

St Anne's Community Services

St Anne's Community Services - Astbury

Inspection report

9-9a Astbury, Marton,
Middlesbrough, TS8 9XT
Tel: 01642 318084
Website: www.st-annes.org.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

We inspected St Anne's Community Services - Astbury on 04 December 2015 and 06 January 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 06 January 2016.

At the last inspection in November 2014 we found the provider had breached several regulations associated with the Health and Social Care Act 2008. We found that the service did not ensure accurate records in respect of

each person using the service. Also there were not effective systems for monitoring the service and this included the staff development plan not being updated. We saw improvements had been made during this inspection visit.

St Anne's Community Services – Astbury consists of two large, modern, purpose built bungalows. The bungalows are connected via a doorway. The service is in a residential suburb of Middlesbrough, with local amenities nearby. The service can provide care and support for up

Summary of findings

to eight people with learning disabilities and/or autistic spectrum disorder. The service is a care home without nursing. At the time of our inspection eight people were living at the service.

The home had a registered manager in place. 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.

Staff understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. However they were not following the process required to evidence MCA assessment and best interest decisions

We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated. We saw evidence to demonstrate that people were involved in all aspects of their care plans. A new care plan system was being introduced, we saw one completed plan which included person centred information about the person and easy to navigate risk assessments and professionals' advice.

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered manager and senior staff within the organisation. We also saw the views of the people using the service were regularly sought and used to make changes.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk

assessments had been personalised to each individual and covered areas such as moving and handling, choking, health and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual performance development review.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Where only a few staff required training the registered manager was working towards ensuring they received this.

People told us that there were enough staff on duty to meet people's needs. We found that safe recruitment and selection procedures were in place. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that the registered manager was starting to implement hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

Summary of findings

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Recruitment procedures were in place to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way.

Good



Is the service effective?

The service was not always effective.

People were supported to make decisions about their care and support, but where people may have lacked capacity to do this appropriate assessments had not been undertaken and no best interest decisions were recorded.

Staff received regular supervision and support from their registered manager and most training required was up to date.

People were supported to make choices in relation to their food and drink. People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



Is the service caring?

The service was caring.

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

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

Good



Is the service responsive?

The service was not always responsive.

People who used the service and relatives were involved in decisions about their care and support needs. Care plans were in the process of being updated to make them easier to understand for staff and people.

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People and their families told us that if they were unhappy they would tell the registered manager and staff.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Good



St Anne's Community Services - Astbury

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.

We inspected the service on 04 December 2015 and 06 January 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 06 January 2016. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service.

The registered provider was asked to complete 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. We received feedback from commissioners of the service prior to our visit which was positive.

At the time of our inspection visit there were eight people who used the service. We spent time with four people. We looked at all communal areas of the home and some people showed us their bedrooms.

During the visit and following the visit we spoke with the registered manager, deputy manager, one carer and two family members. We also spoke with one professional involved with the service.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I feel safe and looked after."

We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidents were recorded and that the service investigated concerns.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us staff had been trained to recognise and understand all types of abuse.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. We saw that a policy was in place and staff told us they knew where to go if they had concerns.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people's dignity and rights.

The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were behaviour plans in place which the registered manager could demonstrate were working for people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as moving and handling, choking, health and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe. Staff told us how control measures had been developed to ensure they managed any identified risks in a safe and consistent manner. For example one person who used the service was at risk of harming themselves if they had access to sharp knives and kitchen equipment such as the cooker. A risk assessment had been completed to

ensure the person was safe but also that others had the freedom to access the kitchen area if they chose to. Although the risk assessments were in place the registered manager told us the new support plan system would more clearly link them to areas of need in people's care plans. We saw one example of the new care plan and it clearly showed what risks were present in each area of need.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis by a contractor to make sure that they were within safe limits. The registered manager was seeking to have records of these checks kept within the building. This had not been happening as the contractor completing this task was new. The registered manager confirmed following the inspection test records were now in place. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw the documentation that would be completed and we were told by the registered manager that the organisation and area manager also had sight of each accident and incident to support the service in preventing a recurrence.

The policy on recruitment dated May 2014 gave details of the staff recruitment process. This included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Staff told us candidates were asked

Is the service safe?

to visit the service for a pre-interview. The applicants spent time with people and staff observed interactions and the applicants approach to people. This enabled people who live at the service to be part of the process. People had very limited verbal communication and complex needs, it was therefore important that all candidates had the confidence and skill to communicate with people and involve people. People's views were sought following the visit to help make decisions about the applicant's suitability.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that during the day and evening there were always two staff on duty. Overnight there was one staff member on duty who went to bed when the needs of people who used the service had been met and also a person awake and on shift. The registered manager told us that staffing levels were flexible, and could be altered according to need and planned activities. We saw that the rota had additional staff on each day over and above the minimum of two staff to ensure personal care needs and community access could be facilitated. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do the things they wanted during the day. For example, staff were available to support people to day service and outings during our visit. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the eight people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked people's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was no document in place to tell staff where external medicines such as creams, should be administered, we spoke with the registered manager about this and they reacted immediately to improve documentation and on day two of the visit a form had been developed and was in use.

We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make 'best interest' decisions.

We saw in one care file that decisions would need to be made in the persons best interests and that families should be involved, however there was no documentation in place to show that capacity assessments had been completed for specific decisions or any records outlining the best interest decisions made. The registered manager told us implementing the MCA was a piece of work they would be focusing on as they introduced the new care plan system so that all best interest decisions would be documented where people were assessed as not having capacity to make their own decision.

This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection nobody who used the service was subject to an authorised Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS. The service had applied for DoLS to the supervisory body (local authority) and were awaiting an outcome of those applications.

We spoke with people who used the service and their family members who told us that staff provided a good quality of care. One family member said, "I am happy with all staff and the manager, my relative is always happy to go back home (Astbury)."

We asked staff to tell us about the training they had completed at the service. We spoke with the one member of staff who had recently been recruited. They told us "My induction was good and supportive and loads of help to

me." They went on to describe how they were being supported to learn each part of the role and that until they felt confident they would not be asked to do certain tasks, examples such as not intervening where people displayed behaviours that may challenge or administering medicines.

The training matrix we saw told us that most staff had received their mandatory training and refresher training and also specialist training in positive behaviour support (PBS), dementia and autism to ensure they had the knowledge to meet the needs of people using the service. Not all staff had received all specialist training or refresher training and the registered manager told us they were working towards this.

We observed a staff member using moving and handling techniques appropriately and safely when supporting a person to transfer from their wheelchair to the lounge chair. Staff were calm and reassured the person as the manoeuvre happened. They also made sure the person was comfortable before leaving the area.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual personal development review. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager told us staff should expect supervision on at least four occasions in 12 months and we saw records to confirm that this was the case for most staff. Records confirmed that all staff employed more than 12 months had received an appraisal. A staff member we spoke with said, "I have had enough supervision and I can always request more." Another staff member said "We have loads of supervision and very supportive management, they are brilliant."

Staff told us that people who used the service were involved in making choices about the food that they ate. The registered manager told us that staff and people go shopping for food. On the day of the inspection we observed that people and staff looked at what options were available to eat to help make a decision. We saw copies of the menu and it involved local dishes such as 'Parmo' and 'Panacalty'. Menus were varied and included people's preferences. We saw minutes of the residents meetings where menus and food are discussed each time, people were requesting items such as fish and chips, and egg and chips. We saw these had been incorporated into the menu for people. We saw healthy options had also been discussed in the residents meetings. Staff were aware

Is the service effective?

of people's specific dietary needs, one staff member said "[name of person] can only have certain foods as some make the person's condition worse." One person who used the service said "I like my food."

We saw that people were supplied with a plentiful supply of hot and cold drinks during the inspection.

We saw that people were weighed regularly and that a nutritional screening tool was used to monitor people's weight. Records we saw showed people's weight was stable. Where people required specialist diets or had difficulty swallowing, risk assessments were in place and professional advice had been sought and was documented in people's care plans.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and district nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. We saw where people had complex health conditions appropriate protocols were in place to keep people safe, for example we saw an epilepsy emergency protocol to be used when a person had a seizure.

A new person had recently moved into the service and they required support to eat and drink via a percutaneous endoscopic gastrostomy (PEG) which is a feeding tube placed in the abdomen. The aim of PEG is to feed those who cannot swallow. Staff had been trained and were putting in place all of the documents needed to ensure they performed tasks safely and as per instructions from professionals.

One professional who works with the service to support a person told us "The service is really supportive and they communicate really well. We have lots of contact regarding people if they are unwell, they are friendly and we have no concerns at all." A family member told us "My family member has a few health issues, they are always addressed and we get feedback."

The registered manager told us they were just completing a hospital passport for each person. A hospital passport is a document that would be taken to hospital with a person to ensure doctors and health workers know exactly how to support a person and what their needs are.

We saw that when a person is noted to have an injury or mark then a body map is completed to record the issue. The body maps we saw did not record what action was taken or the progress of the injury. The registered manager immediately adapted the form to ensure this happened.

Is the service caring?

Our findings

At the time of the inspection there were eight people who used the service. People and their family members we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One family member said “Staff are special sort of staff that treat people as their own.”

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. One staff member said “People like a relaxed atmosphere, we are homely and very relaxed, no rushing and we need to be flexible.”

Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw one person was keen for a particular record to be played on the CD player; they did not know the name of the song and so spent time repeating what they did know so staff would be able to work it out. Staff were observed to be patient and kind, over the day everyone got involved, singing what they thought it may be and eventually worked it out. The person was really pleased staff had understood what they wanted.

We saw staff were attentive, respectful and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. We saw in people’s care plan that each person’s life history was recorded and people’s likes and dislikes to help people get to know them. Staff were skilled with communicating with those people who had some difficulty with communication. We observed two staff on the day supporting a new person who had recently moved in. They were using friendly banter and conversation to talk to the person. Although the person could not verbally respond we saw the warm facial expression and smiling which told us the person was enjoying the interaction with staff. A staff member told us “We need to help people know what is happening, people thrive on interaction, but we need to be mindful people also like time alone.” This showed that staff were caring and providing support that demonstrated respect towards people.

Staff told us how they worked in a way that protected people’s privacy and dignity. For example, they told us about the importance of having doors closed during

personal care and ensuring people were afforded private space to discuss their own issues, also offering choices to people. This showed that the staff team was committed to delivering a service that had compassion and respect for people. Staff we spoke with told us they enjoyed supporting people.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted.

During the inspection some people showed us their bedrooms. They were very personalised, people told us about how they had chosen the decorations and furnishings for their own room. We spent some time with one person who took great enjoyment talking about their history and what they were planning for Christmas. The person wanted to go do some Christmas shopping in town and staff skillfully used humour to highlight the person may not need any more presents as they already had lots in their room. Everyone smiled as did the person, but the person still wanted to go and do more. This choice was respected.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. We observed staff communicating with two people on the day of the visit to negotiate what activity would be happening in the communal lounge as each person wanted something different. Staff were seen to ensure each person was respected but that a solution was found that everyone would be happy with.

At the time of the inspection the people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

We found at our inspection in July 2014 the registered provider was not providing staff with all of the information they needed in care plans and they were not always up to date. We saw that improvements had been made to documentation and the care plan process and these were being introduced for each person supported.

During our visit we reviewed the care records of two people. We saw the care plan for a person who had just moved into the service. We saw that the person's needs had been assessed and that the person centred detail gathered had been transferred into a care plan. The assessment tool that had been used was two sections of different assessment tools, making it difficult to follow. We spoke with the registered manager and area manager about this and by day two of the visit a revised process was described and seen.

We saw the level of detail in people's care plans had been gathered over many years for some people, this had led to large documents being in place. The registered provider had developed a new care plan format which had headings of support that related more to people living independently with support. We were told by staff and the registered manager this made it difficult to record all of the complex needs required for the people supported at this service. We discussed this with the area manager and on day two of the visit we saw a more streamlined assessment and care plan document which ensured risks were cross referenced along with health professional's advice and guidance. We saw that one person's care plan had been implemented in this way and the registered manager told us they felt confident with the process and that staff had given good feedback on the documentation. The registered manager told us that they planned to implement this new care plan system for everyone by the end of May 2016.

The care plans we saw included people's likes and dislikes and preferences, they contained person centred detail about people and importantly how best to communicate with people so they are involved and make their own choices.

We saw each person had a key worker whose role it was to provide one to one support, make sure people were in contact with their family, attend appointments and support the person with goals. The new care plan system has a

structured way to review what is working and what is not working based on the evidence staff gather in people's records and from the person and family member's feedback.

During the inspection we spoke with staff that were extremely knowledgeable about the care that people received. People who used the service family members told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

Staff, family members and people told us that they were involved in lots of activities and outings. One person said, "I am going to the pantomime, Cinderella and a Christmas meal at the pub." Staff supported a person to remember where they had been through song, following a rendition of 'Saturday night at the movies' the person remembered going to Billingham Forum to see The Drifters.

Family members told us "[person's name] gets out a lot and especially likes going into town." Another family member said "[person's name] gets one to one they need, as they are getting older they spend more time relaxing and likes to watch TV in their room, staff know them really well." A staff member also told us this during our visit and we observed the person looking relaxed in their room watching TV.

We observed the juke box in the lounge area and one person was supported to tell us that their family had bought this for them. The juke box was a key part in entertainment nights in the service. Everyone liked it we were told by staff.

In people's care plans we saw that people had been supported to go on holiday and plans for people's next holidays were recorded. One person was supported to tell us about a trip to Llandudno they had been on and really enjoyed.

During the visit Christmas excitement was evident. One person had on their Christmas jumper with sparkly baubles, the advent calendars were seen and one person was really pleased they could have chocolate at breakfast. Another person told us places they would be visiting for a Christmas meal and someone else was busy making a Christmas plaque for their bedroom door during the day.

Minutes of residents' meetings evidenced the planning and options available to people for activities and accessing the

Is the service responsive?

community. Staff were keen to seek out new opportunities and we were told about how they wanted to support a person to go out on a motorbike which was the person's dream. Staff were looking into this for the person.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to

contact. The service had an easy read complaints procedure. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

Is the service well-led?

Our findings

We found at our inspection in July 2014 the registered provider's management systems were not effective and action had not been taken to review and update plans, this included the staff development plan. We saw the updated service development plan dated September 2015 which outlined the training staff should expect to receive including specialist training for the services specific needs.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service. The registered manager was able to show us numerous checks which were carried out to ensure that the service was run in the best interest of people. These included checks on health and safety, medicines, infection control and accidents amongst other areas. This helped to ensure that the home was run in the best interest of people who used the service. We saw that some months checks were not completed and that where negative issues were found an action plan had not always been developed to ensure the issue was resolved. The registered manager told us this was an area they were working on with staff who had been delegated to complete new tasks.

The registered manager told us a senior manager visited the service on a monthly basis to monitor the quality of the service provided. We saw records of the visits called monthly audit. The area manager outlined updates on actions from previous months. The area manager recorded people and staff spoken to, observations and recorded the documents viewed during their visit. These visits were based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. Where areas for improvement were identified action plans had been developed.

We saw that a survey had been carried out in 2015 to seek the views of family, people supported at the service and stakeholders who visited the service. The results were positive for example three people felt their support had improved since St Annes Community Services has supported them.

People who used the service spoke positively of the registered manager. A professional involved with the service said, "X [the registered manager] is particularly helpful." A family member said, "X [the registered manager] I have known them a long time and they are good at their job, spot on, we couldn't replace them."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "I would always go to X [registered manager]."

Staff told us the morale was good and that they were kept informed about matters that affected the service. One staff member said, "This is a fabulous place to work, I love it." They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. We saw that notes were recorded of these discussions. Topics discussed included decorating people's bedrooms and activities people wanted to plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People were supported to make decisions about their care and support, but where people may lack capacity to do this they had not been assessed or decisions made in their best interests recorded. 11 (1) (3)</p>