

St Anne's Community Services

St Anne's Bradford

Supported Living Services

Inspection report

Oakwood Court
City Road
Bradford
West Yorkshire
BD8 8JY

Tel: 01274302250

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15 June 2017

19 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14, 15 and 19 June 2017 and was announced. At the last inspection in March 2016 we rated the service as requires improvement. We found the provider was not in breach of regulation although the care documentation was not always completed in a person centred way or kept up to date. The management arrangements were not effective because the registered manager did not have line management responsibility for the whole service. At this inspection we found they had taken action to address both areas, however, we found medicines were not managed safely and governance arrangements were not operated effectively.

St Anne's Bradford Supported Living Services is a domiciliary care service. The service supports adults with learning disabilities to live in their own home. At the time of this inspection 30 people were using the service in 16 houses around the Bradford area and surrounding districts.

The service had three registered managers. 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 on the whole they felt safe and if they were worried they would talk to a member of staff or a member of the management team. Two people felt unsafe when another person they lived with got angry.

Medicines were not managed consistently and safely and staff did not always receive medicine related training or a competency assessment.

Risk was usually well managed and care and support was planned. Staff had guidance around how care should be delivered. People told us they were happy with the meals and support they received to help make sure they stayed healthy. Meals were not sufficiently monitored so the provider could not be confident people's nutritional needs were being met. The provider wrote to us after the inspection visit and told us they had taken swift action to address this.

People were happy with the care and support they received. They were encouraged to make day to day choices and had control over their lives. The provider was introducing decision making assessments and support plans. People got involved in the running of the home and enjoyed person centred activities, which often involved engaging in the local and wider community.

Staff felt supported by colleagues and management. However, training and supervision was not always kept up to date. The provider had picked this up through their monitoring systems and action was being taken to make sure staff received appropriate support.

People received support from a consistency workforce and their agreed one to one staffing. Recruitment

procedures were robust and ensured suitable workers were employed.

People were comfortable talking to staff and members of the management team and said they would discuss any issues or concerns. The provider encouraged people to share their views through surveys. Promoting regular tenant meetings was an on-going action plan.

The provider had some effective quality management processes however, these were not applied consistently across the service and some of the issues identified at the inspection had not been picked up by the provider. The registered managers took swift action in response to the issues we raised. We received positive feedback about the management team.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These related to safe care and treatment and person centred care. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not managed safely because good practice guidance was not always followed and staff did not receive appropriate training and support.

Risk was generally well managed although some issues around management of behaviour left people feeling vulnerable.

There were enough staff to meet people's needs. Arrangements were in place to make sure people received agreed one to one staffing and care from a consistent workforce.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training and supervision but this was not always kept up to date.

Systems were in place to promote choice and assist people to make decisions when they needed help. The management team were introducing decision making assessments and support plans.

People told us they were happy with the meals and support they received to help make sure they stayed healthy. Meals were not sufficiently monitored so the provider could not be confident people's nutritional needs were being met.

Is the service caring?

Good ●

The service was caring.

People responded positively when we asked if the service was caring.

Care and support records contained good information to help staff understand people's needs and preferences.

Staff knew the people they were supporting well.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed, and their care and support was planned and reviewed.

People engaged in person centred activities.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The provider had some effective quality management systems although they had not picked up the issues identified at the inspection.

We received positive feedback about the management team.

People who used the service and staff were encouraged to share their views and put forward suggestions although promoting tenant meetings had been identified by the provider as an on-going action.

St Anne's Bradford Supported Living Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority's commissioning and safeguarding team. The provider completed a Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 14, 15 and 19 June 2017 and was announced. We announced the inspection so we could arrange to visit the supported living services. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of the inspection 30 people were using the service.

During the inspection we visited four supported living houses and the provider's office. We also spoke with one person who used the service, two relatives and six staff on the telephone. In total we spoke with nine people who used the service, two relatives, ten staff and three registered managers. We spent time looking at documents and records that related to people's care and the management of the service.

Is the service safe?

Our findings

We looked at how medicines were being managed in three of the houses we visited and found practices were not consistent. Different arrangements were in place in each of the houses. Some areas of medicine management were effective, however, some were not.

In each house we saw stock record sheets showed staff checked these each time medicines were administered. We carried out medicine stock checks dispensed from containers and found the balance of medicines was correct.

In each house we saw people had protocols to guide staff around administering 'when required' (PRN) medicines, however, these were not available for all PRN medicines. For example, in one house protocols were not in place for paracetamol which had been prescribed as required. In another house one person was prescribed two types of cream 'when required' but there was no information in their support plan around recording the application; staff usually applied these every morning and recorded this on the person's medication administration records (MAR); however, sometimes staff recorded 'refused' because the person declined. When required medicine can be assessed at each medicine round and may be recorded each time it is assessed or only when given, this is dependent on the requirements laid out in the support plan. The support worker agreed to update the person's support plan so all staff understood the recording format.

In one house we saw topical application body maps were maintained, which showed where creams should be applied. However, in another house body maps or topical medication administration records (TMARs) were not available and there was no guidance around how or to which areas of the body the cream should be applied. One person had been prescribed two tubes of cream to treat a fungal and bacterial infection, which were stored in the fridge. These had no labels because the box with the prescriber's label had been discarded. The person's MAR had a handwritten entry which only stated 'Daktacort- in fridge'. This meant there was no instruction about application for staff to follow. The person had another cream which had no label and was stored in a medication box. Their support plan stated this was prescribed for knee pain. However, there was no information on the pre-printed MAR to indicate where the cream should be applied.

We saw one person was prescribed an oral solution. The box with the prescriber's instruction had been discarded and there was no prescriber's instruction on the bottle. A pre-printed MAR showed the solution was being administered daily until three days before the inspection. We saw the MAR was fully completed and a new MAR was not available. The member of staff on duty said they had not worked for a few days and did not know why a MAR was not available. They contacted a colleague who said they had been told the solution was no longer required, however there was no record on the MAR or in the person's daily records or support plan to confirm this and it was unclear who had given this instruction. The member of staff agreed to contact the prescriber for advice.

The management team carried out audits each week but only covered two areas which were 'medication book signed' and 'as required medicines counted'. We found these areas were generally managed well. The provider carried out 'quality and safety audits' which covered medication. We saw a March 2017 report

highlighted some issues with medication, for example, 'medication records were not consistently clear, completed correctly and fully'. However, the issues we identified had not been picked up prior to the inspection.

When we visited the office we asked to look at medicine training and competency assessment records. The registered managers told us that medicine training and competency checks were not mandatory even though staff were responsible for administering medicines. They said every member of staff shadowed administration of medicines before they could administer medicines unsupervised. We asked to look at medicine and competency records for nine members of staff. One member of staff had completed training and their competency had been assessed; two members of staff had received training but no assessment of competency had been carried out; three members of staff had their competency assessed but they had no training record; three members of staff had no training record or competency assessment.

We reviewed the provider's medication policy which stated 'the training requirements for staff working in all services must be identified via the first line manager and this will be dependent on the needs of the service at the point of worksite induction. All training activities must be recorded and refresher training identified'. The policy included a 'competency check' document which stated it 'can be used in all services and settings'.

During the visit to the office we signposted the registered managers to the current guidance around training and competency, which stated 'staff must receive appropriate training and support, have the necessary knowledge and skills, are assessed as competent to give the medicines support being asked of them, including assessment through direct observation, and have an annual review of their knowledge, skills and competencies'.

Two days after the inspection the registered managers sent us additional information and confirmed that all staff would have completed medication training no later than 26 June 2017, 'as required' protocols would be in place for those that required them by 23 June 2017, and more comprehensive medication audits would be completed in each service on a monthly basis until they felt confident to reduce these to every quarter. Although swift action was taken in response to the inspection findings we concluded the registered person was not managing medicines safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us on the whole they felt safe and if they were worried they would talk to a member of staff or a member of the management team. Relatives and staff we spoke with told us people were safe.

Two people told us they sometimes felt unsafe when another person they lived with got angry. One person said they got very upset and the other person told us they didn't like it and had spoken to the manager. We spoke with two members of staff who confirmed the behaviour of one person sometimes negatively impacted on the experience of others. We discussed this with the registered manager who said following our visit to the service they had contacted the person's social worker and had requested a formal review to look at how everyone could be supported.

Within people's support plans there was guidance around support with behaviours that challenged services, and in the event of restraint being used clear records were maintained. Staff we spoke with told us they felt confident supporting people with behaviours that challenged and always followed the guidance which was specific to each individual. A relative told us, "They had a session on how to restrain my brother. I observed.

It was bespoke. It was brilliant in every way. They seem to be into moving with change and doing the latest things."

One person who used the service raised a concern with us about the way a member of staff had spoken to them. They also repeated this to another member of staff. Two members of staff explained the person often made unsubstantiated allegations which could be against staff, people who used the service and members of the public. They said this had been discussed with the management team because they wanted to make sure the person and others were protected. We looked at the person's risk assessment which showed the risk had been identified, however there was insufficient information about how to mitigate the risk. The assessment stated that staff should refer to the support plan but when we reviewed this we saw there was no information around the person making allegations or how this should be managed. The registered manager agreed to address this immediately.

We reviewed other people's assessments and saw these identified potential risks and how these should be managed. For example, one person's risk assessment relating to their behaviour identified the level of risk i.e. medium, who is at risk, triggers and techniques to de-escalate/diffuse the situation. The assessment stated all staff who supported the person must have received 'positive behaviour support' training. We checked the training records for these staff which confirmed their attendance. However, we saw in two other patches that positive behaviour support refresher training was overdue. One patch had training booked for staff to attend on 11 and 12 July 2017 and training had been requested for staff from the other patch.

All staff said regular checks were carried out at each of the houses to make sure the service was safe, for example, checking hot water temperatures, food temperatures and fire safety equipment. When we visited the houses we saw that records of the checks were maintained.

People told us there were enough staff to support them and the same care workers visited. One person said, "I go out lots with staff." Another person said, "Staff help me when I need anything." One person said their support staff had "chopped and changed". Two relatives told us the same care workers supported people.

Staff told us there was enough staff to meet people's needs, and where people were funded for one to one hours these were clearly identified on the staffing rotas. Each house had a staffing rota; we reviewed rotas for the last three weeks and saw these highlighted where staff had been allocated to support people on a one to one basis.

In the PIR the provider told us they operated a robust recruitment process. We looked at three staff files and spoke to a member of staff who had been recruited in the last twelve months which confirmed this.

Is the service effective?

Our findings

People we spoke with were confident that staff knew how to support them properly. They were complimentary about support workers and the management team, which included team leaders. One person said, "I like all the staff. The manager is very nice." Another person said, "They are all right. They're good. I have got a young member of staff. He understands me well. I get a lot of support from other people that work here." Relatives we spoke with felt staff were appropriately skilled.

Staff said they received training to help them do their job well. They said they did face to face, on-line and workbook training, and received prompts that refresher training was due through an electronic system. One member of staff said they did not receive enough face to face training and felt workbooks were used too often.

Staff said they received appropriate support from colleagues and management. They said they had opportunities to discuss things that were relevant to the service and their role with a supervisor, and received feedback about their performance. Some said they often attended reviews with their supervisor whereas others said they did not. One member of staff said they had sometimes had to cancel their performance development review for personal reasons and when this happened management were very understanding and arranged another session.

When we visited the office we saw the provider had identified through their monitoring system that all staff were not receiving the required supervision sessions which was five supervisions and one appraisal per year. Appraisals had been carried out but some staff had only received two or three supervisions over the previous 12 months. We reviewed supervision matrices and saw action was being taken, by the registered managers, to increase the frequency of supervision sessions, which included observational, face to face and telephone performance reviews. However, it was also evident from the records that some staff did not always attend reviews or had cancelled on more than one occasion but there was no information to show how this had been followed up. The information recorded was not always correct, for example, we saw a record that indicated a supervision session had been held but when we asked to review the supervision record it was not available.

The management team explained they had developed paper training records because the electronic training system did not provide an accurate training overview. We looked at the paper based training records; these showed staff had received training in areas such as health and safety, equality and diversity, Mental Capacity Act 2005 (MCA), fire safety, safeguarding, food hygiene, emergency aid, and moving and handling. Although staff had received training we saw from the paper based records that refresher training was overdue and the status for some training sessions was recorded as expired. This had been picked up by the registered managers and workbooks for refresher training had been issued to most staff. The dates these were due to be returned was by the end of June 2017. Training where staff had to attend the session, for example, positive behaviour support and emergency aid was booked or had been requested.

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 told us they made day to day choices such as deciding what to do and when to get up, and staff encouraged this. We saw examples of this when we visited people at home. For example, one person was deciding whether to go shopping or stay in and chatted to a support worker about this.

Staff we spoke with were confident people had control over their lives and also understood how to support people who did not have capacity to make some decisions. Staff understood these should always be in the person's best interest. One member of staff said, "People's best interests are met." Another member of staff said, "People have daily routines but also control of their lives; they can change their routines if they decide."

The registered managers explained they involved social workers and other professionals when there were concerns or issues around people's capacity, and we saw instances where this had happened. For example, a capacity assessment was completed and a best interest meeting had been held around a person signing their tenancy agreement. The provider was introducing decision making assessments and support plans. These covered different types of decisions for example, 'day to day decisions and major decisions'. The registered managers confirmed these were being introduced throughout the service.

People told us they had plenty to eat and drink and enjoyed the meals. One person said, "The staff do the cooking and it's always very nice." Another person told us the support they had received had improved their life and said, "I am able to do more things for myself. They leave me to do my own shopping. I go to [name of supermarket]." A relative said, "The food seems very good. I am quite happy with all that. I have seen them ask 'What do you want for supper'."

People told us they chose what they wanted to eat for breakfast and lunch, and could help themselves to snacks and drinks. Some said they shopped for provisions, and helped plan, prepare and cook the meals. We looked at arrangements for planning meals in three of the houses we visited and saw menus only covered the main meal of the day. These often included only the main dish with no detail of what else was served, for example, vegetables. We looked at people's individual records but could not establish from these what people had eaten. One person told us they had a 'wellbeing' check the day before our visit and had been told they needed to eat healthily because they had gained weight. They said they would like to eat a healthier diet. We spoke with three members of staff about the promotion of healthy eating; they said people were encouraged to eat healthily but felt this could be better promoted. One member of staff said, "We encourage people to be healthy but we could make a more planned effort to help people understand how and why it's important."

After the inspection the registered managers sent us a revised menu with attached guidance, which included documenting all food provided at meal times, promoting healthy options and enabling people to have a healthy balanced meal. They said the menus would be audited regularly.

People who used the service, relatives and staff told us appropriate systems were in place to meet people's health needs. They confirmed what the provider told us in the PIR: 'Clients are supported to have an annual health check with their GP and related health screening is talked over with clients with easy read documentation if required. Health Action Plans are updated after any health appointments.'

One person discussed recent health appointments and said they were accompanied by their support worker. A relative said, "[Name of support worker] took my son to the doctors for a check-up. They have

taken him to the dentist. On the medical side they are all right." One member of staff told us about a recent experience where very good support was provided to a person when they had an unsettled period. They told us "It was a multidisciplinary approach, with a social worker, behaviour therapy and psychology, and we all produced a care package. We looked at specific times when [name of person] was anxious and provided extra support." They told us the person was now much more settled and "risk management was now more relaxed".

When we visited the services we saw people had health action plans, which identified any health issues, however it was not clear from the records that people had attended regular general appointments such as dentist and opticians. After the inspection the registered managers sent us a confirmation email that people had.

Is the service caring?

Our findings

People responded positively when we asked if the service was caring. One person told us they were very happy living at their house and since they had moved in "it had made a big difference". They said, "Staff are there just in case." Another person said, "I really like it here." A relative described staff as, "completely kind and caring". They said their relative had been receiving support from St. Anne's for over ten years and "I'm more than happy. It's fantastic. They genuinely care for [name of person]. I can have a life as I know [name of person] is all right. There can't be anything better. It is a great system." Another relative said, "I have never seen a bad carer. They are all really good people. We are happy with what's going on." One member of staff said, "I'm happy and I know the people we are supporting are happy. There is continuity and consistency." When we asked one person what were the best things about the service they said, "Everything".

Care and support records contained good information to help staff understand people's needs and preferences. We saw people's support plans had details of personal preferences outlined under 'what I like' and 'what I don't like'. They also had a document called 'about me' that included 'places I've lived; places I've worked; my past education, employment, day services; good and bad things that have happened in my life; and my friends and my family'.

Staff we spoke with said they were confident people were well cared for. It was evident from discussions and observations staff knew the people they were supporting well. A member of staff assisted us to communicate with one person; they had good knowledge about the person's family and understood how they communicated. Another person raised some concerns about the behaviour of another person they lived with; they shared their concerns with a member of staff and were clearly comfortable talking to them and felt reassured after the discussion.

In the PIR the provider told us how they ensured the service was caring. They told us staff received training on equality and diversity. They said staff ensured all personal care tasks were carried out with dignity and staff encouraged people to close doors, blinds and curtains during personal care. They said, 'Our clients have individual dignity and respect sections in their support plans.' ' Our inspection findings confirmed this.

Is the service responsive?

Our findings

At the last inspection we found care documentation supported a person centred approach. However, we found this was not always reflected in the way the records were completed and we found they were not always up to date. We also found the records in the office did not always have the same information as the records in people's houses. At this inspection the provider had taken appropriate action and addressed the issues around care documentation.

Two people showed us their support plan. We went through several sections which they confirmed were accurate. One person told us they managed their money on a daily basis and received £10 each day; this was clearly recorded. Another person told us they enjoyed walking, going to the pub, travelling on the bus and train; this was clearly recorded in their support plan.

Support plans were maintained electronically so we reviewed three support plans when we visited the houses and three support plans when we visited the office. We saw these were detailed and provided good information about people's needs and how staff should deliver care and support. Each person's support plan covered key areas such as maintaining dignity, communication, eating and drinking, sleeping pattern and money. We found one person's support plan did not cover some key information around how they should be supported when they raised concerns; the registered manager agreed to update this immediately.

We saw support plans were reviewed; registered managers told us they were reviewed annually or more frequently if required. A relative told us, "They have an annual review. It is updated more if things crop up, such as when [name if person] goes on holiday and there are changes. Each time [name of person's] life changes we get together to discuss."

In the PIR the provider told us they were improving the support planning process. They said, 'Although we already have person centred support plans in place we are working on linking them with the decision making support plans that we are in the process of developing.'

People who used the service, relatives and staff told us people got involved in the running of the house. One person said, "I go shopping and do the cleaning." A relative said, "The carers ask him to do things like hoovering, washing up, putting things in the washer and tidying his room. They take him shopping to the big superstore." One member of staff said, "We encourage people to take care of their home." Another member of staff said, "It's a great place to work because we really do support people to live. This is supported living at its best." People's support plans identified how they were involved in daily living tasks; the level of involvement varied and was dependent on people's wishes and abilities.

People told us they engaged in person centred activities. They said they enjoyed doing different things and often went out. One person was getting ready to go bowling. Another person told us they visited their family, went to a musical group and enjoyed going out with staff. Another person was going to a concert in London with staff and said they were 'really looking forward to it'. A relative said, "[Name of person] likes to play

snooker. He goes to the cinema regularly. They have tried to get him walking. He has a good social life. He is out every day." Staff we spoke with said the service was good at promoting community engagement and ensuring activities were person centred. When we visited the service we reviewed three people's daily records which evidenced people had been supported with activities.

People we spoke with did not raise any concerns about the care they received. They told us they were comfortable talking to staff and members of the management team, and would raise concerns. One person told us they felt listened to when they had made a complaint. They said, "The manager listened to me when I was asked to make a statement. The area manager wrote it down for me."

One relative told us about an experience where they had raised concerns about how a member of staff had reacted to a hospital admission; they felt action had been taken to prevent reoccurrence. They told us, "I spoke to her manager and as a result they have reviewed their system at St Anne's so that this can never happen again."

In the PIR the provider told us they had received six complaints and three written compliments in the last 12 months. They said all six complaints were resolved. We looked at an example of a complaint response which showed actions were agreed and a protocol was updated. We also reviewed two compliments where staff were described as a 'person centred team' and 'supportive and proactive'.

Is the service well-led?

Our findings

At the last inspection we found the service was divided into four patches, however, the registered manager was only responsible for one of the four patches and did not have line management responsibility for the other three patches. This meant they could not effectively manage the regulated activity across the whole service and therefore the provider was at risk of breaching one of their conditions of registration. At this inspection the provider had taken appropriate action and the service was being managed by three registered managers who had management responsibility across the whole service. Registered managers were supported by team leaders who linked closely to the houses and an area manager.

The provider had a datix incident reporting system which captured different types of incidents such as medication errors and safeguarding concerns. We reviewed an overview which covered October 2016 to June 2017; details of incidents, actions taken and outcomes of any investigation were included. It highlighted patterns and trends at each individual house and across the service. This meant the provider could monitor and mitigate risks relating to the health and safety of people who used the service.

Audits were carried out by the management team every two weeks and covered areas such as fire safety checks, fridge/freezer temperatures and medication signatures. We saw these records were maintained in the houses. The provider also carried out more in depth 'quality and safety audits' which included administration and governance, staff supervision and training, monies, support planning, medication, health and safety and safeguarding. We saw two reports from March 2017 had highlighted areas of good practice and recommendations. For example, the audit showed staffing levels were appropriate but staff training and supervision was not meeting the required standard. We saw action was being taken to address this. They had also identified staff meetings were not being consistently recorded and tenant meetings were not always taking place. We saw these areas had not been fully addressed across the service. For example, in one service we were shown the last tenant meeting record which was dated September 2015.

We concluded the provider had an overall quality management system which was effective at times. However, some issues identified at the inspection, particularly those relating to management of medicines had not been picked up by the provider. We also found the quality management system was not used consistently across the service. We asked for the dates the last quality and safety audits were carried out in four houses and were informed only one had a visit which was completed in August 2016. The registered managers said quality and safety audits were not carried out in all the supported living houses but any recommendations were applied throughout. This meant the quality management processes were not being operated effectively.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

People we spoke with were familiar with the management team and said registered managers and team leaders visited on a regular basis. One person told us the manager sometimes worked on shift and cooked and ate with them. When we asked relatives if the service was well managed and one told us, "It seems to be

OK. There is no problem. Things seem to be getting done with what [name of person] needs and they are doing what they can for him. [Name of person's] house is kept nice and tidy. It is well decorated and has nice furniture and nice televisions." Another relative told us the registered manager was "exceptionally good" but they felt another member of the management team was "not in the right job."

Staff we spoke with told us the management team were effective and they felt well supported. They said members of the management team were accessible and provided appropriate guidance and advice. One member of staff said, "Things run smoothly and management structures are in place." Another member of staff said, "The management team are very good." Two members of staff complimented the management team in relation to recognising where staff were experienced and skilled and when others needed more support. One member of staff said, "We're an experienced team who have supported people for a long time. Management are there to support us and carry out regular checks but they also let us get on with our job; there is mutual respect." One member of staff told us they didn't feel well supported by the management team and didn't feel listened to.

The provider had asked people to complete surveys about their experience of using St Anne's services. Responses were received from 31 people in 2016/2017. They asked people if they felt safe; 28 said yes and 3 said they were not sure; 22 said they were happy with their support, eight said they were unsure and one said they were unhappy: People were asked since St Anne's supported them had the support improved, stayed the same or got worse; 24 said it had improved, three said it had stayed the same and four said it had got worse. We saw the provider had developed an action plan on how they would improve their service. Some of the actions had been achieved; an action relating to promoting tenants was on-going.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not managing medicines safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not operating quality management processes effectively.