

Potensial Limited The Croft

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

The inspection took place on 04 August 2015. The inspection was unannounced.

The home provides care for up to 25 people with mental health care needs. On the day of our inspection there were 22 people using the service.

The home 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.

We spoke with care staff who told us they felt supported and that the registered manager was always available and approachable. Throughout the day we saw that people and staff were very comfortable and relaxed with the deputy manager and staff on duty. The atmosphere was calm and relaxed and we saw staff interacted with people in a very friendly and respectful manner.

Summary of findings

Care records contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary. We saw records were kept where people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for people or their representatives to understand. We saw evidence to demonstrate that people or their representatives were involved in their care planning.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes.

When we looked at the staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face and e-learning training to maintain their skills. They told us they had regular supervisions with a senior member of staff, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were robust recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff were attentive and caring when supporting people. Comments from people who used the service were very consistent stating they were happy with the care, treatment and support the home provided. Other professionals we spoke with were positive about the care and support people received.

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw staff spending time engaging people with people on a one to one basis, and others went out shopping with their support workers.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices. Some people prepared their own meals.

We found the building met the needs of the people who used the service. We were told that work on the refurbishment of the home will continue throughout the remainder of the year.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint.

We found an effective quality assurance system operated. The service had been regularly reviewed through a range of internal and external audits. Prompt action had been taken to improve the service or put right any shortfalls they had found. We found people who used the service, their representatives and other healthcare professionals were regularly asked for their views.

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.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected

Good



Is the service effective?

The service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

People had the support and equipment they needed to enable them to be as independent as possible.

The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

People were aware of, and had access to advocacy services that could speak up on their behalf.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

People were assured that information about them was treated in confidence.

Good



Is the service responsive?

The service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Where appropriate, people had access to activities, education and job opportunities that were important and relevant to them and they were protected from social isolation. People were enabled to maintain relationships with their friends, relatives and the local community.

Good



Summary of findings

The service allowed staff the time to provide the care people needed and ensured staff timetables were flexible to accommodate people's changing needs.

Is the service well-led?

The service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

Good



The Croft

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.

This inspection took place on 04 August 2015 and was unannounced.

The inspection team consisted of two Adult Social Care Inspectors.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

During our inspection we observed how the staff interacted with people who used the service. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the

support that was given to them by the staff. We also reviewed staff training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

We also reviewed four people's care records

We spoke with people who used the service and four staff. We also spoke with the deputy manager and the operations manager.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Safeguarding, Clinical Commissioning Group (CCG), Infection Control and Commissioners of services. No concerns had been raised by these professionals.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service before an inspection. We saw that the registered manager worked in partnership with other professionals to make improvements to the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “I feel very safe and I have received good support here it has all been positive.” Six other people told us they felt safe and that their care, treatment and support continued to work well for them. People said they felt staff supported them and protected them from harm. One person told us, “When I came here, I was a wreck, abusing alcohol and not coping with life. I am now able to cope because of the support I have received.” Another person said, “I have suffered with mental health issues most of my adult life. I feel secure living here and more in control with my life.”

Decisions about the clinical management and the safety of people were made by the multi-disciplinary mental health teams which included psychiatrists, mental health nurses, occupational therapists and care managers.

We saw that professionals provided staff at the service with enough information about people’s care, treatment and support needs before they were admitted to the service. This meant that staff had a good knowledge and insight about people’s individual needs to enable them to keep people safe. We saw that people’s needs were risk assessed and care was delivered in a way that enabled people to remain safe.

The deputy manager told us that those professional involved responded quickly to any deterioration in a person’s mental state or an increase in their level of risk. This involved supporting the staff, speaking with the person using the service or a re-assessment of people’s care, treatment and support needs. The staff at The Croft told us that this system worked well and they felt well supported by these professionals.

The service had a safeguarding lead. There were safeguarding policies in place, and we saw that all staff had received safeguarding training, for both adults and children. We saw there was also a child visiting policy in place.

People were supported on a one to one basis to address previous risk taking behaviour. This was to ensure they understood the potential impact these behaviours could have on them. People were supported and encouraged to make safer choices in the future following any planned discharge back into the community.

We saw other organisations were involved with the discharge process. For example, commissioners, housing associations, probation service and community psychiatric support services. The deputy manager told us they liaised with them in order to put any additional support strategies in place or joint risk assessment in order to maintain people’s safety, and these always involved the person.

We saw for some people they had a detailed risk self-assessment in place regarding the misuse of substances. We saw an initial assessment and handover prepared by the service that sometimes included potential self-abuse and all other aspects of their family life and the possible impact of people relapsing without intervention. We saw honest discussions around these issues took place and people were involved in any decisions agreed before admission to the service. When we spoke with people who used the service, they told us they viewed this place as a safe place to live.

Staff members we spoke with in relation to the management of medicines told us they were well supported by the supplying pharmacist. Records showed that all Medication Administration Records (MARs) were audited each week. We were told that two members of staff, who had completed medication training, were on duty each shift. Information about the management of medicines was easily accessible by staff and relevant guidance was available to outline safe dosages and to help in recognising any adverse side effects. Medicines were stored safely and hand-washing facilities were available for staff.

Where controlled drugs had been prescribed, these were checked and administered by two members of staff.

A current list of staff signatures were retained with the Medication Administration Records (MARs). This helped to identify the signatures of those assessed as being competent to administer medicines.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve and keep people safe.

A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. An assessment had also been devised, which was reviewed annually and which showed fire precautions

Is the service safe?

implemented to reduce the element of risk. We saw regular fire alarm tests were conducted. This was done in a controlled manner and people were made aware of the planned test prior to the alarm being activated. Records showed this was performed weekly, to ensure the fire alarm system was fully operational and therefore people were protected against risks associated with fire. In addition, we saw up to date personal emergency evacuation plans (PEEPs) were in place for people who used the service. These included important information about the person and information for staff and emergency services on how to assist each person safely and the assistance required for each individual. The deputy manager demonstrated how these were up-dated weekly and a copy was then submitted to head office each week.

The deputy manager and staff told us there were enough staff to meet the needs of the people who used the service. People who used the service told us they also received one to one support when it was required.

People told us, they had very regular one to one sessions with their named support worker. We observed that staff were always available should anyone wish to speak with them or when people requested support with a particular activity.

We found staff had been recruited safely to ensure a good skill mix was available to meet the needs of people. All staff completed a formal application process and their backgrounds were checked to ensure they were safe to work with and care for people. This included references from previous employers, checking for any criminal activity, and obtaining explanations for any gaps in employment history. We were told that the majority of staff had worked at The Croft for several years and that the staff turnover was low.

The service was safe, this was because there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. We saw the home had procedures and clear guidelines about managing infection control. There was an infection control lead who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures.

One of the expectations of people using the service was to maintain their independence by managing their own personal laundry and keeping their room clean.

Is the service effective?

Our findings

During this inspection, there were 22 people using the service. We found there were skilled and experienced staff to meet people's needs. We observed people throughout the day and we saw there were enough staff to meet the needs of people living in the home. We saw that when people needed support or assistance from staff there was always a member of staff available to give this support. We spoke with four members of staff and they said they felt there were enough staff to support people safely. We spoke with the deputy manager and they told us they always had a team leader and four support staff on duty during the day and two members of staff during the night. They said that during the night, there was an, 'on call' rota and if extra staff were needed there would be one available to call in to the home. They told us that should people's needs dictate that more staff were needed the organisation would support a request for higher staffing levels with commissioners of the service. In addition we saw that several people using the service had outreach workers allocated to them, who supported them with activities out in the community, such as shopping, social events and attending appointments.

For any new staff employed, as part of their induction staff spent time shadowing more experienced members of staff to get to know the people they would be supporting before working alone. They also completed induction training to make sure they had the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing a diploma in social care. Training needs were monitored through individual support and development meetings with staff.

We saw monthly staff meetings took place. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. When we spoke with staff, they said these meetings were essential, as they provided everyone with an opportunity to voice any new ideas, share information and resolve any issues that had cropped up.

Discussions with staff and observations of training records showed that staff had the right skills and knowledge to care for people effectively. During our inspection we saw staff were highly motivated, very open and cooperative. They told us they felt valued by the management team. One staff

told us, "It's a great place to work." Another said, "I am very grateful to the organisation because they have enabled me to develop my professional skills through effective training. I am about to commence level 4 training in care and management." There were clear areas of delegation with one member of staff being responsible for dignity and independence, key workers having responsibility for monthly meetings to ensure people had an input into their care and support and team leaders having responsibility for medication administration and procedures.

Staff recognised the visions and values of the home and their role. We found that staff regularly had the opportunity to express their views during staff meetings and through regular supervisions with the management team at the home.

Staff at all levels recognised the risks associated with the home and also recognised the achievements which had been made. This meant the registered manager and staff were working as a team to achieve the objectives of the home.

We saw that the majority of people ate their meals in the main dining room. For seven people they had their own food budget, they did their own shopping and prepared their own meals, snack and drinks in a small designated kitchen. We saw that meals were varied and based on people's likes and dislikes.

People told us they were always offered various choices and said that the meals were good. This meant people were supported to make decisions about their nutritional needs and had their independence promoted. We saw that the kitchen had been refurbished to a high standard six months ago. This was also now used as a training kitchen for people who used the service to promote their independent living skills and preparing them for life back into the community.

For two people using the service, they were preparing to move into a supported living scheme owned by the company. The deputy manager told us, they had two houses within walking distance of the home and they would continue to support both people on a daily basis. Both people said they were looking forward to becoming more independent and sharing one of the houses together. We saw commissioners and care managers had been consulted and had supported the move for both people.

Is the service effective?

The regional manager told us that the company were working in collaboration with a contractor and commissioners with a view to opening a newly refurbished supported living scheme that will be completed by the end of September. The scheme is within walking distance of The Croft. There will be seven flats for people including a community shop that people can volunteer to work in. The plan is to use this scheme as a step-down from the Croft to enable people to live independently in the community. The scheme will be staffed separately but will liaise closely with staff from The Croft.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All

necessary DoLS applications for one person had been submitted, by the provider and authorised. In addition, the deputy manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken. We saw 22 people were using the service, of these, 21 people had capacity to make decisions about their lives and future aspirations.

We saw that the provider had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment within the home, including kettles and toasters. We checked a sample of electrical equipment within the home and found they all had a current PAT sticker attached. Records of other routine maintenance servicing we saw included gas safety inspections and fire equipment checks. This meant that equipment was available, fit for purpose and being suitably maintained.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person said, “We have our up’s and down’s but overall the staff team are really good.” Another said, “The staff are very caring, they care a lot about my welfare and support me to be independent.”

During the inspection we saw staff interacting with people in a caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, the deputy manager and staff knew when some people were communicating, by their gestures and body language, if they were upset or anxious, and understood the best way to support people at such times.

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. One person using the service described how they were involved in this and told us how important this was to them.

We heard staff address people respectfully and explain to people the support they were providing. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One staff member commented, “This is their home not the other way around and we are given training about this.”

Throughout the inspection the atmosphere in the home was relaxed and calm.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas, chatting and often having a laugh and joke with them. Staff were patient and waited for people to make decisions about how they wanted their care to be organised and how to spend their day. We saw staff were respectful and positive towards people and they encouraged and supported people’s independent living skills.

We saw that information was available to people in a range of different formats so people could make decisions and take control of their lives. We saw how symbols and signs were used for information on a range of topics such as health benefits, advocacy, activities and meal choices. This meant people were supported by a range of communication techniques to keep them informed of information or things that mattered to them.

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as good. People's comments included, "I am very satisfied with the way I am supported to make decisions about my life and I am really encouraged maintain my independence." And, "I now have regular contact with my family; the staff helped me to do this." Another said, "I am getting my independence back, I hardly ever drink alcohol and I feel I have control over my life again. My aim is to have my own place and with support from the staff here, I believe it will happen."

We observed how people received personalised care, treatment and support. We saw how people were involved in identifying their needs, choices and preferences and how they would be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person Centred planning is a way of enabling people to think about what they want now and in the future. The deputy manager said, "It is about supporting people to plan their lives, work towards their goals and get the right support from us to plan for their future, and this is what we strive to do by promoting people's independence and giving them the opportunity to achieve their goals in life."

This meant people were supported by the service to work towards achieving their wishes and aspirations for their future.

People and those that mattered to them, were actively involved in developing their care, support and treatment plans and were supported by staff that were competent and had the skills to assess their needs. Staff made every effort to make sure people were empowered and included in this process. Where possible, they involved family, friends, other professionals or advocates in decisions about the care provided, to make sure that the views of the person receiving the care were known, respected and acted on. We saw people and those that mattered to them had consented to their care, treatment and support.

Care, treatment and support plans reflected people's needs, choices and preferences. People's changing support needs were identified promptly, and were regularly

reviewed. There were systems in place to make sure that changes to care plans were communicated to those that needed to know such as professionals involved with people's care, treatment and support.

As part of people's daily living skills, care planning was focussed upon the person's whole life, including their goals, skills, abilities, education and how they preferred to manage their health. People who used the service told us, they were supported to maintain their independence, learn new skills and lead a healthy lifestyle. One person told us, "I never thought I would ever attend college, I have achieved so much since coming to live at the Croft and my health and mental state is so much better. I now have real hopes for my future."

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain their hobbies and interests. The service had good links with local colleges and further education workshops. For example, one person told us she had just completed two training courses; understanding psychosis and confidence building. She said these had provided her with a greater understanding of her condition and this had boosted her confidence and self-esteem. Another person told us they had completed a catering and hospitality course. They said they found it really useful and they would like to gain employment within this industry. We saw that the service also worked in collaboration with the National Trust Forestry Commission. Every Wednesday, several people who used the service carried out conservation work in a local forest. Two people involved with this scheme told us, it was a great opportunity for them to be part of a team that was helping to protect the environment and this had helped them to learn and utilize new skills. One person said, "I would like to work for the Forestry Commission one day, it's really interesting and a good cause and I am planning to start level one training in how to use a chainsaw."

We saw staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as personal relationships, family, friends, community and other social links. We found people's cultural

Is the service responsive?

backgrounds and their faith and beliefs were respected. This meant people were supported to maintain relationships and make choices that mattered to them and stay in contact with their communities and culture.

The service had clear systems and processes that were applied consistently for referring people to external services. When people used or moved between different services this was properly planned. Where possible, people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as, moving into independent living schemes. We saw there were strategies in place to maintain continuity of care and support when this was planned. This enabled people to make decisions and choices and properly prepared for their own future before they moved back into the community.

We saw staff communicated with people effectively. One person told us, “The staff keep me informed and involve me in any decisions about my life here.” Care records contained clear guidance for staff on how to support people with their communication and to engage with activities such as healthcare appointments, college applications, letter writing, benefit claims and housing application forms. This meant people were supported to make day to day choices, planning for their future and those relating to their on-going care, treatment and support.

The regional manager told us that the service had forged excellent links with the local police. A senior police officer had recently joined a meeting with people who used the service and this had helped to allay some people’s fear of the police. For some people who used the service, they had also attended a Restorative Justice workshop that was delivered by the local police. One person told us, this had helped to restore their faith in the police. They said, “In the past, I had negative experiences with the police. Because of my addictions and mental condition, I have been arrested many times and locked up in a police cell, this was because they failed to recognise that I had issues and needed help.”

We saw staff interacted very positively with people in a friendly and supportive manner, addressing them by name and showing us they were fully aware of individual likes, dislikes and preferences. Staff were friendly and they had a positive and enabling approach towards people using the service. Staff continued to pleasantly chat with people, whilst supporting them. Staff were consistently smiling and they looked genuinely happy to be at work. When we spoke with people who used the service, they told us that the staff team were approachable, amenable and supportive. This meant people were supported by staff who were responsive to people’s care, treatment and support needs.

Staff said that communication was good within the service. They told us they had a communication book that was used during staff handovers. They said this ensured everyone was kept up to date with any persons changing needs.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals GPs, specialist mental health care staff and occupational therapists if they had concerns over people’s health care needs. Records showed that people had regular access to healthcare professionals and also attended regular appointments about their health needs.

There was a range of ways for people to feedback their experience of the care they received and raise any issues or concerns they may have. Concerns and complaints were always taken seriously, explored thoroughly and responded to in good time. The service used complaints and concerns as an opportunity for learning. One person who used the service said, “I always discuss any concerns that I have with the staff or one of the managers, they always get things sorted out quickly.” Another said, “Even small things that I have mentioned are dealt with by the managers.”

This indicated that there was an open and transparent culture within the service that people respected and trusted.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place that had been in post for many years. A registered manager is a person who has registered with CQC to manage the service.

We spoke with four members of staff and they told us they felt the management team listened to what they had to say. The deputy manager told us they had an 'open door' policy and we saw staff and people living in the home approaching the deputy manager throughout the day. We saw the deputy manager took the time to listen to what people had to say.

One member of staff told us, "The management are approachable and always fair to staff. I enjoy working here, it is a well-managed place." A person who used the service told us, "The registered manager is always happy to help. I would never have any concerns raising any issues with her, because I know that she will listen and do the right thing." This meant there was an open and transparent culture in the home.

We saw information about values in relation to dignity and independence were displayed in the home. We discussed the values with the deputy manager and staff and they had a good understanding of how they needed to put these values into practice. People commented positively on the way staff supported them with one saying, "I find the staff helpful." Another told us, "I am very well and I feel valued by the staff and the managers."

We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. We saw there had been one recent complaint made and there was evidence that the registered manager had investigated this appropriately with input from the local safeguarding team and police to reach a resolution with a neighbour who had expressed concerns about a person using the service.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered

manager's weekly report on the progress of the home. The regional manager told us that details of any incidents of behaviour which others may find challenging would also be sent to the clinical behaviour team who would visit the home and see if changes were needed to care plans or if staff needed further support with behaviour plans. Any increase in incidents or safeguarding would also trigger a visit from the regional manager. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from these.

We saw evidence that a monthly provider visit had taken place in the months prior to our visit and records were kept of these. The visits were carried out by the regional manager who assessed nutrition, care planning, incidents and accidents, staffing levels and training, the environment, complaints and also undertook observations of interactions between staff and people living in the home. This meant that the management team, staff and people who used the service were supported by the organisations external management team to maintain a safe environment, keep staff informed and people safe.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. For example, the service conducted an annual client satisfaction survey to support people living in the home and their significant others in having a say about the quality of the service provided. Overall we saw the results had been positive.

We found staff at the home worked in co-operation with a number of different partners to protect and promote the health, welfare and safety of people who used the service. We spoke with a care manager who had placed a person at The Croft, they said, "This had been a very good placement, after trying other services in the past, this is the only one that had proved to be successful and one that had sustained positive outcomes for this person. So much so, they are now being considered for supported living in the new scheme that is planned. My only regret is the borough I work in does not have a similar forensic service that can emulate the good work carried out at the Croft."