Future Success Adult Supported Living Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 11 January 2018

This service provides personal care and support to adults living in their own homes. This included a supported living service and a domiciliary care service. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service provides a service to older adults, younger adults with mental ill health and younger adults with a learning disability.

The service is operated from an office base within a large end terraced house. The house offers tenanted accommodation for up to four people. At the time of our visit 13 people used the service all were receiving a domiciliary care service, which meant they did not receive 24 hour support.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on the 30 April and 1 May 2015 the overall rating of the service was 'Good'. However there were some matters which needed improvement, we therefore made recommendations relating to individual risk assessments and supported living tenancy agreements. At this inspection we found sufficient improvements had been made and the service remained Good.

We found there were management and leadership arrangements in place to support the effective day to day running of the service.

Arrangements were in place to ensure staff were checked before working at the service. We found some checks had not been properly completed. But the registered manager took swift action to make improvements.

Systems were in place to ensure staff received ongoing training/learning and supervision. There were sufficient numbers of staff at the service. Support was provided in response to people's agreed plan of care.

Risks to people's well-being were being assessed and managed. Systems were in place to support people in maintaining a safe and clean home environment.

Processes were in place to support people with their medicines. We found some matters needed improvement; however these were put right during the inspection.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Staff had received training on safeguarding and protection matters.

We observed positive and respectful interactions between people using the service and staff. People made positive comments about the staff team.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service.

Each person had detailed care records, describing their individual needs, preferences and routines. This provided clear guidance for staff on how to provide support. People's needs and choices were kept under review and changes were responded to.

Staff expressed a practical awareness of promoting people's dignity, rights and choices. Where appropriate, people were supported to engage in meaningful activities the community. Beneficial relationships with relatives and other people were supported.

Processes were in place to support people with any concerns or complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice.

People were encouraged to lead healthy lifestyles. They were supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People's individual dietary needs, likes and dislikes were known. Arrangements were in place to support people with a balanced diet and healthy eating was encouraged.

There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences and make improvements.

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 has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Future Success Adult Supported Living Ltd

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 January 2018. We contacted the service two days before the visit to let them know we were inspecting. We did this because they provide a domiciliary care and supported living service and we needed to be sure that someone would be available for the inspection. The inspection team consisted of two adult social care inspectors.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and had discussions with the local authority safeguarding team. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We had also previously sent questionnaires to people who used the service, relatives, staff and community professionals. We received eight completed questionnaires from people who used the service, five from staff and two from relatives. We used all this information to decide which areas to focus on during the inspection

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spent some time with people, observing the care and support being delivered. We talked with five people who used the service about their experiences of their care and support. We talked with three support workers, the registered manager, the nominated individual and two visiting mental health professionals.

We looked at a sample of records, including three care plans and other related care documentation, two staff recruitment records, complaints records, employee hand book, meeting records, policies and procedures, quality assurance records and audits.

Good

Is the service safe?

Our findings

We reviewed how the service protected people from abuse, neglect and discrimination. The people we spoke with indicated they felt safe with the care and support they received. Their comments included, "I feel safe with them," "They don't boss me about," "I one hundred percent feel safe with them. If I was not happy I would say" and "They are good with me. There's no shouting or bossing about." We noted people's care records took into consideration their vulnerability and included ways of providing safe support. One mental healthcare professional told us the service user was, "Safe in this setting. Settled and much less vulnerable."

Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We discussed and reviewed some of the concerns with the registered manager. We found the registered manager had appropriately liaised with the local authority in relation to all allegations and incidents. Processes were in place to record and manage safeguarding matters, including the actions taken to reduce the risks of re-occurrence.

We discussed the safeguarding procedures with staff. They expressed a good understanding of safeguarding and protection. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. They were aware of the reporting procedures and felt protected by the service's lone worker policies. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was a whistleblowing (reporting poor practice) policy in place which encouraged staff to raise any concerns.

We looked at how risks to people's individual safety and well-being were assessed and managed. At our last inspection we made a recommendation on ensuring risk assessments were detailed and personalised. At this inspection we found improvements had been made. Risks to individuals had been assessed and recorded in people's care records. The risks were defined and detailed the action to be taken minimise risks for people's wellbeing and safety. The risk assessments included as appropriate: behaviours, moving and handing, personal hygiene, relationships and support with independence skills. The risks assessments were dated and kept under review, we noted examples where people had signed in agreement with them. Staff spoken with said they were aware of people's individual risk assessments and had access to them. For people in shared accommodation, the risks around group living and compatibility had been assessed.

We looked at the way people were supported with the proper and safe use of medicines. People spoken with said, "They give me my tablets on time" and "We went for my prescription today." Each person had a 'My Medication' profile providing details of prescribed medicines, dosage, amounts, safe storage and the support to be provided. People had been routinely risk assessed to check their ability and preferences to manage their own medicines. We noted some matters on recording the support given with medicines were in need of improvement. This included staff keeping an appropriate record to confirm any prompting of medicines and when people stated they had already taken them. We also found the arrangements for the safe storage medicines in one setting did not promote a person centred approach. We discussed these

matters with the registered manager, who commenced action to make improvements during the inspection. The registered manager also agreed to ensure the regular medicine checks were updated to reflect and monitor these matters and make any improvements.

Records and discussion showed staff providing support with medicines had completed training. There were processes in place to assess, monitor and review staff competence in providing safe effective support with medicines. The service had medicine management policies and procedures which were accessible to staff.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. Home safety risk assessments had been completed on environmental matters where people lived. Each person had a personal emergency evacuation plan. In shared supported living accommodation, people had 'tenancy agreements' which highlighted the responsibilities of the landlord and tenant. There were policies and procedures providing instructions for staff on responding to accidents, emergencies and untoward events. Staff confirmed they had been given a summary of these key policies in the employee handbook. Records and discussion indicated training had been provided on health and safety matters. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends.

Arrangements were in place to monitor the content of care records and to ensure they were up to date and accessible to staff. There were facilities for secure storage of confidential information at the agency office. We discussed with the registered manager ways of enabling people to have access to their records whilst maintaining confidentiality of information.

We reviewed how people were protected by the prevention and control of infection. People spoken with indicated that staff provided good domestic support, including keeping their homes clean and assistance with laundry. Their individual support needs were included in the care plan process. Staff told us they were provided with personal protective equipment, such as disposable gloves, aprons and hand sanitizer. Records and discussion showed staff had accessed training on infection prevention and basic food hygiene.

We checked if the staff recruitment procedures protected people who used the service. We reviewed the recruitment records of the two newest recruits. The recruitment process included candidates completing a written application form and attending a face to face interview. Character checks including, identification, health screening and evidence of any qualifications had been appropriately carried out. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Records showed one staff member had commenced work before a written reference had been obtained. We did note a positive reference had been received at a later date. We discussed this matter with the registered manager, who described the action taken to try to obtain two written references in line with the provider's recruitment policy. We also found there was one gap in a staff member's employment history that had not been checked out. However during the inspection, the registered manager proactively took action to rectify these matters and prevent any recurrence. Furthermore we noted arrangements had been made for the new employee not to work unsupervised. All new employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. We found there were enough staff deployed at the service to provide care and support and keep people safe. People we spoke with indicated staff were always available to provide their

contracted care and support. They said; "They have never missed a visit," "They are really good they don't rush me," "They arrive on time. They are never really late" and "I get my one to one support as agreed." Staff spoken with told us they had not missed any calls. They said they were given sufficient travelling time between visits and had enough time to provide care and support for people. Both mental health care professionals spoken with, indicated people were receiving their commissioned support. The staff rota planning system involved small teams of staff working at designated properties. There was an on-call system in place which meant management could be contacted for support and advice when staff were working.

Good

Is the service effective?

Our findings

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. People we spoke with indicated they were satisfied with the service they experienced with Future Success. Their comments included; "Everything is okay," "I am extremely satisfied," "It's alright" and "It's a lot better for me living here." A mental healthcare professional said, "I think they are on the ball, approachable and professional. Up to press it has gone well."

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager described the process of initially assessing people's needs and abilities before they used the service. This involved meeting with the person and completing a pre-assessment of their needs and any risks, by gathering information from them, their families and any relevant health and social care professionals. The process also included introductions with staff that were to provide support. The service had policies and procedures to support the principles of equality and diversity. This meant consideration would be given to protected characteristics including: race, sexual orientation and religion or belief. The care records we reviewed included people's initial assessment, which showed their needs and preferences had been considered and planned for.

We looked at how consent to care and support was sought in line with legislation and guidance. People spoken with indicated they were involved in matters affecting them. One person said, "They always involve me with things." During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in everyday decisions. Staff spoken with explained how they routinely consulted with people about their support and their lifestyle choices. They said, "We always involve them and ask them what they want us to do" and "We talk people through things." We noted in care files, there were signed records of people consenting to their care and support plans. One person explained, "I have a care plan we have agreed it together it has what's needed."

We checked whether the service was working within the principles of the Mental Capacity Act 2005, (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager and staff spoken with told us all the people who used the service had capacity to make their own decisions and choices. The care records we reviewed, reflected people's assumed capacity in making specific decisions and indicated how staff were to support them. We discussed with the registered manager, ways of highlighting people's capacity in the care planning process to further strengthen a proactive response. The registered manager confirmed that if they felt the care they provided resulted in restrictions on people's rights and freedom, action would be taken to liaise with the local authority, to

pursue Court of Protection referrals.

The service had policies and procedures to underpin an appropriate response to the MCA. Records and discussion showed that staff had received some training on this topic. Staff spoken with indicated an awareness of the MCA, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any concerns or changes in people's ability to make decisions to the registered manager.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. Some people spoken with told us of the activities they enjoyed which promoted a healthy lifestyle, for example: cycling, walking and playing football. They indicated they received attention from healthcare professionals and had been supported to attend routine appointments and healthcare checks. Others said they managed their own health care appointments with family support. The care records we reviewed contained important telephone contact details for people's GP and next of kin. This helped staff as appropriate, to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being.

We found the monitoring of people's general health and wellbeing was included within the care plan process and recording systems. There were details of people's medical conditions and assessments of their physical and mental health. Staff spoken with described the action they would take if someone was not well or if they needed medical attention. One mental health care professional explained, "They always keep in touch if there are any problems or changes." People had 'hospital passports' to share important and personalised information when people accessed health care services.

We checked how people were supported to eat and drink enough to maintain a balanced diet. People received differing levels of support with eating and drinking, in line with their plan of care. They told us they were satisfied with help they received. They said, "They help me with cooking things. We talk about healthy eating," "They support me with meals and shopping" and "They ask me what I want and prepare it how I like it." Staff spoken with described the range of support they provided with food, including, shopping food preparation and cooking. Records were kept of people's dietary needs and preferences.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Records and discussion showed arrangements were in place for staff learning and development, to help them meet people's needs effectively. The service had an induction training programme for new staff. Staff confirmed they had completed the induction training which had included 'shadowing' other staff. Staff new to care also completed induction training based on the Care Certificate when they commenced work with the service. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff told us about the training they had received at the service. One commented, "I have done loads of training. We are updating all the time." We reviewed records of the training completed; ongoing and arranged. We noted examples of certificates confirming the training in staff files.
Staff were enabled to attain recognised qualifications in health and social care. Most staff at the service had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care or equivalent, or were working towards a level 2 or 3 QCF (Qualifications and Credit Framework) diploma in health and social care.

Arrangements were in place for staff to receive one to one supervisions with the registered manager. We saw records confirming individual and group supervision meetings had been held. The meetings had provided the opportunity for staff to discuss their role and responsibilities. Staff self-evaluated their work

performance each month, by reflecting upon their conduct in providing safe, effective, caring, responsive and well-led care and support. They also received an annual appraisal of their work performance; this included a training needs analysis of their ongoing leaning and development.

Good

Is the service caring?

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People spoken with made positive comments about the staff team and the care and support they received. They said: "The staff are nice," "They listen to me and give me advice," "They are so caring and pleasant" and "I get on well with all the staff." We observed positive and meaningful interactions between people using the service and staff. Staff showed sensitivity and tact when supporting people and responding to their needs and choices.

We found positive and meaningful relationships were supported. For example, the service actively enabled people as appropriate, to have contact with their family and friends. The service had a 'keyworker system.' This linked people using the service to a named staff member who they worked more closely with. One person told us, "I have had the same keyworker for three years" The service aimed to provide people with a continuity of staff support. We found people had a small team of carers providing their support. One person said, "I have five carers. I have got to know them very well." Another person explained, "I have a new carer, she is really, really nice. They introduced her to me they wouldn't just let anyone come." We noted from records people had been given a profile of the staff providing their care and support.

People told us they were happy with the approach and attitude of staff at the service. They made the following comments about the way they were treated: "They treat me really well," "Their attitude towards me is really caring," "They treat me like part of the family" and "The staff are very respectful." Staff spoken with knew people well and understood their role in providing people with person centred care and support. They were aware of people's individual needs, specific routines, backgrounds and personalities. They gave examples of how they supported and promoted people's individuality and choices. Staff indicated they had time to provide care and support, also to listen to people and involve them with decisions.

People we spoke with indicated their privacy needs were upheld and that staff were respectful of their homes. Their comments included, "They respect my home they have definitely never just walked around into another room," "They always knock on the door," "Staff don't go into my room much and they would let me know if they were doing. It's my room." Staff were aware of the importance of maintaining people's privacy and confidentiality. They gave practical examples of how they applied these principles in practice.

We checked how the service supported people to express their views and be actively involved in making decisions about their care and support. Everyone had a support plan which identified their individual needs and preferences and how they wished to be supported. The information was written in a respectful and person centred way. There were 'getting to know me' profiles describing, matters such as, 'what I like to talk about,' 'what I would like from my care service' and 'what I like and dislike.' There was information on people's background history, relationships, hobbies, interests, wishes and preferences. People told us how they had been actively involved in compiling their care plans.

We asked people if the support they received promoted their independence. They said, "I try to keep a little independence. It was hard to accept help at first. They encouraged me with this," "It has given me more

independence being here," "I do things for myself and they support me" and "They have encouraged me and enabled me to be more independent." Staff spoken with explained how they encouraged independence, in response to people's individual abilities, needs and choices. This had included trying new experiences, confidence building and motivating people to do things for themselves. A mental healthcare professional described how a person who used the service was doing things they had never done before. They told us, "They have really encouraged him."

Good

Is the service responsive?

Our findings

We looked at how people received personalised care and support that was responsive to their needs. People made the following comments, "They do whatever I want doing," "They are wonderful people. They ask what I want and do it" and "They always ask is there anything else I need." A mental healthcare professional told us, "Staff are really supportive. Beyond what we expected." Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity related to accepting, respecting and valuing people's individual differences.

People had individual care and support plans, which had been developed in response to their needs and preferences. All the people we spoke with were aware of their care plans and said they were readily accessible to them. They also told us they were involved with reviewing and updating them. Their comments included, "I have a care plan we go through it quite often. It includes what I want and what I don't want" and "They made me a care plan so we know what we are doing." We looked at four people's care and support plans and other related records. This information identified people's needs and choices and provided guidance for staff on how to respond to them. They reflected people's preferences and included details about how they wanted their support to be delivered. Such as, 'my care routine,' 'my personal needs' and 'my next steps.' The care and support plans were underpinned by a series of risk assessments, which aimed to proactively respond to people's rights to independence whilst keeping them safe. There was evidence to show that the care plans were regularly reviewed and updated with the involvement of people who used the service.

Staff spoken with said the care plans were informative and they had access to them during the course of their work. They described how they delivered support in response to people's individual needs, routines and aspirations. We were given examples of the progress people had made, resulting from the service being responsive and developing ways of working with them. People said, "I have got better with doing things," "They have enabled me to be more independent" and "I can do more things for myself now." A mental healthcare professional described how a person who used the service had "Come on leaps and bounds."

Records were kept when staff provided a service to people; this included the care and support given and comments on their general well-being. There were also additional records as appropriate, for example relating to behaviours, moods, appointments, accidents and incidents. These processes enabled staff to monitor and respond to any changes in a person's needs, expectations and well-being. Staff confirmed there were systems in place to alert the managers of any changes in people's needs. A review of the care and support package would then be carried out. This indicated processes were in place to respond to people's needs in a timely way.

Some people told us how they were supported to engage in activities within the local community and pursue their hobbies and interests. There were individual planned schedules of proposed activities. We found people had been encouraged, as appropriate to attend community based resources and chosen activities. We suggested ways of involving people with day to day matters, to offer further opportunities for

skill development and confidence building. We also discussed with the registered manager, the value of identifying learning objectives, to help focus upon the person's skill development and recognise their achievement.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. People we talked with had awareness of the complaints processes and expressed confidence in sharing their concerns. They said, "The manager is so friendly I would tell her if I had a complaint she would sort it out, " "I have never needed to complain but I would look in the file for the information on what to do," "I have no concerns. If I did have a complaint I would to talk to them about it" and "I have never had to complain, but I would speak to a member of staff." The registered manager said there had not been any recent complaints, however processes were in place to record and manage any concerns raised. People had been provided with complaints forms and the service's complaints procedure.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted some of the information in care plan records included large type and pictorial references to help explain the content. There was a service user handbook which included information for people about the services provided. The information was produced in a conventional style. We therefore discussed with the registered manager, ways of producing the service's written material in a more 'user friendly' format which would help with meeting the expectations of the Accessible Information Standard. We noted the service's CQC rating was on display in the agency office. This was to inform people of the outcome of the last inspection.

Good

Is the service well-led?

Our findings

We reviewed how the service promoted a clear vision and approach, to deliver high-quality care and support which achieved positive outcomes for people. People spoken with had an awareness of the overall management arrangements at the service. They expressed an appreciation of how the service was run. They told us, "They are brilliant," "I have been really satisfied it's the best thing I have ever done" and "They do everything I need, above and beyond."

Since our last inspection there had been some changes in the management team. This had included a new registered manager and a change in the nominated individual. People told us, "The manager has been wonderful," and "The manager is alright I get on with her." Throughout the inspection, the registered manager expressed commitment to the ongoing developments at the service and demonstrated a proactive response to the inspection processes. The registered manager had attained recognised qualifications in health and social care. She had updated her skills and knowledge by completing the mandatory training programme. Staff spoken with made positive comments about the registered manager, describing her as "Approachable" and "Supportive."

There were improved systems to monitor the quality of the service and further checking processes were being introduced. There were audits in place to monitor the provision of staff training and supervision, accidents and incidents, record keeping and staff recruitment. Systems were in place to identify and respond to any shortfalls. Arrangements were in place to carry out unannounced observational checks on staff's competence and conduct when they were providing care and support. The checks included gaining feedback from people who used the service and reviewing the care records kept at their home. We noted members of the team had been 'spot checked' in December 2017. People told us, "The manager calls to see how I am and rings to see if things are okay," "They check things" and "The manager visits to check things and is always ringing to see how I am."

We looked at how people who used the service, staff and others were consulted on their experiences and shaping future improvements. People who used the service were enabled to express their views and opinions, within their support reviews. The registered manager had introduced a monthly 'star rating' survey. This enabled people to reflect and grade the service they received based upon the framework, safe, effective, caring, responsive and well-led. Their responses were monitored and responded to accordingly. People had been given the opportunity to complete a more wide-ranging satisfaction survey twice per year. We reviewed with the registered manager, the outcomes of the consultation processes. The information had been collated and analysed. We noted people had indicated positive on their experiences. A staff consultation survey had been undertaken in October 2017. The responses had been reviewed and were in the process of being collated. We discussed with the registered ways of sharing consultation outcomes and embedding them into the quality monitoring processes. Information in the PIR showed us the registered manager had identified some matters for ongoing development over the next 12 months.

The service's vision and philosophy of care was reflected within the written material including, the statement of purpose, job descriptions and policies and procedures. There were care quality and value

statements on display in the office base. Staff expressed a good working knowledge of their role and responsibilities. They were aware of the management structure and lines of accountability at the service. Staff had been provided with job descriptions, contracts of employment and codes of conduct, which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates. Staff meetings were held on a regular basis. We looked at the records of the most recent staff meetings and noted various work practice topics had been raised and discussed. Staff spoken with told they were encouraged to make suggestions and voice their opinions.

We evaluated how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including: local authorities, the health authorities, landlords and commissioners of the service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had not always been appropriately submitted to the CQC. We discussed this requirement with the registered manager who acknowledged our concerns and submitted notifications following our visit. We will continue to monitor the service's compliance with this regulation.