability. They described a positive culture within which they felt they

could report any concerns without fear of negative repercussions. One person commented, "You can ask anything and you can say whatever you think, without being judged."

Staff told us they found their managers to be very approachable and supportive. Their comments included, "The support from management is second to none." "There is always an open door policy. I could never imagine a problem talking to managers here." Another care worker described how a manager attended, very late at night to assist her in dealing with a difficult situation.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. We noted that the quality sub group, who had a role in monitoring standards, included some people who used the service.

The Board of Trustees for the organisation also had a clear role in assuring quality. We saw that representatives from the Board of Trustees were closely involved in monitoring standards and carried out various assessments on a scheduled basis, some of which included obtaining the views of people who used the service or their relatives.

Regular management meetings took place between the management team and the board. During the meetings, all standards were reviewed and any incidents, accidents, complaints or safeguarding concerns were discussed. Monitoring these sorts of incidents helped the management team identify and address any opportunities for improvement.

The registered manager was able to give us example of changes that had been made to the service as a result of learning from adverse incidents. For example, identified improvements in the way people's discharge from hospital was managed had recently been implemented, to further ensure they received safe and effective support.