

# Heritage Care 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 ●

# Summary of findings

## Overall summary

### About the service:

The Croft is a residential service that provides care for up to 60 people. At the time of our inspection there were 43 people using the service. The service provided accommodation and personal or nursing care to older adults, in particular those with dementia. People lived in their own bedrooms. Rooms had ensuite bathroom facilities. There were also communal bathroom facilities, lounges and dining rooms.

### People's experience of using this service:

People's experience of using the service was positive. People told us, "Yes I am being looked after here and yes of course I am safe", "All the staff are very nice to me" and "Everyone should live here." People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe. People's risks were assessed and measures put in place to reduce the risks. Staff received supervision and training, which provided them with the knowledge and skills to perform the roles they were employed to do.

Care was person-centred and focused on people living with dementia to ensure they lived rewarding lives. The care was designed to ensure people's independence was encouraged and maintained. The management team had embraced continuous learning, and new ways of working. There was workplace culture that was open and honest, staff we spoke with provided positive feedback about the management team. The staff were committed to ensuring improvements continued to ensure the best care for people who lived at The Croft.

### Rating at last inspection:

At our last inspection the service was rated Requires improvement and the report was published on (27 January 2018).

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. We inspect services rated 'requires improvement' within one year of our previously published inspection report. We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led  
Details are in our Well-Led findings below.

# The Croft

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

Our inspection was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge about the support of older adults within residential care settings.

Service and service type:

The Croft is a care home. 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 had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided.

Notice of inspection:

Our inspection was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. This is a form that asks the

provider to give some key information about the service, what it does well and any improvements they could make. We reviewed notifications and any other information we had received since our last inspection. A notification is information about important events which the service is required to tell us by law. In addition, we requested feedback from the local authority commissioning with experience of the service.

We spoke with the registered manager, the deputy manager, the activity coordinator, six members of the care team and a visiting GP. In addition, we were able to speak with nine people who used the service and two relatives. We reviewed five care records and observational charts and each person's medicine chart. We reviewed records relating to quality assurance and other documentation relating to the way the service was run.

We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at The Croft. Comments included, "Yes I am being looked after here and yes of course I am safe", "All the staff are very nice to me."
- Staff we spoke with told us they had received training in safeguarding adults.
- All staff we spoke with demonstrated a good understanding of what to do to make sure people were protected from harm or abuse. They told us they were aware of the whistle blowing process and who to contact if they had concerns about people's care or safety.
- The registered manager made referrals to the local authority safeguarding team. The service notified us, as required by law, when there were safeguarding incidents.

- Assessing risk, safety monitoring and management
- Staff showed us they were aware of how to safely and effectively respond to emergencies.
- Staff we spoke with understood the individualised support required to reduce the risk of avoidable harm and demonstrated a desire to use the minimum interventions or restrictions possible to ensure people's safety.
- We saw risk assessments for environmental, personal and interpersonal risks had been undertaken, were updated and fed into care plans.
- We saw good examples of assessments addressing 'behaviours that challenge'.
- Where people experienced periods of distress or difficulties relating to a mental health problem, staff showed us they knew how to respond effectively.
- They understood and respected people's preferences, which approaches worked to enable the person to relax or to feel better in mood, and when to refer to or discuss with external professionals.
- Premises and equipment were properly maintained. Risks from the premises were assessed. People had an evacuation plan in place for emergencies such as fire.
- We found the fire risk assessment, Legionella risk assessment and lifting equipment checks were satisfactorily completed.

Staffing and recruitment

- Staff told us they felt there was usually enough time available to carry out planned and reactive support for each person, so that people received unhurried support in line with their agreed care plans.
- One relative told us more staff were sometimes required as they felt staff could seem rushed but this did not directly impact on care people received: "People never have to wait too long."
- We saw throughout our inspection that staff were able to spend quality time with people and call bells were answered promptly.
- The provider had systems in place to assess the suitability and character of staff before they commenced

employment. We looked at recruitment files and found relevant documentation was in place which included Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- Medicines were safely managed by the service. Medicines were safely stored away and at the right temperatures. Some people were prescribed controlled medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs.
- We saw correct documentation of the administration and destruction of these medicines which included, weekly counts by two members of staff and monthly audits by the registered manager. There were protocols in place for 'as required' medicines. For example, there were instructions in place for medicines such as paracetamol.
- Staff counted the supplies of the medicines and ensured they were not ordering too much from the pharmacy. Controlled drugs were appropriately managed.
- Medicines incidents were reported by staff when needed. These were investigated by the registered manager and records were made detailing the circumstances of the error and lessons learnt.

#### Preventing and controlling infection

- Staff we spoke with told us they had completed infection control training and used protective equipment (PPE) such as disposable gloves and aprons when supporting people with personal care.
- There was satisfactory access to hand washing points throughout the buildings.
- There were also reminder signs for hand washing in critical areas such as bathrooms, kitchens and toilets. Alcohol based hand gel was also available in wall-mounted dispensers where needed.
- We observed a member of staff carrying out cleaning duties on both days of our inspection.

#### Learning lessons when things go wrong

- Staff reported incidents and accidents via an electronic system. Staff were vigilant to reporting unexpected events in relation to people's care. These included falls, skin tears or bruises.
- The registered manager completed "lessons learnt" records when things went wrong, which included outcomes from the incidents and what actions were taken to prevent the likelihood of them happening again.
- This included formal investigations and disciplinary processes, in consultation with human resources.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff and relatives told us they had contributed to assessments of people's needs which we saw were comprehensive, detailed, identified expected outcomes and were regularly reviewed.
- Care plans we saw were detailed and thorough. Staff reviewed care plans on a regular basis and when needs changed.
- We saw areas of risk and safety such as mobility, communication difficulties, eating and drinking, skin care and environmental hazards had been assessed and plans made to ensure people were safe and had as much freedom as possible.
- We saw the Malnutrition Universal Screening Tool (MUST) was used to assess risk of malnutrition • At the time of our visit there was no one who had been assessed as being at risk of malnutrition. We saw that people were weighed monthly as a matter of course.
- If staff noticed a decline in anyone's weight, action was taken. For example, food monitoring and offering high calorie foods. If this did not improve the person's weight, then a referral to the relevant healthcare professional would be actioned.

Staff support: induction, training, skills and experience

- Staff were trained and supported to carry out their role effectively. Staff completed induction training and the Care Certificate.
- The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe and compassionate care.
- Staff told us the training was good and enabled them to carry out their role effectively.
- One agency worker told us, "They treat me the same, I attend the training here. We (agency staff) are part of the team. I never think of going anywhere else. There are no loop holes here and we don't lack anything."



- Staff received regular supervisions to monitor their performance in their role. Staff told us they found supervisions were helpful and this was a good opportunity to raise any training needs.
- Records we viewed confirmed staff received regular supervisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good. Comments were, "The food here is fantastic, absolutely superb", "They give me everything I need" and "They give us choice."
- We saw a comment left after a person received respite care, "I came for two weeks respite when my daughter went on holiday. The food was out of this world. My room was lovely and the staff were fantastic and I wanted for nothing."
- We saw that lunch time was calm and unhurried. People could go at their own pace and staff supported people when required.
- People could have their meal in their room if they chose. We saw that one person had their fluid intake recorded, however, this did not always confirm what the person had consumed. This was addressed by senior staff promptly when we pointed this out.

Staff working with other agencies to provide consistent, effective, timely care

- We saw the service involved a range of professionals when required to support people with their needs.
- We spoke with a visiting GP who told us, "There have been changes in the last year which are very positive." The GP went on to say, "It's a wonderful place."
- Local stakeholders told us the service was doing a good job and that they had no concerns.

Adapting service, design, decoration to meet people's needs.

- The service was purpose built comprising of 60 rooms with ensuite facilities.
- There were four units, each with a lounge, dining room and kitchenette.
- The Croft is a two-storey building with two lifts. There was disabled access to the premises via a ramp and mobility access inside and outside the service.
- Corridors and door entries were wide, to allow access for hoists, walking equipment and wheelchairs.
- Gardens were well attended to and were used for events in the warmer weather. We saw people's rooms had been decorated and arranged in ways that respected people's preferences.

Supporting people to live healthier lives, access healthcare services and support

- A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment.
- We saw people were supported to attend appointments when required.
- Where people required support from healthcare professionals, we saw this was promptly arranged and staff followed guidance provided by the professionals.
- Audiology, podiatry and ophthalmology professionals visited the service when required

Ensuring consent to care and treatment in line with law and guidance

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 interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were completed when there were concerns relating to a person's capacity to make important decisions for themselves.
- Where people could not make their own decisions, a best interest decision process was used and appropriate documentation completed.
- Staff gave us examples of ensuring people were involved in decisions about their care.
- Records showed us staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity.
- Where applications had been made, the application, and follow up could be seen with a related risk assessment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff spoke about people with kindness and compassion.
- One relative told us, "It's amazing here-nothing's too much trouble." Another relative gave us an example of staff going out of their way to meet their relative's needs.
- People commented, "Staff are very friendly and helpful" and "Yes they are respectful to me." Staff we spoke with knew people's preferences. For example, favourite television show, ways of being addressed, amount of socialising and activity.
- Staff used this knowledge to support people in their preferred way.
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation.
- Staff were aware of people's needs, including those related to protected equality characteristics such as age, disability, race and gender.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they supported people to make decisions about their care and demonstrated what to do if people needed help and support from their relatives.
- We saw that regular reviews were held with people and their families to discuss any additions or changes to people's support needs.
- Relatives told us staff always made contact promptly if there were any changes or concerns about people's care.
- One family commented, "The Croft were excellent at keeping us updated about [our relative] and we were pleased with the care they received.
- Technology was used to provide the best possible care for people; this included video links to enable people to keep in touch with significant others in their life.
- We spoke with one person who told us they were able to keep in contact with their family member who lived abroad. The person told us "It's like a lifeline to me."

Respecting and promoting people's privacy, dignity and independence

- We observed good relationships between people and staff.
- Staff were able to explain how they maintained people's dignity whilst delivering personal care.

- We saw that staff knocked on people's doors and waited for a response before entering.
- Staff we spoke with showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were given choice and control in their day to day lives. Staff enabled people to spend time as they chose and where they wanted.
- The service promoted equality, diversity and human rights. This included with staff members. We saw evidence of this during our inspection.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice

- People's individual needs were assessed before they came to live at The Croft. The assessment reflected people's mental, physical, emotional and social needs. This included their individual preferences to enable people to have as much choice and control as possible.

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to ensure that people received information in the way they could understand.

- For example, we saw notices were displayed throughout the service which enabled people to have access to information such as community events recent meetings and activities taking place. We saw these were in a format people could read and understand with ease.

- Records demonstrated that the service identified and recorded communication impairments, and information was provided to people in a way they could understand it.

- This included use of pictures and symbols as alternative formats of communication. Care plans documented what communication aids people required such as glasses and hearing aids.

- The service enabled people to take part in activities and we saw activities taking place on both days of our inspection. We received mixed views about the activities on offer. Some people said, "It was only a 'clicky few'" that were involved in activities and "It is not that good." We discussed activities with the registered manager who told us they were 'working on it'.

Improving care quality in response to complaints or concerns

- Staff knew how to provide feedback to the management team about their experiences and told us they would not hesitate to do so if required. They told us they would be listened to and the information would be responded to in an open and transparent way by the registered manager who would use complaints or concerns as an opportunity to improve the service.

- People told us they knew how to make a complaint, but "Would speak to the manager." We saw a complaints policy on display in the main reception area. A complaints management system was in place. We saw one complaint this year which was dealt with according to the providers policy.

End of life care and support

- We saw advanced care plans which had been agreed after discussions with people and their relatives. The records were detailed and took people's preferences into account. Staff understood people's needs and were aware of good practice guidance in end of life care and respected people's religious beliefs. The service had supported a person at the end of their life prior to our inspection.

- The registered manager told us everything went to plan and the person passed away with dignity. We saw a comment from a family following the passing of their relative. "Thank you so much; it was lovely seeing [member of staff] at dad's funeral. Dad thought a lot of [member of staff]. Thank you all for making his short time with you so happy."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff we spoke with were able to relate to the service's core values and objectives.
- They told us they felt listened to and supported by the registered manager who "always knows what's going on" and they "listen to us" and "encourage us to talk about things openly."
- Staff and relatives told us the registered manager and senior care staff were visible and approachable, positively encouraging feedback and acting on it to help try to continuously improve the service.
- We saw evidence of this throughout our two-day inspection visit. For example, one person we spoke with was unable to connect to the internet. We told the registered manager about this and they (registered manager) contacted the service's IT department and the problem was rectified within a short space of time.
- One member of staff told us, "I love it here, it is more open now. If you have a problem [registered manager] encourages you to talk. We have a member of staff who is a counsellor we; can request to speak with them at any time."
- Another member of staff told us, "The [registered manager] is an exceptional manager. They offer 'bite size' training and encourage us to grow. The motto here is 'we want skilled staff' to provide the best care possible."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff told us managers involved them in the service in a meaningful way, communicating clearly and frequently.
- Staff told us meetings with senior staff were helpful in exchanging information and discussing care issues.
- The registered manager told us, "I lead by example, I would not ask any of the staff to do something I would not do myself."
- Quality and governance checks was used to drive improvements which meant the service could make changes to any areas that required improvement.
- Quality audits were completed with actions and outcomes.
- Regular internal audits were part of the service's quality assurance programme. This included audits of care plans, medication, health and safety, infection control, catering and housekeeping.
- In addition, a medication audit and a full audit were undertaken annually by a manager from outside of the region annually.
- The service had an open-door policy. Staff were encouraged to raise any concerns they may have and were given a copy of the service's whistleblowing policy which they receive when they commenced employment with the service.

- Notifications were made to CQC within the required timescales.
- Any safeguarding concerns were reported to the local safeguarding team; accidents or incidents were reported using internal systems.
- Information on complaints and safeguarding was provided to the Board and the Quality Committee which were monitored to look at themes, trends and learning and any changes in practice or policy that were required across the organisation.
- We saw that 'lounge meetings' were held on a regular basis where any issues could be identified and communicated effectively to the team.
- In addition, a communication book was kept in each lounge where staff could add any additional information. The communication book was kept securely to ensure information was protected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service continually engaged with people, staff and the public. Residents' and relatives' meetings were held to enable people to feel part of the service and raise issues concerns or share new ideas.
- The registered manager told us meetings had not been happening as much as they would like recently. However, they planned to improve on this and would be sending out invitations to families soon.

Continuous learning and improving care

- The registered manager had developed a leadership mentoring programme for the senior team to reinforce person-centred vision and ensure the service's values were at the heart of the service provided.
- Quality reports and customer survey feedback were shared with the teams and they were encouraged to contribute to action plans.

Working in partnership with others

- The service developed links with local community groups to ensure continuity of care.
- These included the local day services, Opticians, GPs, Audiology, local colleges, schools, university, Palliative services, and Carers' Trust.
- The service had strong links with local churches and the local Lions club who provided worship within the home and activities for people such as monthly bingo.
- The service was supported by the local supermarket with donations of flowers.