

Link-Ability

# Link-Ability Office Rochdale/Heywood

## Inspection report

TOPS Business Centre  
22 Hind Hill Street  
Heywood  
Lancashire  
OL10 1AQ

Tel: 01706362276

Website: [www.linkability.org.uk](http://www.linkability.org.uk)

Date of inspection visit:

15 August 2016

16 August 2016

Date of publication:

07 October 2016

## 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

LinkAbility is a small domiciliary service which provides support to people living in their own homes or with their families. The level and hours of support vary depending on the needs and wishes of people. Support may include helping people to maintaining their own tenancy, provide assistance with domestic tasks, food preparation, personal care and daily activities. The agency office is located in a business centre on the outskirts of Heywood town centre. There is off road parking opposite the building and disabled access is also available.

We gave the agency 48 hours' notice of the inspection to ensure a senior member of staff would be available. At the time of the inspection the service was supporting 15 people in four supporting living projects and 13 people who lived in the wider community.

We last inspected LinkAbility in August 2014. We found that improvements were needed with regards to people's care records to ensure information was accurate and complete. We also identified that events involving people who use the service had not always been reported to CQC as required by legislation. As requested, the provider to send us an action plan telling us how they intended to make the improvements needed. We reviewed these areas during this inspection and found that improvements had been made.

The service has a registered manager. However they were on leave at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

What people told us demonstrated that opportunities were made available to promote and encourage people to maintain their independence and develop positive relationships with others. People and their relatives told us they were happy with the support provided by staff, which was delivered in a dignified and respectful manner. Staff spoken with demonstrated a clear understanding and gave examples of how privacy and dignity was promoted and maintained.

Information about people was person centred and focused on their individual needs and wishes. Support plans and risk assessments were written in a sensitive manner and provided clear and accurate information to guide staff in the safe delivery of people's care and support.

People told us they felt safe with the staff that supported them. Staff had completed training in how to safeguard people from abuse and knew the action they should take if they had any concerns.

People were clearly involved in making decisions about their support. Where people lacked the mental capacity to make certain decisions appropriate arrangements had been made to ensure their rights were protected. Staff had received training on the Mental Capacity Act 2005 and were aware of the importance of

seeking people's permission before carrying out tasks.

We found that safe systems were in place with regards to the recruitment of staff, management of medication and health and safety. These helped to protect people's health and well-being.

Staff received induction, supervision and a programme of training to help ensure they were able to deliver safe and effective care. Staff spoken with confirmed they received regularly training and were equipped to support the needs of people they visited.

People were encouraged to have a balanced and nutritional diet. Where necessary staff provided support so that people's health care needs were appropriately met.

Systems were in place to monitor and review the quality of service provided. There was a commitment from the management team and staff to continually improve the service so that outcomes for people were positive. Both staff and people who used the service were encouraged to be involved and make comment on the service provided and to identify where any improvements could be made.

Effective systems were in place for the recording of complaints and concerns to show that people were listened to and where necessary action had been taken. People spoken with said they would have no hesitation in speaking with a staff member if they needed to.

## 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.

Management plans had been put in place where potential risks to people had been identified. These helped to guide staff so people were protected from harm or injury.

On-going recruitment took place to ensure the service was able to meet the current and changing needs of people. Relevant recruitment checks had been carried out prior to people commencing work ensuring they were suitable for the position.

Systems were in place to help ensure the safe administration of medicines.

People who used the service told us they felt safe with staff that supported them. Staff had received training in how to protect people who used the service from the risk of abuse and understood what action to take if they had any concerns.

### Is the service effective?

Good ●

The service was effective

Staff received the induction, training and supervision they needed to help them deliver effective care and support.

Staff received training on the Mental Capacity Act 2005 and recognised the importance of seeking people's permission before carrying out tasks. Support plans clearly demonstrated people were consulted about making decisions about their support.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about the support offered by staff. We were told staff were kind, caring and respectful towards them.

Those staff we spoke with were able to demonstrate they knew the people they supported well. Staff expressed how they promoted people's independence and offered privacy and dignity when providing care.

People's records were stored electronically and password protected. This help to ensure confidentiality was maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had assessments and support plans in place. Information provided detailed person centred information in an easy read format. This helped people to understand the information recorded about them and provided clear and accurate information to guide staff about what people wanted and needed.

People complaints and concerns were taken seriously and responded to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a manager in place who was registered with the Care Quality Commission.

Both staff and people who used the service spoke positively about the registered manager and senior management.

A number of monitoring systems were in place to review the service provided. People, their relatives and staff were encouraged to share their views and ideas. This helped to promote continuous improvements.

# Link-Ability Office Rochdale/Heywood

## **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 undertaken 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 inspection that took place on the 15 and 16 August 2016 at the agency office. The inspection team comprised of one adult social care inspector.

Prior to our inspection we considered information we held about the service, such as notifications and enquiries. We also considered the responses received from the feedback surveys we sent out prior to our visit. We received feedback from 6 people who used the service and the relative of one person. We also looked at the information the registered manager had sent to us in the 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.

As part of the inspection we contacted the Local Authority Commissioners and Healthwatch Rochdale to seek their views about the service. No concerns were raised with us.

As part of the inspection we spent time speaking with five people who used the service, the relatives of two people, two support staff, two team leaders, as well as the assistant director. We checked the care records for three people, which included support plans, risk assessments and medication administration records. We look at three staff personnel files, training records as well as information about the management and conduct of the service.

# Is the service safe?

## Our findings

We looked at how the agency protected people from the risk of abuse. We saw policies and procedures were in place with regards to safeguarding adults and whistle blowing (the reporting of unsafe and/or poor practice). Prior to the inspection we had been made aware by the registered manager of an incident reported to the local authority in line with the procedures. Relevant action had been taken to ensure people were protected.

Feedback received from people we spoke with and response to the feedback surveys demonstrated that people felt safe from abuse. One person commented, "Yes I feel safer living here, knowing the staff are around just in case". Another person said, "Staff always help me, they help with my medication and keep it safe for me". The relative of one person also told us; "[Relative] is as safe as she can be, I've got no concerns". Another family member said; "Definitely, I feel [relative] is safe when with support staff".

We were told that regular training sessions on safeguarding procedures were provided by members of the senior management team. This was to ensure that staff were clear about their responsibilities and the procedure to follow. Records showed and staff confirmed that safeguarding training had been provided. Staff spoken with were able to tell us what they understood of the procedure and what they would do if they thought someone was at risk of or had been harmed. What they told us demonstrated they knew what action to take so that people were protected. Staff said "They [managers] listen" and "I wouldn't hesitate in talking with manager if I had any issues".

Other policies and procedures were in place to promote the safety and protection of people. These included information about the recruitment and selection process, management of finances, physical intervention and confidentiality. Staff were also provided with a handbook which outlined relevant policies and procedures about their employment and which protected their rights.

We looked at the personnel files for three staff employed since our last inspection. We checked to see what pre-employment checks were carried out on people who had applied to work for the service.

We saw that staff files were being transferred to electronic files. Relevant forms were being scanned onto the computerised system to show that the correct information and checks had been carried out prior to people commencing their employment. The files we looked at contained an application form with full employment history, written references, copies of identification, health screening information. There was also additional information with regards to evidence of training and supervision meetings.

Checks had also been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure date and reference number was detailed on files. 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 help to ensure only suitable applicants are offered work with the agency.

Information received prior to the inspection showed that staffing levels were determined on the number of hours commissioned for each person. We were told that recent recruitment had taken place to fill current vacancies. Where possible additional staff would be recruited as 'bank' so that flexibility could be provided to cover leave and sickness. We were told the service did not use external agency staff.

We saw that staff were split into four teams and supported by a team leader. This meant staff would generally support the same people offering continuity in their support. This was confirmed by people and staff we spoke with. All of the people who responded to the feedback surveys we sent out prior to the inspection confirmed they received support from familiar, consistent care and support workers.

We found that feedback received through the 'Driving Up Quality' event held by the service and the surveys we had received showed that people felt improvements in staffing could be made. People commented that they did not always know who was supporting them, that sessions were shortened if short of staff, that they would like a say in who supports them and would like photos on the wall to identify staff. This was acknowledged by the service. Comments were to be included in the business improvement plan for the service. In one of the supported living projects we visited we saw that a picture board was displayed so that people knew who was coming on duty.

We looked at how potential risks to people's health and well-being were planned for. Support plans provided good information about how staff were to support people in meeting their individual needs. Areas of identified risk had been assessed and management plans had been put in place to help minimise risk whilst enabling people to maintain their independence.

Systems were also in place to keep people safe in the event of an emergency, such as fire. In two of the supported living projects we visited we saw checks were carried out with regards to the fire alarm, exits and extinguishers and personal emergency evacuation plans (PEEPs) had been completed for each person. This information helps to assist the emergency services in the event of an emergency arising. Other records were kept to show that equipment and services within the projects had been serviced and maintained in accordance with the manufacturers' instructions. Any work required was either carried out by the landlord or the service provider.

Detailed records were also completed of any accident and incidents. Information detailed the events, time and place. Records showed that these had been reviewed and monitored by the registered and where necessary action required had been taken. This helped to ensure people received safe and effective support.

We found there were safe systems in place for managing people's medicines. We saw a medication policy was in place to guide staff about the safe storage, administration and disposal of medicines. The staff we spoke with told us that they received training before they could administer medicines and that competency assessments were completed to check staff practice was safe. Records we looked at confirmed what we had been told. This helps to ensure the administration of medication by staff is safe.

We looked at the medicines administration records for two people. Staff spoken with were clearly aware of the importance of people receiving the medicines as prescribed. We found administration records were appropriately completed and where necessary items returned to the supplying pharmacist were signed for. The level of support people required was seen to be detailed in people's support plans. Those able to manage their own medication were encouraged to do so. We saw medication administration (MAR) records were audited to ensure accurate records were maintained and people received their medicines safely.



# Is the service effective?

## Our findings

The current care staff team comprised of 47 staff. This included the registered manager and four team leaders. During our visit we spoke with two team leaders and two support staff. Some of the staff had worked for the service for a number of years, whilst others had been employed over the last 12 months. Each of the staff we spoke with said they were happy in their role. Staff told us; "I enjoy working for the service", "We all work as a team" and "I'm very happy".

People we spoke with also commented about the staff, saying; "They are great, everything is fine", "I love them to bits" and "They are always polite and help me". We also asked people as part of our feedback survey if they felt staff had the right knowledge and skills needed to support them. We received all positive responses.

We were told that training was provided from a number of resources. This included e-learning, training from the local authority or a private training provided. We saw that facilities were provided at the office, with staff having access to two computers for training purposes. The service had also recently joined with another provider to share training resources. This had helped to provide further training opportunities for staff.

Training records showed that a programme of training covering a range of subjects was available to staff. Information showed that the registered manager had completed a review of staff training needs for the forthcoming year. Topics were specific to the needs of the service and included; epilepsy, first aid, moving and handling, medication, autism, challenging behaviour and positive responses, safeguarding and person centred planning.

Staff spoken with confirmed there was on-going training and development. Two staff members told us they could ask for different areas of training and if relevant and available this would be provided. The relative of one person told us "The carers know what they are doing".

As part of the training programme for new staff we saw that the Care Certificate was in place. The Care Certificate, developed by Skills for care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and should be covered as part of the induction training of new care workers. Opportunities for shadowing experienced staff were also provided. Staff performance was continually reviewed during the 6 month probationary period before being offered a permanent position.

We were told there was a programme of supervision and appraisal as well as team meetings. Staff spoken with and records seen showed there were occasional team meetings as well as evidence of supervision sessions held with staff to discuss their performance and training needs. Staff spoken with told us; "No objection to providing training" and "Training is good and standards are good". The new electronic system was also used for recording staff training, supervision and appraisal meetings. The system alerted managers when further meetings were due.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the registered provider was working within the principles of the MCA. We saw the service had copies of local authority and internal procedures for staff to refer to. Easy read formats were also available for people to explain what the MCA means and people's right when they may lack the mental capacity to make decisions for themselves.

We saw that staff completed MCA training as part the on-going programme of training. Those staff we spoke with were able to provide good examples of how they sought people's consent when carrying out support.

A review of the support plans for three people showed that a 'consent to care document' was completed for each person. This included an assessment of capacity and discussion about the persons wishes. On one person's file we saw that restrictions were in place to help manage areas of identified risk. However this had been agreed with the person through a 'best interest meeting' as the person had the mental capacity to make decisions for themselves. Other records showed where a person had expressed a wish for one of their relatives to be involved in decisions about them and where the person was able to make their own decisions and areas where they may need assistance. Other examples included where large purchases were being made, such as a holiday. Information included a discussion about the decisions and the pro's and con's. In these instances the registered manager would then 'sign off' the agreement to ensure the decision had been made in the person's best interest.

Where possible we saw people had signed their support plans to evidence their involvement and giving their consent to the care and support provided. One person we spoke to said, "We have meetings about what I need". The relative of another person also told us they had been invited to review meetings and were kept informed about their relative and the support provided, adding "I'm always consulted". All the people who responded to the feedback surveys we sent out prior to the inspection confirmed they were involved in decisions about their care and support. People's relatives also confirmed that with consent from the person they too had been consulted with as part of the decision making process. This helped to demonstrate that people's rights were upheld.

We looked at how people were supported to meet their nutritional needs, where this was part of their support plan. We saw some people required support with shopping and food preparation. One person we spoke with was trying to lose weight and said they would discuss menu planning with staff as part of their support. We saw that support plans detailed people's dietary needs and identified things such as their preferred portion size and foods they liked or disliked. One person received a lot of support with their dietary needs. We saw restrictions in place were fully recorded and explained, staff closely monitored and managed their nutritional intake and relevant health professionals were involved. This meant the people were supported in a safe and effective way to meet their individual needs.

A review of training records showed staff had received training on food safety and safe swallowing. We were also told that as part of the induction process training in diet and nutrition is also completed. This training explores signs and symptoms of poor nutrition and hydration and helps staff understand how to promote a healthy diet.

A review of people's records included details of any health care professionals involved in maintaining the

person's well-being. These included; dentist, GP, podiatry, community learning disability team, dietician, epilepsy nurse, dermatologist, clinics and hospital appointments.

We were provided with a number of examples where staff had worked in partnership with other professionals to ensure people's individual needs were effectively met. This included arrangements for aids and adaptations so a person could return home, co-ordinating appointments to help minimise anxieties and changes in behaviour and specific training for staff to support the individual needs of people, such as catheter care and behaviours which challenge.

We saw that a new 'hospital passport' document was being implemented for each person. This provides hospital staff with important information about the persons support needs, health care needs, medication and people they may need to contact. This information helps ensure people are kept safe and supported appropriately.

In the support living projects we visited we saw that aids and adaptations had been provided to help maintain people's safety as well as promote their independence. One person showed us their bathroom which had been fitted with a walk-in shower. They told us this had made it easier for them to care for themselves.

## Is the service caring?

### Our findings

As part of the inspection we sought feedback from people and their relatives about the support provided by LinkAbility. All the people we spoke with were happy with the support offered and the kindness shown by staff that supported them. People's comments, "I love them to bits", "They are my friends, I trust them" and "They care about me". One person's relative said "[relative] is happy as Larry!" and "If she is happy then I am happy". Another family member said, "They (staff) are reliable, friendly and trustworthy".

All of the people who responded to the feedback surveys agreed the staff were caring and kind, always arrived on time, completed the tasks expected of them and treated them with dignity and respect. Staff we spoke with were able to give us examples of how they offered support in a dignified way.

People we visited were seen to enjoy a good rapport with staff and interactions were polite, friendly and good humoured.

From our observations and discussions with people we found staff assisted people to promote their independent living skills. We found that people were encouraged to follow a lifestyle of their choosing and were supported to find opportunities available to them in the local and wider community. This included voluntary work at local shops, visiting pubs and restaurants, attending church, sessions at the local leisure centre and members of community centres.

We were provided with examples of how the service supports and enables people to be as independent as they would like to. One example was where staff had supported a person to access essential documents so they could apply for a passport as they wanted a holiday abroad. Other examples had been provided where additional support had been put in place to support the person and their family enabling them to maintain their relationships.

The service also had a social group 'Get Together Group', which a number of people we spoke with commented on. We were told that two support staff would meet with people at the tenants meetings to discuss what social events and opportunities they would like to take part in. We saw a calendar of events planned for the year. These included barbeque, afternoon tea, train rain and chippy, boat to Liverpool and Jodrell Bank. People told us they enjoyed these events as they had an opportunity to meet people and visit new places.

People also had the opportunity to join 'tenants meeting'. These were held every 2 months and different topics were discussed. For example; one week people had talked about voting and the role of the local councillors. Other meetings had included; infection control and the use of hand washing machine and healthy eating. A further meeting was planned in fire safety. These meetings provide people with an opportunity to learn about new things and discuss topics which they are interested in.

People were also supported to maintain their own tenancies, budgeting skills, carrying out household tasks and shopping. One person we spoke with told us how staff encouraged them to be as independent as they

could. They said, "Staff are here to help me if I need it" and "They (staff) have shown me how to do things, I've learnt a lot". Another person said, "The staff help me with my shopping and cooking, so I know what to do". We were told that one person who had previous experience of running a business, now spent time assisting in the office helping to develop health and safety risk assessments and procedures. The service employed a mix of male and female support staff. This enabled them to provide same gender support if people preferred, taking into consideration people's individual preferences and cultural needs, where necessary.

We saw that information such as support plans, minutes to meetings and relevant policies, were all provided in an 'easy read' format. This helped people to participate and understand information that was important to them.

The service had introduced a computerised system where most of the information about people and the service was stored. This was accessible to people who used the service as well as staff. Information was password protected so that confidentiality was maintained.

## Is the service responsive?

### Our findings

We spoke with the assistant director about the assessment process and planning of people's care. We were told the service had not been taking on any new work whilst improvements to the service were being made. We were told that should a referral be received, this would include basic information from the local authority providing a general overview about the person's needs. If the referral was accepted then an assessment of the person's needs would be undertaken with them so that all relevant information could be gathered. Information would then be used to develop the person's support plan and staff would be identified with the relevant skills to support the person. This helps staff when making a decision about whether the agency is to meet the needs of people.

We were told that where possible staff would be matched to people so that their skills could be better utilised. New staff said that they would have a period of shadowing existing staff, providing them with an opportunity to be introduced properly to people. People who responded to the feedback surveys told us that they were always introduced to new support workers before they provide any care or support.

People and their relatives, where appropriate, were involved when planning the care and support to be provided. People told us they had access to their support plans and were involved in reviewing and updating information to make sure they reflected their needs and wishes.

We looked at the care files for three people. All support plans were now held electronically (Iplanit), which both staff and people receiving support had access to. The system was easy to use, having picture links to relevant sections of the plan. We saw that people had incorporated the use of pictures in their support plan to explain how they wish to be supported. We saw that records included the initial assessment, support plan, risk assessments, health information and appointments as well as review notes. Additional monitoring sheets and medication records, where necessary, were also completed by support staff.

Staff spoken with the said the new electronic system was working well, people's records were held in one place and easy to maintain and keep up to date. The records were looked at were accurate and complete and reflected what we had been told about each person.

On review of people's records we found that information was person centred and focused on the needs, wishes and preferences of the person. We were told that 'Link up' meetings took place with people, their relatives and staff to discuss things that were important to the person, what worked and any areas that needed to change. An action plan is drawn up with realistic goals, monitored by the person's keyworker and reviewed at the next meeting. We found the Iplanit system included positive outcomes for people in areas of their lives. Information was written in a sensitive manner and clearly directed staff in the support needed to meet people's individual needs. Clear and detailed information helps to promote and encourage people to maintain their independence in a safe and supportive way.

We look at how the registered manager responded to people's complaints and concerns. Information about how people can make a complaint, the process and relevant contact agencies is contained in the statement

of purpose and service user guide. The procedure is detailed in an easy to follow flow chart along with picture to assist people.

Whilst looking at records we saw the registered manager maintained a log of any issues brought to her attention. We saw this included compliments as well as concerns. Since our last inspection, four issues had been raised. The registered manager had evidenced what steps had been taken to investigate and respond to the issues.

One of the people we spoke with during our visit said they had no hesitation in speaking with staff if they were worried about anything. Another person said "I can talk to them [staff] about anything, I have the office number if I need to speak with them". The relative of one person told us, "I've never had any issues, but feel they would listen if anything was worrying me". All of the people who responded to our feedback surveys said they knew who to contact if they had any issues; knew how to make a complaint to the service and that the staff and service responded well when any issues were raised with them. We found effective systems of reporting people's complaints and concerns were in place and helped to demonstrate issues were taken seriously and people are listened to.

## Is the service well-led?

### Our findings

LinkAbility is a registered charity and has a board of directors that supports the service. The registered manager is also supported by an administrator and four team leaders, who oversee the day to day running of the service and management of staff. At the time of our inspection the registered manager was on leave, therefore we were assisted by the assistant director.

People who used the service and their relatives told us they were very happy with the service. People's comments included, "There's nothing I can fault them about" and "They are all marvellous".

We also asked staff their views about the management and conduct of the service. One staff member told us; "LinkAbility tries and succeeds in providing excellent support and opportunities for people". Staff told us they felt supported by the management team. Their comments included; "New regimes and managers, good", "Manager's look after staff, they are there when you need them", "Open and approachable", "They are available to staff 24/7" and "Lots more structure".

We looked at what systems were in place to monitor and review the quality of service people received. We found a range of systems in place, which enabled the service to identify and address areas of improvement.

As part of the overall monitoring a 'location plan' had been drawn up and was monitored by the registered manager and assistant director. This clearly outlined areas of improvement, lines of responsibility and timescales for action based on findings from audits and feedback from people.

We were told that members of the board, along with the registered manager, staff and people who use the service attend the quality sub group meetings. This provides people with the opportunity to explore quality issues and where changes to the service, if needed, could be made.

We asked how the views of people who used the service, their families and staff were sought with regard to the quality of service provided. We were told feedback surveys had previously been distributed but the response was poor. To replace this, the service had introduced a more interactive method, 'Driving up Quality'. This is a voluntary scheme, which was developed to help organisations explore what they need to do to be better. We saw that a recent event had been held involving people and explored key questions about the service. We saw the event had been well attended and there had a lot feedback received from people about what they thought was good but also what they thought could be improved further. We were told comments received would be incorporated into the location plan.

We were told about other opportunities provided for people to be involved in the service. The registered manager said that people had been involved in the interviewing process for new staff. With support, people were able to choose questions that were important to them and carried out role play prior to the interview taking place. One person rang a candidate after the interview to offer them a position.

We saw monthly 'walk-around' reports were completed by team leaders in addition to the quality monitoring reports carried out by the registered manager. The reports we looked at explored areas such as;



complaints, compliments, documentation, accidents, admissions, housing, staff and safeguarding. An action plan was developed to address any shortfalls identified and monitored to check issues were resolved. In addition each of the shared houses has a health and safety representatives who meet quarterly to discuss their findings. There are also two staff representative who bring any staffing issues to the management team and there are two Iplanit champions who are able to support and train the team.

The registered manager is also actively involved in meeting with commissioners and providers across the borough. The registered manager chairs Rochdale Provider Forum and attends both the Safeguarding and Partnership Board meetings. The helps to share information and good practice across services.

In July 2016 the service was reassessed and was again awarded the Investors in People (IiP) Accreditation; gold award. IiP assess and accredit organisations on the management and quality of the service they provide to both people who use the service and those who work for the service.

We saw information to show that local authority quality monitoring teams had recently visited at each of the supported living project. Feedback had been positive about the service provided.

Before our inspection we checked the records we held about the service. The registered manager had notified the CQC of any events we need to be made aware of. This enables us to see if a service has taken appropriate action to ensure people are kept safe.