

Hartwig Care Limited

Hartwig Care Ltd - 5 Ella Mews

Inspection report

5 Ella Mews
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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

Hartwig Care Limited is a domiciliary care agency based in Hampstead, North London. The agency provides personal care to people in their own homes. The people who used the service had a variety of care needs and included elderly and frail people, as well as those with learning disabilities. At the time of the inspection the agency provided care to almost 600 people across five London boroughs.

The provider was given 48 hours' notice because the location provides a domiciliary care service. At the last inspection on 27 February 2014 the provider met all of the requirements we looked at.

At the time of our inspection 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

Summary of findings

‘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.

From telephone discussions we had with people using the service and relatives we found that people were highly satisfied with the way the service worked with them. People were confident about contacting staff at the agency to discuss anything they wished to and people believed that care workers knew how to care for people.

The care plans we looked at showed that risks associated with the care to be delivered were identified and responded to. The agency had effective staff recruitment procedures in place which showed that diligent checks were undertaken to ensure that care staff were suitable to provide care. The service had access to the organisational policy and procedure for the protection of vulnerable adults from abuse. We asked staff about how they would recognise any potential signs of abuse. The care workers and other staff we spoke with told us that they received training about protecting adults from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this had happened.

We spoke with the registered manager, training manager and provider who explained the system used for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff and induction training was in line with the Skills for Care Common Induction standards. Staff supervision records showed that a system for consistent supervision for all staff was in place.

The agency had detailed policies, procedures and information in relation to the Mental Capacity Act 2005 (MCA). It should be noted that the agency does not have responsibility for making applications under this legislation; however, they have a responsibility for ensuring that any decision on the MCA 2005 were complied with. Care staff we spoke with demonstrated a good understanding of this area.

People we spoke with were very satisfied with the care provided by staff. This was the overwhelming feeling of the people we spoke with as they all echoed the same sentiments and said they or their relatives were treated as individuals and with dignity. The care plans we looked at drew attention to individual needs such as how people communicate, their cultural identity and first language. The care plan format contained a portrait of the person as part of the information available to care staff. This helped to provide information which assisted care staff to form a good rapport with the people they cared for.

We looked at the complaints record and found that when complaints had been made these had been responded to openly and the agency had taken the necessary steps to both resolve complaints and learn from them.

The care provided by staff was clearly set out in all the care plans that we looked at. This included information about people's preferences and individual needs. For example the times when carers were to visit people's homes to deliver care was stated along with the numbers of care staff required.

There was a clear management structure in place and staff were aware of their roles and responsibilities. From our discussion with the registered manager during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. Staff had specific roles and responsibilities for different areas and were required to report to the registered manager about the way the service was operating and any challenges or risks to effective operation that arose.

The registered manager told us that they sought people's views at least annually and we saw examples of feedback that had been obtained. This feedback was highly positive and showed that people felt they were listened to and their views about the quality of the service were respected.

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. Care workers we spoke with were able to demonstrate a good working knowledge about how to respond to concerns about abuse. The service recruited staff in a safe way.

Any risks associated with people's needs were assessed, updated at regular intervals and at times when changes to care needs were identified.

The service had access to the organisational policy and procedure for protection of people from abuse and acted on any concerns that arose.

Where the service assisted people to take their medicines we found that this was managed safely and staff had training in how to support people to do this.

Good



Is the service effective?

The service was effective. The service did well to respond to people's care and support needs and care plans accurately reflected the service that people were provided with. There was suitable information and awareness of care staff about the Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring. The overwhelming view from people using the service and their relatives was of a service that cared for people and respected their dignity and rights.

We saw a clear communication policy that included people's preferred methods of communication, which were documented, and the need for staff to always communicate with people effectively.

Good



Is the service responsive?

The service was responsive. The people who were using this service each had a care plan. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

Good



Is the service well-led?

The service well-led. There were clear and effective management structures in place and staff knew about their roles and responsibilities.

The service worked well in gathering and acting upon people's views about the quality of the service.

Good



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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.

The provider was given short notice of this inspection because the location provides a domiciliary care service. We carried out two visits to the service on 14 and 28 May 2015. This inspection was carried out by two inspectors who were supported by an expert by experience who made telephone calls to people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for children with physical and learning disabilities.

We looked at notifications that we had received and communications with people's relatives and other professionals. These included information from local authority safeguarding teams, other notifications and examples of how the service had responded to complaints.

During our inspection we spoke with nineteen people using the service, mostly their relatives, twelve care workers, three members of the agency office management team as well as the registered manager.

As part of this inspection we reviewed nine people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Is the service safe?

Our findings

All of the people we spoke with had positive comments about the service. People thought the service worked consistently well and they felt safe with their care workers.

The relatives and people cared for felt very safe. We were told, “the staff are well trained and have good backup support from the office should they come up against something unusual.” The staff that people contacted at the agency office were highly praised, we were told, “I am in regular contact with the managers at Hartwig, they are pro-active and always ring me up if there are any problems, and I do likewise. This service enables my (relative) to stay in their own home.”

A person whose relative suffered with dementia told us, “they go above and beyond to care for my (relative) and treat them with great dignity. I completely trust the management.”

We saw examples in care plans where risks had been identified and these were also worded as instructions for care. For example in one care plan it stated that the person may forget to take their medicine and was always to be asked if they had done so, in another it was clear that two care staff would be required to ensure the person was safely assisted to move. In all of the care plans we looked at we found that risks associated with the care to be delivered were described and went on to detail how to minimise these potential risks.

The service had access to the organisational policy and procedure for protection of people from abuse, which was included in the handbook given to each care worker. As the service provided care and support to people living in five boroughs in London we looked at whether the service knew

who to contact if concerns arose and found that they had the information to enable this to occur. We asked staff about how they would recognise any potential signs of abuse. The care workers and management staff we spoke with said that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose.

The service operated detailed recruitment procedures and we looked at four of these processes for recently recruited staff. We found that Disclosure and Barring Service (DBS) checks had been carried out, which included police criminal records checks. References were obtained and staff at the agency verified the validity of the references provided.

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, staffing shortfalls or other potential emergencies. We were told by staff that they operate a 24 hour on call service, the agency office itself being open from 7am to 10pm all year round, including public holidays. No one we spoke with who used the service told us of any difficulties with having the care staff that they or their relative needed.

The service was not responsible for obtaining medicines on behalf of anyone using the service.

The need for care workers to prompt or otherwise assist people the person to take their medicines was clearly set out within the care plans, which had been agreed with the person or their representative in question. The log books which recorded the care delivered showed that people who required prompting or other assistance to take their medicines had been assisted as required.

Is the service effective?

Our findings

People we spoke with felt that staff were suitably skilled to provide their care. One person told us they had been using Hartwig Care for 5-6 years and was very satisfied with them. They said, “the staff are excellent, on the whole very good time-keepers, there have been very few changes, I have a good relationship with the management who are very caring and they visit me at my home. My Care Plan is updated regularly and the staff manage meals for me and we chat about our families and even take me to the cinema in my wheelchair, to the park and even to a pub.” Another person told us, “the carers are well trained, they are always off at training courses. I am content and would certainly recommend them.”

A relative told us, “I’m impressed, they (Hartwig) are very good, the care workers strive to have a proper relationship with my (relative). They do some microwave cooking for her (which I buy) but are equally ready to go and get fish and chips if that’s what she fancies.”

We spoke with the training manager who explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff and induction training was in line with the Skills for Care Common Induction standards.

Staff training records showed that staff had received core training and updated training at periodic intervals. This meant that staff were supported to develop the skills and knowledge required to provide the most appropriate care for people. We looked at the training records of ten care workers. We saw that in all cases, mandatory training had been undertaken. The staff training records also listed the dates by which refresher training had to be undertaken and this supported the provider’s aim to ensure that people were only supported by staff with the necessary skills. Staff told us that they felt that training opportunities

provided them with the knowledge they needed to provide care and support and the feedback we viewed about the quality of training was overwhelmingly positive from staff.

We talked with members of the management team and care workers about how staff were supported. We were told that they were in regularly contact with care staff, which care staff confirmed with us. We found from looking at staff supervision records that supervision was given attention and where staff had not met or not had communication with the agency regularly then this was addressed. We found that staff appraisals were happening each year and that this also took account of staff training and development needs.

The agency had detailed policies, procedures or information in relation to the Mental Capacity Act 2005 (MCA). It should be noted that the agency does not have responsibility for making applications under either of these pieces of legislation; however, they had responsibility for ensuring that any decision on the MCA 2005 were complied with. Care staff we spoke with demonstrated understanding of these areas.

Care plans we looked at showed that consent to care and support was being obtained either from the person themselves or if this was not possible then from a close relative.

In the care plans we looked at which mentioned the need for staff to support a person with their food, we saw that people that people had been involved with decisions about the food they ate and their preferences were clearly set out.

The service did not take primary responsibility for ensuring that health care needs were addressed. However, the service required that any changes to people’s condition that were observed by staff when caring for someone were reported to their relative or the agency. We discussed this with staff who told us that most people were in touch with a

Is the service effective?

range of other health professionals who could alert the provider of any concerns and carers were also required to report in any concerns about the person they observed.

Is the service caring?

Our findings

People we spoke with were very satisfied with the care workers and the agency. We were told, “the carers are well trained, respectful to my (relative) and they respect her privacy when doing personal care. I’ve been thoroughly involved in care planning and I’m in regular contact with the managers at Hartwig.” Another relative said, “in the 18 months since we started using Hartwig I’ve found them very patient and helpful. My (relative) does not like being cared for or have strange people in her house. The manager at Hartwig tries to help and make suggestions, overall it’s a very good service.” Another relative told us, “the carer knows my (relative) as a person, she is wonderful, we would be lost without her. Everything runs smoothly – When I had a complaint (one unsuitable carer) a new one was rapidly found and she is a phenomena.”

The care plans we looked at drew attention to individual needs such as how people communicate, their cultural identity and first language. The care plan format encouraged a short portrait of the person to be included as part of the information available to care staff, and we saw examples of these. This helped to provide information which assisted carers to form a good rapport with the people they cared for.

We saw from the log books that people received their care and support from the same carers in the vast majority of occasions. The records showed that the same specific care workers delivered a person’s care. This meant that they knew the needs and preferences of the person they cared for and would be able to build up a good relation with them.

We noted that the provider had identified the need to ensure staff providing care understood the culture and background of people using the service. We saw that special training was provided to staff to enable them to appreciate how their communication may be perceived by people from different backgrounds. This showed that the provider made efforts to ensure staff were able to communicate with people using the service in an appropriate manner.

The care records we looked at were based on people’s personal needs and wishes. Details were recorded of what people were able to do for themselves to enable them to maintain their independence.

Staff kept a record of the care provided and choices people made in logbooks completed each time a visit was conducted and these were then held at the agency after completion with current records being maintained in people’s own home.

Is the service responsive?

Our findings

The care to be provided by staff supporting each person was very clearly set out in all the files we looked at. This included information about people's preferences and individual needs. For example the times when carers were to call at people's homes to deliver care was clearly stated and what staff needed to do on each visit was clearly described. People we spoke with raised no concern about not being given the care they expected or required and in many cases thought that care staff were always flexible and responsive.

We saw from the log books which recorded the care given that we looked at that care was provided in line with these instructions. The log books showed that people were cared for by the same carers most of the time, and were informed of changes that may have been needed. This helped to ensure staff knew how to support a person and to build good relationships.

We asked staff how they ensured that people receive the care they required. The registered manager told us they had a rigorous system in place and routinely spot checked the work of individual carers. Each person's care needs were reviewed at least annually and more regularly if there were specific concerns, which we found to be the case on the care plans that we looked at.

All of the staff we spoke with talked about people who used the service in a polite and respectful way. They also told us they believed that it was a fundamental aspect of their work to build and maintain positive and open relationships with those they supported and their families. From these conversations we were left with no concern about the attitude of staff towards those who used the service.

Everyone we spoke with was confident that any complaints or concerns were dealt with in a timely manner. A relative told us, "we work in partnership. The staff differ but they are all competent and have consistent training." They went on to say, "both of the managers I have spoken to are absolutely marvellous and sensible". Another relative told us, "I am really happy with this service" and, "when I complained and requested changes they took it on board and they started sending the same person, she is excellent."

We looked at the complaints record and the manager informed us that most had been about communication with the agency. We saw that the complaints had been resolved with no further complaints being escalated. In order to resolve the issues that were raised in these complaints the service had a system for regular review and evaluation of complaints and took action on any improvements that had been identified as a result.

Is the service well-led?

Our findings

No one we spoke with made specific comments about how well-led the service was. However, from other comments we received it was evident that people believed the service listens to what they have to say and that there were good systems in place to meet their or their relatives needs. People using the service and relatives made reference without exception of the quality of the management, their willingness to work at problem solving in partnership with people.

People told us they felt confident to get in touch with the agency if they needed to discuss anything or to raise concerns or complaints and they felt these would be addressed.

We saw that action had been taken as a result of comments and feedback from people and their relatives. For example, where people had made comments about communication there had been action taken to ensure that any changes to care had been discussed and agreed.

Care staff usually felt there was openness in communication between management and staff team. Most felt that they would have no hesitation in approaching the senior staff team or registered manager directly if they had any concerns to raise or to talk about matters more generally.

The service viewed it as important that they provided readily available support for people and staff throughout the day. For this reason the service operated systems that ensured that the agency office was open for 15 hours a day all year round with an on call system operating between

the hours of 10pm & 7 am. Feedback from people using the service, staff and others showed that this system operated well and was seen as beneficial in providing a consistent and reliable service.

In discussion with the registered manager during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. Staff had specific roles and responsibilities for different areas and were required to report to the management team about the way the service was operating and any challenges or risks to effective operation that arose.

Apart from the service manager we spoke with three other members of the management team and twelve care workers. We also looked at communication from two local authority commissioning teams. The feedback we obtained and viewed showed that the service operated to a consistently high standard and took the need to keep the quality of the service under review very seriously.

We found that the service sought people's views at least annually and we saw individual examples of feedback that had been received. Views of stakeholders were also obtained, usually at quarterly monitoring meetings but also in day to day contact the service had with partner agencies. The management team also met weekly to discuss the operation of the service and any emerging issues that may be developing. We found that the provider used these systems effectively to ensure that consistency and performance across the service were kept under close regular review.