

**Dignity in Care Enter & View visit to The Croft**

**Care Home Provider:**  
**Care Home Address:**  
**Date and Time of Visit:**  
**Authorised Representatives:**

**Heritage Care Limited**  
**The Penningtons, Chestnut Lane, Amersham, HP6 6EJ**  
**06.02.19 – 11 am**  
**Alison Holloway, Jenny Cassidy, Liz Baker, Susan de Kersaint-Seal**

**Summary of findings**



- Residents and relatives praised the care given by staff
- Some people wanted improvements to the food provided
- Residents were offered a reasonable choice of food, drink and what they would like to do

**The Visit**

On the date of our visit, The Croft was providing residential care for 45 older people, the majority of whom live with dementia. We spoke to 18 residents, 2 visitors and 4 members of staff and observed another 5 residents, 1 visitor and 5 staff across four units.

**How people are treated**



One relative told us, “We are completely satisfied with my mother’s care and dignity of care. The staff are excellent always willing to answer any questions we have and try to keep all entertained.” Another said, “I cannot praise the care she receives highly enough. (My mum) has always been treated with great dignity and respect ... Nothing is too much trouble.... I visit my mum nearly every day and I can honestly say I have never seen any resident treated with anything other than kindness and respect.” Residents told us “staff and residents treat each other right.” One said the manager had helped them get dressed that morning. Some staff had worked in the home a long time although there were a few agency staff; “staff change every day; there’s always new faces.” A resident said that night staff had improved. Residents told us that the manager was approachable and that things would change if they raised an issue. “I’m happy here.” “I’m well taken care of.” Staff carefully supported residents to eat their lunch although we did see one resident struggle to cut their lamb and so picked it up with their fingers. Elsewhere, a staff member did gently remind a resident to ask if they needed any help to cut food. Staff were heard to ask whether residents would like any more to eat, what they would like to drink and would they like any sauces. However, we heard no general conversation between staff and residents in any dining room where people ate in near silence. Staff were seen eating their lunch standing up in the kitchen rather than sitting down with residents at a table.

**Personal Choice**



People told us they could get up when they wanted, subject to help being available if they needed it. There was a choice of breakfast which could be eaten in a bedroom or in a dining room. The menu (also in pictorial format downstairs) showed a choice of roast lamb or prawn salad for lunch. Many residents said that the food was “variable”, “alright” and “not cooked very well”. “It depends on the

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chef.” There was a residents meeting about the food that afternoon and many we spoke to were attending; “I have a list of what I want.” During lunch on the first floor, we heard “what is it? It’s burnt” and “I do not like this”. Lactose/ gluten free options were advertised on the menus. Residents we saw, all had a range of drinks and all were within arm’s reach. One resident said they could make their own coffee and they always drank out of a favourite mug. We also saw a water dispenser in one dining room and fruit in bowl in a lounge; people could help themselves.

Some bedroom doors were open, and others closed. One said the manager had talked to night staff to ensure their door remained open as they wanted. We saw staff were comfortable with residents and would quickly respond to questions showing they knew the resident well. Activities took place in various lounges, but residents were encouraged to attend regardless of which unit they lived in.

**Just like Being at Home**



The home was relatively clean although maintenance work was underway. Men were replacing water pipes in the ceiling corridors, plasterboard in a bedroom upstairs and one of the kitchen areas still had missing tiles and areas of ceiling and wall following a leak in October. A relative told us “The Croft isn’t one of the most ‘up market’ care homes and they could do with a large injection of money to help make improvements to furnishing etc. However, what’s most important is that the residents are comfortable, well fed and well cared for. It is kept spotlessly clean and the laundry is regularly turned around.” We found communal areas were homely, corridors decorated with large maps and reminiscence materials and bedrooms personalised by residents and their families. In the dementia areas, there were memory boxes next to bedroom doors. There were also pictorial signs on toilet doors. Some lounges had a TV on whilst others didn’t. In one lounge the TV was left on over lunch when no one was there. In one lounge, a resident said there were only certain chairs from which you could see the TV; this was sometimes a problem. The manager said they moved chairs when a film is screened. One resident said they only went into the garden once last summer as there was no one to help them get there. Another said they had lunches and BBQs in the garden and could get themselves outside unaided.

**Privacy**



Residents said they felt most staff respected them. They said personal care was carried out in private. Most also said that staff knocked on doors before entering. However, one said “it depends on who’s knocking”. We saw occasional staff knock and enter without waiting for a resident to give permission to enter.

**Quality of Life**



A resident told us about playing snakes and ladders, the previous day, with children from the local nursery who visit weekly. We briefly met a social care student on work experience and the manager talked about young people from the local grammar schools who volunteer as part of their Duke of Edinburgh award and students from the University and local college on placement. Other regular visitors include a GP, hairdresser, optician and A PAT dog. Dial-a-Ride takes residents to coffee

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mornings at the local church. The latter also visits to give communion in the home. In one lounge, we saw the activity coordinator holding a discussion about Chinese New Year. A resident elsewhere told us they enjoyed these discussion groups. We saw residents doing a crossword on an iPad and another doing cross stitch and others asleep. One person said, "people sleep a lot". Another couple said there were not always enough activities. The activity schedule showed mainly arts and crafts or discussion groups. There were no physical activities. The manager said they were advertising for an additional part-time activity coordinator. A carer told us that it was all their jobs to do activities with residents. One resident said they would like to go out more. We were told about visits to the garden centre, to Tesco for a coffee and being pushed around the block in a wheelchair.

### Recommendations

#### We recommend that The Croft:

- improves the quality of the food being cooked
- continues to push the landlord of the property hard to complete outstanding maintenance work
- introduces regular chair-based activities to maintain / improve mobility
- continues to bring in community groups e.g. local scouts who may be interested in getting involved with the home as part of a Community Impact badge  
<https://www.alzheimers.org.uk/blog/how-scouts-are-uniting-against-dementia>
- encourages staff to chat with residents during mealtimes and sit and eat with them when time allows
- considers playing background music during mealtimes if the residents would like this
- arranges more trips out

### Service Provider Response

The Croft values the feed back from our residents and we have completed meetings and surveys to improve the quality of the catering. We have shared this with our service users and review monthly to ensure continuing quality. In response to resident concerns we have ordered better quality battered fish, fish cakes and fish fingers from our supplier, ordered new serving dishes (deeper) and vegetable strainers/serving ladles for all suites to ensure that vegetables are adequately drained and hot when served, ensure that plates are warmed prior to serving food, we have ordered more choice of fresh vegetables and fruits and we have introduced snack boxes for residents on all suites. All residents have the opportunity to speak with the catering team on a daily basis should they have any concerns about the quality of the food they are served.

We can report that the outstanding maintenance work is now almost complete, and we are back to our normal high standards of hygiene and infection control.

The Croft is currently working on improving activities in the home. We have now recruited another activities organiser and we are utilising a local dancercise instructor to visit twice a month and our activity organisers will be offering chair exercises, skittles and ball games weekly to the activity offer. We have entered into a pilot scheme with Amersham Museum where they will be conducting the 'Make your Own Memory Box' project in the home on a weekly basis for six weeks and organising visits to the Museum for our residents. We have students on placement doing BSc Social Work at BNU, Level 3 Health and Social Care at the local college and young people completing Duke of Edinburgh award volunteering from the local Grammar schools who all visit regularly. We are now



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working closely with Age UK and local community groups and the manager is applying for community grants to ensure we can offer more trips out.

We have spoken to staff to encourage them to chat with residents during mealtimes and sit and eat with them when time allows if the resident would like them to. We asked residents if they would like us to play background music during mealtimes and they stated they did not want this.

At the Croft we accept that we would like to be in a financial position to improve the décor.

However, we are a charity and work very hard on the culture, care and atmosphere of the home.

We have a good solid core of permanent staff and where we use agency staff we endeavour to use the same people regularly to avoid too many staff changes and new faces.

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### Acknowledgements

Healthwatch Bucks would like to thank The Croft residents, their visitors and staff for their contribution to the Enter and View visit as part of the Dignity in Care project.

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### Disclaimer

Please note that this report, on dignity in care, relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was seen and heard at the time.

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### Methodology

This was an unscheduled Enter and View visit in that the care home was given up to 2 weeks' notice of our intention to visit but not the time and date. Authorised representatives noted what they observed and were told.

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