

## Link-Ability

# Link-Ability

### 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 ●

# Summary of findings

## Overall summary

The inspection visit took place on 22 March and 05 April 2018 and was announced.

Link-Ability is registered to provide personal care and support for people living with a learning disability or autistic spectrum disorder. 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. This service provides care and support to people living in 15 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the visit there were 27 people who used the service.

At the last inspection in April 2015 the service was rated 'Good' with outstanding in responsive and was meeting the regulatory requirements relevant at that time. At this inspection in March and April 2018 we found the evidence continued to support the rating of good and the service had successfully retained an outstanding rating in responsive. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We received extremely positive feedback from relatives regarding the responsiveness of the staff their attitude and exceptional commitment to people they supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans demonstrated a holistic, excellent and exceptionally person centred approach aimed at maximising people's independence and choice. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care.

There was an exceptional drive to maximise people's independence and significant efforts to promote social inclusion. This was supported by a highly motivated staff team that took a positive risk taking and person centred approach to their role. Feedback and comments from people was extremely positive.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the service.

Staff skills, knowledge, training and support demonstrated a commitment to providing outstanding care which was embedded into the practices of the staff and the management team. The service put people's views at the forefront of the service and designed the service around their needs.

Risk assessments had been developed to minimise the potential risk of harm to people who used the service. These had been kept under review and were relevant to the care and support people required.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. However, improvements were required to the medicines management practices.

We found people had been assisted to have access to healthcare professionals and their healthcare needs were met.

We received mixed feedback from people and care staff regarding staffing levels in the service. However, we saw actions had been taken to rectify the concerns and staff recruitment was ongoing.

People who used the service and their relatives, knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager and the nominated individual used a variety of methods to assess and monitor the quality of service provided to people. These included regular internal audits of the service, staff and people's forums to seek the views of people about the quality of care being provided.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Outstanding ☆

The service remains Outstanding

### Is the service well-led?

Good ●

The service remains good.

# Link-Ability

## 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 site visit took place on 22 March and 05 April 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because it is domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 22 March 2018 to see the registered manager and office staff; and to review care records and policies and procedures and visited people's homes on 05 April 2018.

The inspection team consisted of one adult social care inspector who is the lead inspector for the service.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

We visited two properties with people's permission to observe how people were supported in their own homes. We were unable to speak to some people due to their communications needs. We observed their interactions with staff. We met with six people who used the service, met one relative and spoke to one relative via the telephone. We received email feedback from six relatives and spoke to three care staff face to face. In addition we emailed all staff and received feedback from 17 staff. We spoke with the director, two trustees, assistant director, administration officer, operations manager and the registered manager.

We looked at the care records of five people who used the service, training and three recruitment records of staff members and records relating to the management of the service. We also contacted the safeguarding department at the local authority, other health and social care professionals and Healthwatch to ask them about their opinion of the service.

# Is the service safe?

## Our findings

Relatives told us they felt people were safe because they trusted the staff that supported them. Comments from relatives included, "I do feel that [relative] receives safe and appropriate care", "We consider [relative] is safe in Link-Ability's care", "[Relative] has complex needs and behaviours that can challenge others. Despite this, we feel [relative] is always kept safe. All incidents are shared with us and where appropriate, new protocols developed to respond to their challenges." One professional told us, "Yes, people are well cared for; staff seem to enjoy their jobs and enjoy working with the people."

Risks to people were assessed and their safety was monitored and managed so they were supported to stay safe and their freedom respected. The provider's risk management policies and procedures showed the ethos of the service was to support people to have as much freedom of choice in their lives as possible. Staff we spoke with demonstrated a positive risk taking approach which was underpinned by a desire to ensure people's freedom was not limited due to risks around them. One staff member told us; "Link-Ability is the best for caring, training and making sure all service users have a normal life as possible."

The registered manager had worked hard to maintain and keep up to date procedures for minimising the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely, appropriately trained and supported by the management team.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. We found safeguarding procedures were available and protection measures were robust and took into consideration the wishes and feelings of people and their relatives.

Before this inspection we had received concerns regarding staff shortages in the service. Concerns had been raised by relatives and health and social care professionals regarding the impact of staff shortages on people's care support. We received similar concerns during the inspection from two relatives and four care staff. We looked at the staff rotas, and records of activities. We noted that there had been times when two of the properties had staff shortages due to unforeseen circumstances such as staff sickness. However, evidence we saw showed that cover had been provided from other services or by using agency staff.

During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who were using the service. There were mixed comments from people and staff about the staffing levels. Comments from relatives included, "Yes, there is always enough staff [my relative] has one to one support all the time", "Staffing has always been a major problem, [relative] has always been promised activities and these have been cancelled at the last minute and the excuse is always the same...no staff", "Yes, there is always enough staff when we visit." And, "There have been challenges and I raised concerns however this has improved, we have been told there are new rotas which will allow staff time to do more with people, I'm happy with that."

Comments from staff included, "I think Link-Ability need more staff as you are being asked to do extra hours most weeks and sometimes moved off rota to a different service. This causes anxiety and frustration to the people we support. However, all rotas are worked around the individual's needs, activities or day services." And, "We appear to be fully staffed though people are often asked to cover other services which can then make things difficult for us. Staff are reducing their hours so that we can get the rest we need and not feel we have to work all the hours that are requested." And, "Most of the time there is enough staff, only at times there is staff shortage because of illness and staff have to be moved around to help other services." Eight other care staff informed us that they felt the service was well staffed.

We shared the feedback from people and staff with the registered manager and the assistant director. They informed us that staffing had been a challenge across the service however they had responded by undertaking ongoing recruitment drives, moved staff to cover and used agency staff where necessary to ensure people were not left without staff cover. They also informed us that they would ensure communication about staffing challenges and the actions they were undertaking to resolve this would be adequately shared with people and their relatives.

We looked at how medicines were recorded and administered. Staff had ensured that people's medicines were managed safely. People we spoke with told us they were happy with the support provided to them to receive their medicines. We looked at medication administration records for seven people. Records showed medicines had been signed for. However, we found improvements were required to the record keeping and to the management of thickening powders. Three handwritten medicines administration records did not have a name of the staff who transcribed them. Records for the administration of thickening powders had not been completed. We found there was no significant impact on people's safety and people had been safely supported with their medicines. The registered manager and the assistant director took immediate action to rectify the concerns during the inspection. The registered manager had internal audits in place to monitor medicines procedures. Concerns identified by the audits were rectified in a timely manner. We were assured that the concerns we found would have been picked up by the providers' internal audits.

Evidence we saw showed that lessons were learnt and improvements were made when things went wrong. For example where people's expectations had not been fully met and where errors such as medicines errors had occurred. Staff had received supervision, competence checks and discussed ways to improve their practices.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example staff had received induction and training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of infections.



# Is the service effective?

## Our findings

People received effective care because they were supported by a staff team that were skilled and knowledgeable. Five out of six relatives we spoke to gave us positive feedback about the knowledge, expertise, skills and caring approach from the staff. Staff were experienced in supporting people living in the community.

Comments from relatives included; "Yes, we believe that the training of staff is done well and we have good relationships with staff"; "We are very happy with the service that Link-Ability provides; [our relatives'] general care and wellbeing are excellent." However, one relative told us, "Some staff really understand [relative]'s needs and are really good however, some staff are not as good and do not understand [relative]'s needs.' We shared these views with the registered manager who informed us that they would be arranging a meeting and work with families and staff to resolve any concerns.

All staff knew the people who used the service well. They had received adequate training, supervision and appraisals to meet people's needs. Comments included; "Link-Ability is well the best for caring, training and making sure all service users have a normal life as possible. We have to have the relevant training to work with different needs" and "Training has always been one of the best qualities of great company and extra training has been offered if needed."

Two health and social care professionals provided positive feedback about service. They said; "Staff are trained in specific areas with the person on my case load." And "We have worked with team leader who has welcomed any interventions." It was clear that the service had sustained the standards identified at the last inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for people living in their own homes is called the Court of Protection authorisation. The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care records showed staff sought people's consent before the service was provided. For example, people living with learning disabilities were supported to make decisions through the use of care plans, with their involvement.

Staff and the management continued to demonstrate an understanding of the principles of the MCA and the Court of Protection and how it related to protecting people from unlawful restrictions. The service and the registered manager were part of a pilot project with the local authority to improve and speed up the process of applying for Court of Protection authorisations. We saw information and guidance on mental capacity was shared with staff via posters, training and supervision. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. Comments from staff included, "Training has always been one of the best qualities of a great company and extra training has been offered if needed."

We found the service provided care and treatment to people who could display behaviours that can challenge others. There were policies and guidance to ensure that physical restraint was used in a safe and proportionate way, and was monitored as part of a wider person-centred support plan. Staff had received training in the safe use of physical restraint. They were guided to use other strategies to de-escalate the situation before considering restraining a person. All people had positive behaviour support plans that provided staff with guidance on supporting them effectively. The registered manager was part of a local training consortium on positive behavioural support. They worked in collaboration with other local providers of similar services and an accredited training provider to train and support staff in the management of behaviours that could challenge others. This meant there were arrangements for working together to deliver effective care and support.

Care files were clear in their guidance to support the staff to meet the individual nutritional needs of people. Staff had clearly identified people who required support with their nutritional needs through the nutritional assessments. Files had evidence that a comprehensive nutritional risk assessment had been completed that identified what support people required.

People were supported to live healthier lives, have access to healthcare services and receive on going healthcare support. There were links with other healthcare professionals, which was recorded in people's health action plans. There was also clear evidence of the service seeking advice and support from other agencies and we saw that guidance from healthcare professionals had been incorporated in people's care plans.

# Is the service caring?

## Our findings

The service had a positive and caring culture which people, relatives and staff supported and promoted. Relatives told us their family members were well supported and well cared for. Comments from people included, "The attitude and commitment of [my relative's] staff is also exceptional" and, "Experienced staff are superb and yes, my [relative] absolutely loves living in their home. They are supported to make choices and when staffing is adequate they have a good range of activities."

Our observations and our conversations with relatives, staff and visiting professionals showed that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. For example, we saw a staff member directing a person away from harm by talking to them gently and asking them to follow them. We also noted people being sensitively supported to ensure they maintained their dignity and personal hygiene.

Relatives we spoke with told us they trusted the staff and the service in general, with their care. They informed us that their relatives had made significant progress whilst being supported by the service.

There was a strong person-centred culture at all levels and staff understood that people were at the heart of the service. This was because the registered manager and staff promoted a caring culture based on a range of clear policies and procedures they had in place. Staff had a good understanding of protecting and respecting people's human rights. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. For example all staff received training in equality and diversity and maintaining dignity during their induction.

Through feedback and discussions with relatives, we noted that arrangements had been made to meet people's personal wants and diverse needs. We saw people were fully enabled to develop and maintain their personal relationships with their circle of support. Care files demonstrated a thorough approach that ensured people or relevant relatives and professionals who acted on their behalf, were involved in and agreed to the care delivered.

Staff promoted people's independence by enabling people to do things for themselves. There was also evidence of how the provider had engaged with people during the design and delivery of care. One staff member said, "We promote compassionate, respectful and empathetic behaviour within the staff team by knowing the person well and encourage them in their everyday lives to have the life they wish." Care records comprehensively outlined the goals and outcomes that people wanted to achieve and what support they needed. Outcomes were reviewed and celebrated with people and their staff.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. We saw staff had discussed with people their preferences and choices. There was information and details that could be provided to people and their families if advocacy

was required. One person was acting as an advocate for other people who used the service. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People received personalised care that was specific to meet their needs and they were involved in the planning, goal setting and reviewing of their care. Comments from people included; "May I say how absolutely satisfied I am with this service. It has made a real difference."

Comments from relatives were extremely positive. They included, "The attitude and commitment of all [relative's] staff, despite sometimes being the target of some of [relatives'] aggression, is exceptional", "I am very happy with Link-Ability and have confidence in their ability and willingness to deliver a good level of care and support to [relative]", "All the staff I have met, work diligently and supportively to help [relative] interact within the community and ensure [relative] enjoys a wide range of diverse and stretching activities, whilst also involving them as far as possible in the day-to-day running of their affairs", "We would not hesitate in recommending Link-Ability to any parent." Another relative said; "We have regular meetings and discussions about [relative]'s care and there is a parents group which meets four times a year where we can ask questions of Link-Ability and talk through any changes to social care etc." In addition people and their relatives told us they sat down with the registered manager and the managing director regularly to discuss what had gone well and what could be improved.

The care files we looked at demonstrated the excellent system that was in place to ensure care records were individualised and reflected the people's current needs. Care files had evidence that a comprehensive assessment of needs had taken place and these were reviewed regularly. The provider continued to ensure that people's care records fully reflected their physical, mental, emotional and social needs. The records had been written in an exceptionally person centred manner. Separate daily diary records had been completed regularly that reflected the care and support provided by the staff team. The provider had further developed care plans by introducing an electronic care record system. This system allowed the manager and leadership to have easy access of live care records in different properties.

Every effort had been made to ensure care plans had been developed where possible with each person, and family and professionals involved with them, identifying what support they required. There were regular reviews referred to as 'link up' meetings. During the reviews, people's outcomes were discussed and they were given an opportunity to discuss what had gone well and what could be improved. The process followed was comprehensive, holistic and looked at the whole person. There was an exceptional care planning approach which continued to take into account people's strengths, their levels of independence and their quality of life.

The registered provider had a proactive approach to meeting people's needs especially where people had complex behaviours that could pose risks to people and others. For example, we found the registered manager had rolled out positive behaviour support training to other organisations and to parents and relatives. This allowed families and parents to learn the same positive behaviour strategies used by staff. This was evidence of proactive and forward planning to ensure the consistent delivery of personalised care in the service and in the community. In addition there was an arrangement to provide staff with training and development specific to the people they supported. We saw evidence to show how the training had brought

significant improvements to one person resulting in a significant reduction of the one to one care hours and supervision required and the number of incidents that could pose a risk to others. This demonstrated an extremely responsive approach to the delivery of care.

People were supported to maintain local connections and important relationships. There was strong ethos for supporting people to access their local community. The registered manager and managing director encouraged and supported people to maintain local community links. For example, they continued to support people to access local facilities. We saw one person who used the service had been given responsibility to organise social events for all tenants. They organised discos, together parties and encouraged others to join in.

We also saw three people who used the service had been supported to regularly maintain contact with their local community using public transport and to continue accessing facilities in the community such as the gym, skiing and the local swimming pool. The service had also worked with local outdoor activity providers such as horse riding centres. We saw evidence to demonstrate how the activities had significantly reduced incidents or behaviours that could challenge others. In addition, the activities helped to reduce social exclusion for these individuals. Staff and the management were passionate about ensuring all people had access to the community and activities were tailored to their needs. Staff clearly knew how to promote community inclusion and ensured people were supported to enjoy a meaningful day in their own homes and in the community. One staff member told us, "All the individuals are supported with their interests and encouraged to take part in activities that are socially relevant and appropriate in the wider community; if the individuals wish to go to further education or work they are encouraged to do so and assisted."

We received extremely positive feedback from one relative. Comments included; "[Name removed manager] is diligent and highly professional and staff are encouraged to use their initiative. My [relative] recently went on a superbly planned holiday, the planning was exceptional and the experience was wonderful for them. Their key worker did an amazing job of planning and supporting."

The provider had introduced interactive healthy living initiatives. There was an excellent response to the initiatives. We saw a significant reduction of incidents as a result of activities such as gym and swimming. In addition there had been a significant increase in people involved in healthy eating initiatives and physical activities. The initiative was also adopted by staff and there had been a significant reduction in staff sickness.

We found staff had sought accessible ways to communicate with people when they had an impairment to reduce or remove communication barriers. For example we found various records had been written in an easy read format supported by pictorial messages and signage. This helped people with sight and cognitive impairment to ensure they could communicate effectively. This meant that the person could have equal access to information regardless of their impairment.

The provider had acted in an innovative manner and introduced electronic care records. They provided a computer terminal in each property to allow staff in the community to have easy access to up to date records on people's needs. Other forms of technology had been introduced to support people to receive timely care and support for example broadband telephony systems, the use of modern internet based communications such as Skype video conferencing and other forms of social media. This showed a progression and responsiveness to the changing means of communication and ways of delivering care.

It was evident that the service had sustained the outstanding practices identified at the previous inspection and continued to seek further improvements.

There was an abundance of complimentary feedback in surveys, compliments sheets and thank you cards about the service. Comments included; "We are very happy with the service that Link-Ability provide, [relative]'s general care and wellbeing is excellent" and "The service goes a long way to meet the people's needs." And, "I have never had cause to complain. Any suggested changes or improvements I have made have always been received constructively and, where appropriate, acted upon."

The service had a complaints procedure which was made available to people and their representatives before they started to use the service. Copies were on view in the office. The complaints procedures had been written in an easy read format to enable people who used the service to understand the procedures. Relatives told us they knew how to make a complaint if they were unhappy. They told us they would speak with the registered manager or the managing director who they knew would listen to them. We reviewed one complaint that had been received at the time of the inspection. It had been dealt with appropriately. One relative told us; "I complained about the quality of the care and they made significant changes, [name removed] was brought in and has been extremely wonderful and responsive." One relative did not feel their complaints had resulted in improvements. We shared their feedback with the registered manager who immediately arranged a meeting to discuss concerns.

There was guidance on communicating with families and professionals to support people towards the end of their life. Staff had received training to support people towards the end of their life and additional training had been booked to update the training. This would ensure that people were supported at the end of their life to have a comfortable, dignified and pain free death.

## Is the service well-led?

### Our findings

There was a registered manager employed at the service. 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.

We received positive comments from people about the organisation. Comments included; "I am very happy with Link-Ability and have confidence in their ability and willingness to deliver a good level of care and support to [relative]", "The management are helpful if we need to contact them about anything" and "Yes, the service is well managed, it is just nice to get some help. It is a massive help for us to get help from people who know what they are doing."

However, during we also received feedback from people raising concerns about the quality of communication within the service and with management. Comments included; "The management are approachable and carry out the ethos of the company though we feel sometimes there could be better communication."

Evidence we received from speaking to the registered manager and the director demonstrated that the concerns raised by people had been addressed and people felt listened to. The concerns did not have a significant impact on the quality of care received. There was also a commitment to rectify all concerns identified and to engage with relatives and people.

Comments from one of the trustees included; "There is a very strong set of values led by the beliefs and experience of [name removed], the Chief Executive who is very approachable."

Staff we spoke with told us they felt the registered manager and the directors worked with them and supported them to provide good quality care. Comments included, "Would just like to add that I have never worked in a company before with such genuine people, who really care about what they do. It is not just a job". Also, "I felt very supported by management when I first started the job and together with their constructive feedback, this has enabled me to develop the skills and experience I needed."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service continued to maintain clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced with an extensive health and social care background. They had worked at the service for a long time. They were knowledgeable and familiar with the needs of the people they supported. In addition to the registered manager, there was a managing director and assistant director, who had experience in business management. The management team was overseen by a board of trustees who met regularly to discuss the progress and challenges faced by staff and people using the service. The provider had an ongoing leadership training program for managers and inspiring managers to support continuity and succession in the service.



All staff had delegated roles including training, office administration and care delivery. Each person took responsibility for their role and had been provided with oversight by the registered manager and the managing director who was also the nominated individual.

Staff meetings were held on a regular basis. In addition staff and client and family forums were carried out regularly to assess the performance of the service. The feedback we saw demonstrated people felt the service was of a good quality. We saw people and staff were consulted on the daily running of the service and any future plans.

Feedback from staff demonstrated how the service cared for their workforce. Staff had been supported and provided with free influenza vaccinations. In addition the service had introduced flexible working practices to provide a work life balance. The registered manager also informed us that they had employee rewards which included employees with an annual bonus and recognition award.

The registered manager and provider had continued to strengthen their auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed. These audits provided support with ensuring compliance and analysing information in the service. These included medicines, the environment, care records, accidents and incidents. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided.

Quality assurance by the provider included monitoring that the service was complying with regulations and quality requirements set by other regulatory authorities. They also drew up action plans for the registered manager and monitored that these had been completed in a timely manner. The registered manager met with the managing director on a daily basis to discuss the quality of the service, progress and future plans. This also gave them the opportunity to discuss areas of concern and to share updates regarding requirements or any developments or changes in regulatory requirements.

We saw evidence to demonstrate that the service had kept up with best practice and joined up working. This included using technology to train staff, to share information and to maintain people's care records. There was a safeguarding champion and a safeguarding lead in the service. These staff would attend multi-disciplinary meetings with other stakeholders such as the local Clinical Commissioning Groups, children service departments and adult social care services within the local authorities. They would share information and best practice. This demonstrated good practice beyond the provision of care and helped maintain community links.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC and other agencies.