

Heritage Care Limited

The Croft

Inspection report

The Penningtons
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27 November 2017

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Ratings

Overall rating for this service	Requires Improvement ●
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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?	Good ●

Summary of findings

Overall summary

The Croft is a residential care home situated in Amersham, Buckinghamshire. The service provides accommodation and personal care for up to 60 people. The service does not provide nursing care. At the time of our inspection there were 49 people using the service. The home is divided into four units each with its own lounge and dining area.

There was a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on 23 and 27 November 2017 and was unannounced. Our previous inspection carried out in October 2016 found a breach of the Health and Social Care Act 2008. The provider was now compliant with the regulation.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service accommodates people across four separate units, each of which have separate adapted facilities. Two of the units specialises in providing care to people living with dementia.

We could see improvements had been made since our last inspection in relation to the atmosphere, culture and staff support. Staff told us they felt supported by senior staff. Comments we received included, "Managers are amazing, and support is phenomenal." "Very supported." "Happy and supported." "I love it here, it's so much better now." They went on to say how much the service had improved since the new registered manager took over. Another member of staff said, "The management are good, [registered manager] is the best I've seen."

The atmosphere was calm and pleasant we observed good interaction between staff and people living at The Croft. People were treated with dignity and respect. Staff knocked on doors before entering. One person told us how friendly and polite the staff were and that they always knocked on the door before entering. They went on to say they would recommend the service to a friend.

At this inspection we found staff received training in safeguarding people from abuse and neglect and demonstrated good knowledge of what to do if they suspected someone had been inappropriately treated. The provider had reported instances where this had occurred to the Local Safeguarding Authority.

Personal Emergency Evacuation Plans (PEEPs) were in place in the event of a fire.

Where people were required to have their fluids monitored this was not always recorded. We saw poor recording of people's fluid intake. The registered manager acknowledged this was an area for improvement and we were aware they were looking at implementing a more robust way of recording people's fluid intake.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). People had their capacity assessed when required and consent was obtained in line with legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems were in place to support this.

Where reviews of care were carried out, there were no records to show involvement with people or their families. However, we were told this was being implemented at the service and at the time of our inspection a review meeting with a person and their family was taking place.

Staff people and their relatives told us the service was well managed. Quality assurance systems were in place to monitor the quality of the service.

We have made a recommendation in relation to the management of medicines.

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 ●

We found the service was not always safe.

Medicines were not always available for people.

Risk assessments did not always identify the risks posed to people.

Sufficient staff were available to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Fluid charts were not always accurately recorded or analysed.
People were not protected from the risk of dehydration.

Staff did not always have regular supervisions to ensure they had adequate support and guidance to perform their role competently.

People were supported to have access to health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind and caring.

People's dignity and privacy was respected.

Staff had developed positive relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People received care that was individualised.

Activities took place to offer people social interaction

People were listened to and complaints were responded to in a timely manner

People's dignity and privacy was respected.

Staff had developed positive relationships with people.

Is the service well-led?

Good ●

The service was well led.

There was a clear workplace culture. Staff told us they felt supported and could always speak to management.

Staff had involvement in the running of the service.

The provider had notified us about incidents that had occurred at the service.

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

This inspection took place on 23 and 27 November 2017 and was unannounced. The inspection was carried out on the first day by two adult social care inspectors and two experts by experience and by one inspector on the second day.

An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with 12 people who used the service, two relatives, the regional manager, the registered manager, the deputy manager and eight members of the care team. We contacted the local authority prior to our inspection and spoke with a visiting GP during our visit. We also spoke with the local fire officer following our inspection.

We looked at six care plans, these included risk assessments and daily monitoring records. We also looked at records associated with the management of the service, including quality audits. We observed medicine administration on two units and checked records and stock relating to the management of medicines.

We looked throughout the premises and observed care practice and people's interactions with staff during the inspection.



Our findings

During our previous inspection we found the provider was not meeting regulations by not having sufficient stock of medicines. We found during this inspection the provider had made improvements in this area. We found that procedures in relation to medicine management had been greatly improved and regular audits were taking place. We did find that two people did not have their medicine due to insufficient stock. One person did not receive analgesia and medicine for their diabetes on 10/11/17. A second person did not receive their analgesia also on 10/11/17. We discussed this with the registered manager who agreed to look into the issues we had found. However, these were isolated incidents and we could see the correct action was taken to obtain these medicines from the pharmacy. Staff were trained in the safe handling of medicines and were competency assessed to support in the role.

We recommend the service seeks an auditing tool endorsed by a nationally recognised source such as the National Institute for Health and Care Excellence (NICE) to ensure the effective management of medicines.

We checked the stock of controlled drugs and regular medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. We found correct recording and stock levels at the time of our inspection. Variable doses of medicines were recorded and there was no one receiving covert medicines.

People told us they felt safe living at The Croft. One person told us, "There's no reason why I shouldn't be safe [living here]." One relative we spoke with told us their relative was, "As safe as could be." Another commented, "I can tell you our [mum] is safe and she feels safe. Staff had received training in safeguarding of adults. We saw that safeguarding information was displayed throughout the building to ensure people, relatives and visitors could raise issues outside the service if they wished. Staff told us they would not hesitate to report any concerns.

Risk assessments were in place for people to ensure their safety. For example, moving and handling, challenging behaviour and where people had an identified risk such as diabetes. However, we noted that one person who smoked in their room did not have a detailed risk assessment in place. The risk assessment made reference to the person smoking in their room and that staff should encourage the person to smoke in the garden. However, it did not highlight how the smoking risk was managed. We contacted the local fire authority to relay our concerns following our inspection. Since our inspection we were informed that the Fire officer had visited the service and was satisfied with the measures the service had put in place since our inspection.

Personal Emergency Evacuation Plans (PEEPs) were in place in the event of an emergency. The aim of a PEEP is to provide people with any form of a disability, who cannot be adequately protected by the standard fire safety provisions within premises, with a similar level of safety from the effects of fire as all other occupants.

Safe recruitment procedures were followed to ensure people were supported by staff with the appropriate experience and character. Recruitment files showed relevant checks were completed prior to staff being appointed positions with the service.

Sufficient staff were available to meet people's needs. We observed staff had time to attend to people's needs without rushing them. We observed that call bells were answered in a timely manner. We saw that three members of staff were on two units where people required more support and two members of staff on the other two units where people were more independent.

Infection control measures were in place at the service we saw that the service was cleaned to high standards. We spoke with the domestic member of staff and asked to see the cleaning schedule. We saw this was completed to show areas that had been cleaned and those requiring cleaning. We saw health and safety checks had been completed to ensure people were protected. These included fire drills, legionella testing, and passenger lift service checks.

Accidents and incidents were documented and any trends monitored. For example, we saw that one person had been having frequent falls and the person had been monitored and reviewed to explore the reason for the falls. This demonstrated that systems were in place to learn from accidents and incidents.



Our findings

People received an assessment prior to being accepted by the service including a review of any social service assessments; this ensured the service could meet people's needs effectively before they moved into the service.

People received effective care because staff received training to carry out their role. Staff told us the training was good. One member of staff told us, "We have mainly e learning and have to shadow experienced members of staff when we first start." Staff completed mandatory training and updates, including safeguarding, moving and handling, fire safety and infection control. Some training such as moving and handling was delivered practically. One member of staff commented that they had completed dementia training. They told us there was, "A good induction programme here". Another member of staff said, "We are kept very up to date on training." They told us they had completed end of life training at a hospice recently. We spoke with the housekeeper who told us their training in control of substances hazardous to health (COSHH) was up to date. They confirmed they also completed training in dementia care. The training matrix we saw confirmed this.

We asked staff if they had regular supervisions. They told us it was not always regular but they felt supported and could always speak to the management team if they wanted to. We saw the supervision matrix which confirmed supervisions did take place but were not always regular. The providers' policy was to have supervisions ideally on a monthly basis with the minimum supervisions in one year not less than six. We saw that only one member of staff had received six supervisions in one year. We discussed this with the registered manager and they told us they were aware supervisions were not always regular but it was something that they were addressing.

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA). Staff we spoke with showed some understanding of this legislation. One member of staff told us they were familiar with the presumption of capacity, a key principle of the MCA. They told us that, "I'm still learning." Senior staff we spoke with were aware of the Deprivation of Liberty Safeguards (DoLS) accompanying the MCA.

The Mental Capacity Act 2005 (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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw applications had been made for standard DoLS authorisations as a requirement of the MCA.

People with a DoLS application in place, had a mental capacity assessment within the service prior to the application. We saw a MCA for one person on the specific decision 'Receiving care and support from staff over a twenty four hour period. (Person) will be at risk of neglect if not assisted daily with care and support including food and fluids'. The assessment provided some detail on the four questions above and concluded that the person lacked the capacity to make this decision.

We received mainly positive comments about the food. Comments included, "I eat everything I'm given I'm not fussy" "I don't think [the food]'s bad at all. A lot of them grumble, but I wouldn't at all. You get quite good food choices" "The food is edible. Not fantastic, but it's not bad. I think they give you a choice sometimes I don't remember too much". One relative told us, "I think the meals are good, and it's fresh. We look at the menu; there's quite a bit of varied food."

When we reviewed care plans, we saw that people had a nutrition and hydration care plan. Some people were on fluid charts due to their condition or because the GP had requested this. We looked at two people who were on fluid charts. Staff did not always document what intake of fluids the person had. For example, one person had been requested to have their fluids monitored by the GP as they had fluid retention and had been prescribed medicine to reduce this. We saw records recorded that the person had 201 millilitres of fluid in one day and 480 millilitres on another day. We saw several other entries of insufficient fluids recorded. This put the person at risk of having insufficient fluids and the GP not being able to monitor the effectiveness of the medicine in reducing fluid retention. The British Dietetic Association (BDA) guidelines state that over a 24 hour period the recommended intake for adults including the elderly should range from 1600-2000mls.

Another person had a fluid chart and a urine output chart as they had a catheter in situ. We saw poor recording of the person's intake and output. For example, we saw staff had recorded the person had had a total of 42 millilitres of fluid in one day, other entries, when recorded, were also insufficient. The recording of the person's output was also poorly recorded, some days the output was documented as 60 millilitres and staff reported the person's urine was dark. We discussed this with staff and the registered manager. The registered manager told us they will discuss the importance of accurate recording with staff for people who require their fluids to be monitored.

The registered manager acknowledged improvements were needed to ensure accurate recording of people's fluids when required. We were aware a more robust method of recording was being looked into.

We saw the premises had recently been decorated. People were able to spend quite time alone in lounges or their room. Signs within the building promoted people's independence. People's names were displayed on their doors with memorabilia to assist them in locating their room.

We found various professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Healthcare professionals visited the service including GPs, District Nurses, Chiropodists and Opticians. A hairdresser visited the service weekly and had a dedicated hairdressing room.

People with specific health needs had regular input from the community nurse. For example, we saw that

one person was diabetic and required regular insulin and monitoring of their blood glucose to ensure their diabetes was managed effectively. This was carried out by the community nurse. The person's care plan made reference to what to do if staff felt the person was unwell due to their condition. We spoke with staff who could tell us the signs to look out for if the person's diabetes became unstable.



Our findings

We received positive comments from people and their relatives regarding the caring nature of the service. Comments from one family were, "I think it's alright. Whenever I come in they always treat [family member] kindly. If they have a fall they let us know." Comments we received from people we spoke with were, "They are looking after me very, very well. There is nothing I could want other than what I get here." The person told us they chose what time they get up and go to bed. "I go to bed fairly early and usually I'm up in the morning early." Another person commented, "Everything is alright as far as I am concerned. I am more than satisfied. Whatever you ask them to do, they do their best to do it or get it done for you. The staff are very polite...I can have a shower whenever I want; I have got one in my bathroom here." We asked other people about the choice they have when they have a bath or shower. One person told us, "There isn't a rota. It's just if the girls can fit you in. They offered me Sunday night and that suits me. [Name of carer] is very very good. I am sure she would arrange a bath another time if I wanted."

Staff told us they understood the needs of the people they supported and could access information by looking at people's care plans. Staff were able to clearly describe to us the needs of people and their routines. For example, we saw that one person remained in their room throughout our visit. We asked staff why this was and they could explain to us the person's preferences, which was they preferred their own company. This correlated with the person's care plan.

The atmosphere was calm and pleasant we observed good interaction between staff and people living at The Croft. People were treated with dignity and respect. Staff knocked on doors before entering. One person told us how friendly and polite the staff were and that they always knocked on the door before entering. They went on to say they would recommend the service to a friend.

People were able to personalise their rooms as they wished. We saw rooms with pictures and ornaments which people had brought in when they first joined the service.

We spoke with a visiting GP they told us the service was good and they had no concerns. "They are very caring and appropriate in what they do." The GP had been visiting the service for 35 years.

We looked at whether people and their relatives were involved in the care planning process. From the care plans we viewed we saw little involvement of people or their families in decisions about their care. When we spoke with relatives and people they confirmed they had not been involved in reviewing their care plan. One relative told us they had never seen their family members care plan. We discussed this with the registered

manager and they told us this is something the service was addressing. During the second day of our visit we saw that one family was attending a review in relation to their family members care and support needs. Care plans were reviewed by staff monthly or as needs changed.

Information about people was treated confidentially that complied with the Data Protection Act. Information about people was in an electronic format which required a password to access. Other documentation was kept in a locked office.

Relatives and friends were able to visit any time of the day. Relatives told us they were made to feel welcome. They told us, "They always offer us tea."



Our findings

People were assessed prior to admission to ensure the service could meet the person's needs. This meant that specific information was captured to enable staff to understand the person's requirements before the person moved into the service. Care plans we viewed reflected people's personal history, individual preferences and were understood by staff to enable people to have as much choice and control as possible. For example, we saw one care plan documented that '[person] likes to get up at 07.30 and have a shower and would prefer a female carer to support with personal care.'

We saw that some people had an advanced care plans in place. This determined the person's wishes in the event of a cardiac arrest. We saw specific details such as, 'I would like to be treated at home for infections, and if my condition deteriorates I would like to go to hospital for treatment. I would like to remain at home if I was nearing the end of my life.' One person was receiving palliative care at the time of our inspection. We saw relevant documentation in place relating to the support the person required. The GP was reviewing the person at the time of our visit and they told us they were more than happy with the staff attending to the person. We saw a request had been made to the palliative nursing team to support the service during the person's end stage of life.

People had a range of activities they could be involved in. We saw activities taking place during our inspection. Activities included reminiscence, bingo, Alfie the dog, poetry, reading, sing along and dancing. One person told us, "Every Thursday is hair wash day so I go down to the hairdressers. Sometimes the TV irritates me, but I put up with it. There is a nice garden which nobody ever uses. Occasionally they have a tea party [in the garden], about three times a year."

Another person told us, "I go in [the dining room] and do things; drawing and playing games... They organise trips out on a bus but only occasionally...I go [out] to a club every Friday." The person went on to say the activity coordinator goes round saying hello to everyone and that nobody is left out. The service was members of the National Activity Providers Association (NAPA). NAPA equips staff with the skills to enable people to engage in meaningful activities.

One person told us they chose not to join in with any activities as their relatives come and take them out. We observed one person playing cards with a student from the local college. We spoke with a member of staff who was inviting people to make snowmen out of marshmallows. They told us, "To me it helps, otherwise people just sit there and this way we can engage with them. It's up to all of us [the staff]. We have a Christmas Choir practice this evening... We had a stall in the town to raise money [for activities]. We spoke with a visitor from a Carers Trust who told us the Trust had five people at the service whose relatives arrange

for them to carry out social visits. "We take people out into the community; into town for coffee or whatever they want...Each time I have been here I have found it very welcoming and great."

The service ensured people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We found people's support plans identified ways in which staff could effectively communicate with people whose communication was limited.

The service identified the support needs of people with communication difficulties and sensory loss. For example, we saw that one person had sight impairment. Staff we spoke with were able to explain the person's preferences in relation to their care and support needs. We saw the person's care plan made reference to the layout of the person's room and to keep things in the same place to avoid the person becoming disorientated. Interactions between staff and people demonstrated staff were able to identify what people wanted who were unable to communicate effectively.

Complaints were taken seriously and used as an opportunity to improve the service. Most people told us they knew how to make a complaint. "I would talk to a carer [if I had a concern] but there's nothing wrong." One relative we spoke with told us, "I don't have any complaints, but I know the office would discuss it with me in a positive way." Information on how to make a complaint was displayed on the notice board in the reception area. Information on how to make a complaint was given to people and their families when they first joined the service. Investigations were carried out by senior staff and outcomes and actions that will be taken reported back to the complainant. We saw that complaints made had been resolved under the services formal complaints procedure. There were no identifiable themes from the complaints. Each one was acted upon and actions taken. For example, the service received a complaint about the hairdressing room and in light of the complaint the room was refurbished.



Our findings

The provider is required to have a registered manager as part of their conditions of registration. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, there was a manager registered with us.

We could see improvements had been made since our last inspection in relation to the atmosphere, culture and staff support.

Staff told us they felt supported by senior staff. Comments we received included, "Managers are amazing, and support is phenomenal." "Very supported." "Happy and supported." "I love it here, it's so much better now." They went on to say how much the service had improved since the new registered manager took over. Another member of staff said, "The management are good, [registered manager] is the best I've seen."

The registered manager was a positive role model, we observed them to be accessible to people and staff in the service. During both days of our inspection the registered manager visited all the units periodically throughout the day. People told us they had often seen the new manager. Relatives said they had also seen the new manager during their visits to their relative. The service had an open door policy where relatives' staff and people living at the service can 'drop in' to the office to discuss anything.

The service had a positive culture that was person centred open inclusive and empowering. It had a good understanding of equality diversity and human rights and put these into practice. For example, we saw that care plans were developed to reflect the likes, dislikes, personal history and beliefs of individuals. Staff were committed to implementing these values as fully as possible when delivering care and support.

People and those important to them had opportunities to feedback their views about the service and quality of the service they received. We saw the results from the services survey as at December 2016. We saw 29 responses had been received out of 60 questionnaires sent out. The majority of people said the care was good. The service produced newsletters giving information about the activities visits outings and other events that the service was involved in.

People and staff had confidence the registered manager would listen to their concerns and would be

received openly and dealt with appropriately. People benefited from staff who understood and were confident about using the whistleblowing procedure.

We saw that meetings with staff took place where a range of topics were discussed. We saw that a leadership and management programme was established for new senior team members. This was to ensure that staff were confident and competent in leading their teams and the shift whilst on duty. Opportunities were given each month for staff to feedback concerns which was shared at senior meetings. This enabled staff to influence change and improvements at the service.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. Internal audits were completed as part of the services quality assurance programme. These included care plan audits, health and safety audits and medicines audits. Although we found some shortfalls in relation to managing medicines we were confident the registered manager will address this. Records were maintained and were easily accessible during our visit. The registered manager was able to access records and documents we requested on both days of our inspection. Documents we requested following our visit were sent in a timely manner.

The service had good community links we saw that students from local colleges' completed placements at the service. We saw one student during our visit assisting staff with giving out lunch time meals. They told us, "This is really great I am enjoying the placement." The service had links with the local church that came in to conduct The Croft Choir. Fund raising activities were planned for a stall at the turning on of the Christmas lights in the local town centre. People were engaged in making craft items to sell at the stall.

The provider has a legal duty to inform the CQC about certain changes or events that occur at the service. We saw that statutory notifications had been sent to us as required by the relevant regulations.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying out a regulated activity. The management was familiar with the requirements of the duty of candour process.