St Anne's Community Services

St Anne's Community Services - Sunderland

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

Overall summary

This inspection took place over two days, 13 and 14 January 2015. The provider was given one days notice of our visit.

The last inspection of the service was carried out on 2 August 2013. The service met the regulations we inspected against at that time.

St Anne's Community Care – Sunderland provided personal care, which is a regulated activity, to six people

Summary of findings

who lived in three separate tenancies. The tenancies were managed by a separate organisation. The amount of personal care provided by St Anne's Community Care – Sunderland, varied according to the individual needs of each person. For instance, some people received around 20 hours support each week, while others needed up to 112 hours. Each person had learning disabilities. Some people used non-verbal communication methods to tell us their views.

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

People told us or communicated that they felt safe. They told us the service was "perfect" and "It's alright here." We observed people were happy and relaxed and had good relationships with the staff caring for them. The registered manager had successfully used a number of methods to raise staff awareness about protecting people from harm. This meant staff knew how to recognise potential abuse and what to do about it. Risks to individuals and the service were identified and managed effectively so that people were kept safe, without compromising their independence.

There were enough staff to meet people's needs. Staff support was provided at the times people needed it and managed flexibly so people's individual wishes could be accommodated. Staff had been thoroughly vetted before they were employed and effective measures were in place to cover any unexpected staff absences.

People's medicines were managed effectively so that they received them safely. People told us they got their medicines at the right times they needed them.

The provider had ensured the staff were trained to provide the care people needed. This included basic training in the fundamentals of care, as well as more specialised training. For instance, staff had been trained to use British Sign Language as this was some people's main method of communication. Constructive supervision and appraisal systems meant staff felt well supported to carry out their roles.

The registered manager understood the requirements of the Mental Capacity Act 2005 and had taken action where necessary when concerns were identified about people's capacity to make their own decisions. She had also used effective measures to help staff understand the implications of this legislation for their practice.

Staff provided the support people needed to have a balanced diet. Any risks to individuals around eating and drinking had been identified and expert advice sought when necessary. Staff were well informed about any risks to people as well as their individual preferences about food and drink.

People got the support they needed to maintain good health and obtain medical advice and routine check-ups when needed. There were effective audit systems in place to monitor people's health and wellbeing.

Staff were kind and considerate when providing care and support to people. They supported people to express their views and were skilled at listening and communicating with people who used non-verbal means of communication. It was apparent people got on well with their care workers. They told us, "I like the workers. They help wash and cook, and they drive the car," and "I know all the staff. I like them all." The staff clearly understood the importance of promoting people's privacy and dignity when they provided care to them.

Detailed support plans were in place to guide staff as to how their care should be provided. It was clear from our communication with people, that they had been involved in drawing up their plan of care. As a consequence, the support provided to people reflected their wishes and aims. This meant people got the support they needed and wanted. For instance, people were able to get out into the community and enjoy their preferred social activities or go to work. This showed the service provided the personalised care people wanted.

People understood how to make a complaint or raise any concerns about their care. The registered manager had checked to make sure people understood how to do this. Documents about making a complaint used pictorial symbols to help people understand how to make a complaint.

Summary of findings

The registered manager provided good leadership to the staff team and managed the service well. She was well known to people who used the service, which meant they had a good relationship with her.

The provider and registered manager had promoted a positive culture, which meant both people using the service and staff had ample opportunities to discuss their views about the service. People's views were taken into account which meant the service was provided in a flexible way to meet people's needs and wishes. For instance, the service had reduced the number of care workers providing support to one person, which had helped reduce his anxiety.

There were effective systems in place to check on the quality of care being delivered including regular meetings with people who used the service and staff, visits by management to people and regular auditing of each aspect of people's care. We found these methods were used to improve the quality of care people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they were safely cared for by the service. Staff knew how to report any concerns about the safety and welfare of people who used the service.

Risks to people were managed effectively without compromising their independence.

The provider took people's needs and wishes into account to ensure there were sufficient staff at the times they needed support. Staff were thoroughly vetted before they were employed.

People's medicines were managed effectively so that they received them safely. People told us they got their medicines at the right times they needed them. The provider had implemented systems to check that medicines were handled safely and people got the support they needed.

Is the service effective?

Good

The service was effective. Staff told us they were well supported to carry out their role, both in terms of training and constructive supervision and appraisal systems.

The registered manager and staff understood the Mental Capacity Act 2005 and the action needed when people lacked capacity to make their own decisions.

People got the support they needed with their meals and fluids and with the maintenance of their health and well-being.

Is the service caring?

Good

The service was caring. Staff were kind and considerate. They were skilled in communicating effectively with people, especially where people used non-verbal methods of communication.

Staff encouraged people to express their views about their care and understood the importance of promoting people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. Personalised care was provided, which meant people got the help they needed to enjoy their daily lives, get out to work and pursue social activities in the community.

People knew who to contact if they were unhappy about any aspect of their care and the registered manager was pro-active about ensuring people were reminded of the importance of raising any concerns.

Is the service well-led?

Good

The service was well led. The registered manager provided good leadership to the staff team. She was well known to people who used the service and they had a good relationship with her.

The provider and registered manager promoted a positive culture whereby people who used the service could readily give their views and opinions, which influenced how the service was provided.

There were effective systems in place to check on the quality of care being delivered including meetings with people and staff, surveys, audits and checks on the care provided to people.

St Anne's Community Services - Sunderland

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 was 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 13 and 14 January 2015. The provider was given 48 hours notice of our intention to visit. This was to ensure key personnel were available during our visit.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information we held about the service including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within a reasonable timescale.

We contacted the local authority commissioners and clinical commissioning group, as well as the local Healthwatch organisation. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services and to help people find the right health and social care services. We did not receive any information from these organisations. We also sought the views of a social worker and community nurse who had contact with the service but did not receive any responses to our enquiries.

The inspection was carried out by one adult social care inspector.

During our inspection we spoke with four people who used the service, who lived in three separate tenancies. We also spoke with the registered manager, and seven staff. We observed how staff interacted with people and looked at a range of care records, which included the care records for four of the people who used the service, and a sample of their medication records. We also looked at recruitment and training records for four staff as well as a range of other records related to the running of the service.

Good

Is the service safe?

Our findings

People told us or communicated that they felt safe. For instance, one person indicated the service was "perfect." Another person said, "It's alright here." People were happy and relaxed and had good relationships with the staff caring for them. They were comfortable spending time with the staff and readily asked the staff for assistance or information when they wanted this. The staff took time to listen to people, especially where people used non-verbal forms of communication.

A booklet was available for people which described how to report 'hate crimes', and which used pictures and symbols to help people understand how to do this.

Discussions were held with staff on a regular basis where the importance of safeguarding people from harm was discussed. During these discussions, scenarios were used as a way of helping staff understand how they should protect people. We saw notes of these discussions and the comments of staff who had participated. One care worker had commented, the discussion had been "Thought provoking". Staff told us about these sessions and how helpful they had been in raising the awareness of both staff and people who used the service about abuse. A member of staff commented, "We did role playing with the clients." Staff told us they would report any concerns to the registered manager or a senior member of staff, if they had any. They were aware of the signs which may indicate the possibility of abuse happening and they were confident the management team would act on any concerns. One member of staff commented, "[In the past], I've been involved and reported concerns. Management took action right away."

We also saw minutes of monthly staff meetings which were used as an opportunity to discuss with staff good practice. A discussion in the June 2014 meeting had focussed on safeguarding people from harm and protecting their dignity. This showed role play had been used to help highlight the importance of protecting people and how staff should identify and assess any risks to people, for example, if someone wanted to go out to a social event.

A poster was clearly displayed in the office telling staff what to do and who to contact in the event they had any concerns about potential abuse. Another poster also clearly displayed names and contact details for senior staff who could be contacted out of office hours. Staff had also been issued with a pocket-sized booklet, "What to do if you suspect abuse". All of these measures had helped to ensure that staff were very clear about the signs and indications of abuse and what they must do if they suspected abuse was happening.

A comprehensive file, called 'Staffing and emergency protocols' contained a set of guidance telling staff what to do in the event of particular emergency situations, such as suspected abuse, a service user going missing or requiring hospital admission, power cuts or unplanned staff absences. Emergency contact numbers were also listed for agencies such as the police and utilities.

Assessments had been carried out which identified risks to people using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person.

Staff completed checks to help safeguard people from risks in their home, such as, testing the temperature of food and hot water. They also checked that the premises were safe and whether any repairs were needed. The staff also assisted people to carry out checks, where they were able, of smoke alarms and the contents of first aid boxes.

We saw that the registered manager made a monthly report to her senior management team to report on any complaints, safeguarding matters, use of any physical interventions with people as well as staffing matters. This meant the provider was kept informed and could monitor how people were being cared for. Staff were also clear about the process followed if any untoward incident occurred. One member of staff told us, "We phone management, write it out (the report of the incident), take it to management or they come here. We have a debrief off management to make sure we're all ok." This showed that the management of the service reviewed the circumstances of any incidents to help keep people safe.

Thorough recruitment procedures were in place which helped to protect people. A member of staff told us, "I filled in an application form and had an interview and a pre-interview. The [provider] did a CRB (Criminal Records Bureau) check. They got in touch with my last employer."

We looked at four staff records. These showed thorough checks were undertaken before staff were employed. This included making checks with the Disclosure & Barring Service (DBS) or its predecessor, the CRB. In addition, at

Good

Is the service safe?

least two written references including one from the staff member's previous employer were obtained. Documents verifying their identity were also kept on their staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended.

The people receiving support from the service lived in three properties and support was provided to them through a shift system. The registered manager showed us records which showed how she determined the level of staff support people needed. This took into account people's needs and wishes. For instance, one person had asked for support to go shopping, so additional staff had been provided to facilitate this. The registered manager also monitored staff's working hours and shift patterns to ensure an appropriate work/life balance. A member of staff told us how the service always ensured that staff proficient in British Sign Language (BSL), were always available to support people who used this as their main method of communication.

The registered manager explained that any unplanned staff absences could be covered by calling on a pool of 12 relief staff, who had been vetted and approved by the provider. In the event none of these casual staff could provide cover, the provider had approved the use of two agencies, which could provide temporary staff. The contact details for the casual staff and the employment agencies were readily available for staff to use in an emergency. Staff rotas clearly identified where replacement staff had been called on in the event of unplanned absences, such as staff sickness. A member of staff said, "The hours are covered well. We don't mind picking a shift up. Staff can get in really quick and are flexible." People told us the staff were there to support them when they needed this. One person was fully aware one member of staff was absent due to sickness and confirmed that other staff were supporting them in the absence of the other member of staff. Other people who used the service also confirmed that any unexpected staff absences were always covered by other staff. People had good relationships with the staff who were supporting them and it was clear they liked and enjoyed the company of the staff. They communicated to us that they were happy with and felt safe with the staff.

Three people communicated to us that they got the support they needed with their medicines at the right time. They were aware of the tablets they took and when they needed to have them.

Checks were made to ensure that people's medicines were fully accounted for when staff handed over to the next shift. Medication administration records were kept which described the dosage, strength and administration times for each medicine a person was prescribed so that staff could check and record when these had been given to the person concerned.

Other records demonstrated that the management team carried out observations of staff to check they managed medicines safely and competently, as well as additional checks to make sure medicines were fully accounted for and had been given as prescribed. Staff confirmed that members of the management team carried out these checks regularly. A poster on the office noticeboard, provided guidance to staff on managing medicines safely.

Individualised support plans had been put in place to describe how staff should support people with their medicines. Where appropriate, this also included guidance to staff where it was known people were at risk of refusing to take medicines.

Good

Is the service effective?

Our findings

People told us the staff provided the support they needed with their personal care. One person told us the staff were "good" at this.

We saw that staff received support to enable their professional development. Meetings were held with them to discuss any developmental needs and how these would be met. For instance, we saw that a specific in-depth training course had been introduced to ensure staff could manage people's medicines safely. Staff confirmed this training had been provided.

Staff told us and induction training records showed that new staff were given information about the aims and values of the service, as well as training in equality and diversity, safeguarding people from abuse and emergency procedures, amongst other things. During their induction training, new staff were introduced to the people they would support and given information about their needs and wishes. The registered manager checked to ensure new staff understood their role and how to support people safely. Records were kept to show how this had been done, which the new member of staff countersigned. For instance, the registered manager had tested a new member of staff's understanding of safeguarding people from abuse and how to identify risks to people.

During their employment, staff were encouraged to obtain further qualifications, such as National Vocational Qualifications at Level 3 and given relevant training such as positive behaviour support, BSL, deaf awareness training, the Mental Capacity Act 2005 (MCA), mental health and learning disabilities. In addition, staff completed essential basic training, including safe handling of medicines, fire safety, food safety and emergency first aid. We looked at four staff records, which demonstrated that staff were being given an appropriate range of training and the staff we spoke with confirmed the training had been provided.

Staff told us they had been given regular supervision and appraisal, known as 'performance development reviews', which are methods used to review staff performance and identify any training or other ways staff may need support. Staff expressed positive views about these processes, which they found supportive. One said, "It's very helpful," and another commented, "We discuss with our senior if there are any courses we want to do and if we have any concerns." Another member of staff told us, "We have supervisions and PDRs (personal development reviews) at least one a month. They have them that regular, that if there is anything on your mind, you can talk about it and not bottle it up." This meant the provider ensured that staff received support to carry out their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' The registered manager demonstrated that she clearly understood her responsibilities under the MCA. She showed us copies of her correspondence with the local authority where concerns had been identified about one person and their capacity to make decisions in relation to their care. This meant the provider was following the requirements of MCA.

Staff we spoke with understood about MCA and its role in protecting people. One member of staff commented, "We always discuss things like that in team meetings."

We saw that there were care plans for the management of behaviours that challenged the service. These care plans were based around the 'positive behaviour support' approach to managing behaviours. This approach is aimed at providing staff with skills to support people in ways which reduce the need for restrictive interventions, such as physical restraint. Staff confirmed they had been trained to understand this approach. They also told us they had been taught techniques which enabled them to keep people safe whilst avoiding the need to physically restrain them. They understood when and why people may present challenging behaviours and how to support the person if this happened. A member of staff told us, "We can see the signs (that someone is becoming agitated) and we try and divert them." This meant people were supported in the least restrictive ways.

People's support plans clearly described the support they needed with eating and drinking, including any risks associated with their nutrition. Staff were fully aware of any risks around people eating and drinking and understood how they needed to be supported. The service had sought advice from Speech and Language therapy services to provide expert advice where appropriate. For example,

Good

Is the service effective?

where someone was at risk of choking. Another person had been successfully supported with a weight reduction diet. This was clear from records of his weight and photographs which showed how well he had progressed with his diet.

People indicated to us that they enjoyed their meals and staff provided support with this and respected their choice of food For instance, one person told us the staff helped him by cooking the meals he chose, such as curry, which showed that staff fully involved him with meal planning. We observed a member of staff asking this person what they would like to eat at lunchtime.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support. Senior care workers carried out weekly checks regarding people's well-being. This included making sure they had attended any health appointments and their dietary intake had been good. One person used their pictorial communication system to tell us how the staff had helped him to visit their doctor for treatment when necessary, as well as attend routine appointments with the dentist. This was confirmed by staff we spoke to and by the records kept.

Good

Is the service caring?

Our findings

One person told us, “I like the workers. They help wash and cook, and they drive the car.” This person told us this support meant he had the help he needed to go to work as well as visit his relative and go out to Sunderland. Another person said, “I know all the staff. I like them all.”

People’s support plans identified what was important to them. For instance, one person’s support plan made it clear that it was important to the person to know the names of staff who would be providing support to them through the night. We heard the person ask the member of staff supporting them who would be on duty that night. The member of staff clearly understood the importance of this question to the person and provided the information they wanted to know, no matter how many times the person asked this question. This showed that staff understood and cared about what was important to individual people.

We saw that staff used aids such as pictorial documents, which helped a person using the service, plan and carry out their day’s activities, for example, making his own bed. Staff communicated very well with people, especially where people used non-verbal methods of communication, such as BSL or pictorial symbols. Staff carefully reflected back to people what was said, which reassured the people concerned that the staff had understood what they had communicated.

At the time of our inspection, no-one used an advocacy service, but the registered manager was aware of a local advocacy service she could approach, should the need arise and which had been used by some people in the past. People’s care plans included information about their capacity to make decisions. We noted one person’s care plan also stated that an independent mental capacity advocate would be obtained for the person if he was unable to make any significant decisions for himself. We saw that the Court of Protection represented the interests of people who could not manage some aspects of their lives, such as their financial affairs. This showed that the service was aware how to obtain appropriate support for people in the event they needed assistance in making decisions about their care.

A detailed booklet was available to staff about how to ensure they protected people’s dignity. One of the people who used the service had also been involved in the production of this booklet by making a pictorial guide about how staff should help with hearing aids. Staff could readily explain how they ensured they respected people’s privacy and dignity. For instance, one member of staff told us, “Last night, [name] was about to get undressed. I told him to close the curtains and ‘come and get me when you’re finished.’” Staff told us that the importance of respecting people’s privacy and dignity was a theme which had been discussed in staff meetings to ensure staff were aware of the importance of this aspect of people’s care.

Good

Is the service responsive?

Our findings

We looked at three people's support plans which gave comprehensive information about them and how they wanted to be cared for. This included details of their preferred communication methods, their preferred name, the support they required with their health and wellbeing, their medicines, nutrition and mobility, amongst other things. People had been involved in deciding how they wanted to be supported, and this was recorded in their care plans. For example, one person had created pictorial booklets about their healthy eating plan.

We looked at one person's support plan with the person concerned, and it was clear they were familiar with the plan and what it contained. Pictures and photographs had been used to make sure they could contribute to and understand what was contained in their support plan. They also showed us their communication widget, which helped them communicate with staff effectively. Widget uses symbols to aid understanding and communication for people who find reading text difficult. Staff communicated effectively with this person using the widget system.

People's support plans included information for staff about how to support people in positive ways to reduce the likelihood of the person presenting behaviours that could be challenging. For example, one person could become anxious but this was allayed due to staff providing information to them in a format they understood. We saw this in practice, as the person showed us the pictorial wall charts which informed him about which staff would be supporting him with his activities at various times each day.

Staff were well informed about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The staff team had good communication skills and listened carefully to people. For example, staff communicated effectively with two people who used BSL.

People's wishes were also taken account of in relation to the gender of their care workers. For instance, one person preferred to have female care workers assist them with their personal care, but enjoyed having the support of male care workers for social activities. Another person preferred male care workers who could discuss football with them.

People told us the staff supported them to enjoy social activities in the community. For instance, one person told us that the staff helped them go to the metro centre where they liked to buy clothing and to visit the pub and go bowling. Another person communicated that they enjoyed trips to Newcastle and outings to an aquatic shop.

People told us they would alert the registered manager if they had any concerns or complaints about the service. A poster on the office wall invited people to "Tell us what you think" about their service and explained how to make suggestions or complaints. The registered manager had also checked to make sure people understood how to raise any concerns or complaints through the inclusion of a question about this on surveys which people using the service had completed. These surveys were in a pictorial format to help people understand the questions being asked. We saw that people had indicated that they knew they should discuss any concerns with the registered manager or her deputy manager and we found this when we asked people. In our discussions with people, we found they clearly understood what to do if they were unhappy about any aspect of their care. One person indicated that an issue that had concerned them, had been dealt with to their satisfaction.

No complaints had been made about the service in the preceding twelve months. The service had received several complimentary letters about the care they had provided to people.

Good

Is the service well-led?

Our findings

The registered manager was well known to people who used the service and they were comfortable and relaxed talking to her. One person confirmed the registered manager regularly visited them, along with other members of the office staff. Members of the staff team also gave positive views about the way the service was run. One member of staff commented, "She is a really good manager. She has the clients' best interests at heart and she makes sure the service is run properly." Other members of staff said, "We've got good management here. They are very, very approachable and they know what they're talking about," and "I think it is run pretty good. She is always on the end of the phone. She does support her staff."

The service had drawn up a mission statement which clearly outlined the values underpinning the service. This was posted prominently on the notice board. Staff emphasised the importance of these values and how they felt the provider supported their own individual ethos about providing good, safe care for people. A member of staff commented on the importance of the mission statement, "We have our core principles and we stick to them. The clients are at the centre. For instance, we change the staff rota all the time when people say, "I don't want the worker then, I want to do this instead." The member of staff gave an example of how the service had been changed for one person; "He had a lot of behaviours because he didn't like staff changeovers, so now he has one worker all day and his behaviours have settled completely."

The registered manager told us that they tried to involve people who used the service in the recruitment process where possible in order to obtain their views and help assess the suitability of candidates. A member of staff told us, "I was interviewed by a couple of clients." This showed that people were actively involved in developing the service.

Staff told us about the monthly meetings held for staff as well as 'tenants' meetings' so that both staff and people who used the service had regular opportunities to give their views. A member of staff commented, "Any issues, they can raise them." Staff also told us that the provider also carried out surveys to find out their views. One member of staff commented that the surveys meant, "We can say what's on our minds. We can say if anything is bothering us; in our interests and our clients' interests."

We saw that surveys had been recently carried out to obtain the views of people who used the service, as well as their relatives and these were about to be analysed. The survey for people using the service had been designed in a pictorial format to help them understand questions about whether they felt safe and adequately supported by the staff. We looked at a sample of these and saw the results were positive. One person had written, "I am happy with St Anne's staff."

Surveys had also been carried out to obtain the views of health and social care professionals who had contact with the service. We noted positive responses from these surveys also. For instance, a health professional had written, "St Annes has worked collaboratively with [us] in the completion of one person's assessment. All the staff have been professional. The young person now enjoys a much improved quality of life and this is due to the service he receives from St Annes."

Some people received support from staff to manage their financial affairs. We saw that weekly audits were carried out to make sure their monies were accurately accounted for and used in appropriate ways. Senior care staff carried out monthly audits of people's medicines to ensure it was accurately accounted for and to identify any issues.

The provider had also implemented a system where a group of staff, known as the Continuous Quality Improvement Group, met on a regular basis to identify where improvements could be made overall in the provider's service. Amongst other things, this had led to the implementation of health action plans to ensure that people's wellbeing was monitored effectively.

We saw reports written by the provider's area manager who carried out monthly visits to audit and check the quality of the service being provided. These audits included visits to people using the service, checks on the availability and suitability of staff support, safe management of medicines, record keeping and any staff concern. The area manager had also tested staff's understanding of their role and duties. For instance, she had checked to make sure staff understood their responsibilities under MCA. Each monthly visit was carried out with a particular theme, such as management of risk. Following the visit, the area manager awarded a quality rating. We found that these visits had identified no concerns and the service had been rated as 'good' by the area manager. A member of staff told us, "The

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Is the service well-led?

area manager normally visits; she is on the ball." Another member of staff commented in a similar vein, "The area manager visits. She is always asking questions; she is on the ball."

We saw that staff were encouraged to attend staff meetings. We looked at the minutes of these meetings, which were used an opportunities to discuss the provider's vision for the service as well as topical issues, such as the MCA and training events. People who used the service were supported to attend monthly 'tenants' meetings', to discuss how things were going for them and identify any issues or concerns.

These methods meant that the provider and the registered manager were regularly checking to ensure the service delivered high quality care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.