

# Hatzfeld Care Limited

# Hatzfeld House

## Inspection report

10B Mansfield Road  
Blidworth  
Mansfield  
Nottinghamshire  
NG21 0PN

Tel: 01623464541  
Website: [www.hatzfeld.co.uk](http://www.hatzfeld.co.uk)

Date of inspection visit:  
30 March 2017

Date of publication:  
11 May 2017

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 30 March 2017. Hatzfeld House is registered to provide accommodation for up to 42 people who require accommodation or personal care, some of whom may be living with dementia or other mental health conditions. At the time of the inspection there were 42 people living at the home.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. Safe procedures for the management of people's medicines were in place.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards where required.

People were encouraged to lead a healthy and balanced lifestyle. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People had an excellent relationship with the staff. People were supported by staff who were very kind and caring and treated them with respect and dignity. People were encouraged to lead independent lives and care and support was tailored to enable people to do so. Innovative methods were used to communicate with people and there were individualised processes in place to help people understand and contribute to, decisions about the care. All people were treated equally with a strong emphasis on supporting people's diverse needs, including their religion and sexual orientation. There was a high emphasis on person centred care and staff were aware of the importance of encouraging people to lead their lives in the way they wanted.

People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care. People's friends and relatives were able to visit whenever they wanted to and agreed processes were in place to support people with visiting their relatives.

People's support records had a strong, person centred approach, where people were empowered to achieve their goals and ambitions. People's care and support needs were regularly discussed with them and progress on achieving their goals was regularly reviewed. People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People, relatives, staff and health and social professionals spoke highly of the registered manager; they found her to be dedicated, approachable and supportive. The registered manager ensured all people received high quality and person centred care. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. People were supported to feel a valued member of their local community. Staff were encouraged to develop their roles and the registered manager delegated responsibilities to support them with doing so. People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided, which included regular review and input from a representative of the provider. The provider was supportive and encouraged continual development and improvement to ensure all people received a high quality of life.

## 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.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns.

Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to.

Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place.

Safe procedures for the management of people's medicines were in place.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards where required.

People were encouraged to lead a healthy and balanced lifestyle.

People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

### Is the service caring?

Outstanding 

The service was very caring.

People had an excellent relationship with the staff. People were supported by staff who were very kind and caring and treated them with respect and dignity.

People were encouraged to lead independent lives and care and support was tailored to enable people to do so. Innovative methods were used to communicate with people and there were individualised processes in place to help people understand and to contribute to, decisions about the care.

There was a high emphasis on person centred care and staff were aware of the importance of encouraging people to lead their lives in the way they wanted.

People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care.

People's friends and relatives were able to visit whenever they wanted to and agreed processes were in place to support people with visiting their relatives.

### Is the service responsive?

Outstanding 

The service was very responsive.

People's care records had a strong, person centred approach, where people were empowered to achieve their goals and ambitions.

People's care and support needs were regularly discussed with them and progress on achieving their goals was regularly reviewed.

People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted.

People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

### Is the service well-led?

Outstanding 

The service was very well-led.

People, relatives, staff and health and social professionals spoke highly of the registered manager; they found her to be dedicated, approachable and supportive.

The registered manager ensured all people received high quality and person centered care. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service.

People were supported to feel a valued member of their local community.

Staff were encouraged to develop their roles and the registered manager delegated responsibilities to support them with doing so.

People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided, which included regular review and input from a representative of the provider.

The provider was supportive and encouraged continual development and improvement to ensure all people received a high quality of life.

# Hatzfeld House

## Detailed findings

### Background to this inspection

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

This inspection took place on 30 March 2017 and was unannounced.

The inspection team consisted of two inspectors and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with twelve people who used the service, four relatives, four members of the care staff, the cook, deputy manager, registered manager and a representative of the provider.

We looked at all or parts of the care records and other relevant records of thirteen people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

After the inspection we contacted eight health and social care professionals for their views about the quality of the service provided and five responded to us.

# Is the service safe?

## Our findings

All of the people, relatives and the healthcare professionals who have visited the home felt they or people living at the home were safe. One person said, "I'm quite settled, it's not like being in my own home, but I do feel safe here, I lived on my own in my own flat and I was often alone." Another person said, "I do feel safe, never uncomfortable with the girls or the patients." A relative said, "We visit a lot and we see [name] is very safe. We never leave here being concerned." A healthcare professional said, "I think people are safe, the office is situated in a good position near the entrance and staff have been very quick to identify visitors."

People were supported by staff who understood the types of abuse people could face at the home and knew the procedure for reporting concerns both internally and to external bodies such as the CQC or the local authority safeguarding team. Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

People's care records contained assessments of the risks to their safety. These assessments included; the risk of people falling, managing their own medicines and dietary requirements. All assessments were regularly reviewed. Where a new risk had been identified action was taken immediately to address it. For example, a person at risk of falling out of bed had consented to the purchase of a lower level bed which reduced the risk of the person injuring themselves if they fell again.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Areas of the home which could cause people harm such as cleaning store cupboards and medicine storage rooms were locked. Regular servicing of equipment such as walking aids, gas installations and fire safety and prevention equipment were carried out and we saw these had been conducted within the last year. External contractors were used to carry out work that required a trained professional.

People living with dementia were kept safe as a keypad entry system was in place that ensured people living with dementia could not leave home unsupervised. This also prevented unauthorised people from entering the home. Additional security measures were in place in case a person living with dementia did leave the home. The grounds of the home were secured with a double handled locking system on the front gate to prevent people living with dementia from accessing the busy main road at the bottom of the drive. These measures ensured all people were safe.

People had individualised personal emergency evacuation plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical and mental ability and were regularly reviewed.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. Regular analysis was conducted to identify any themes or trends which would enable the registered manager to put preventative measures in place to reduce the risk of reoccurrence.

People told us they felt there were enough staff in place to support them when they needed it and on the whole, staff responded to their nursing call bells quickly. A relative said, "[My family member] needs prompts and there do seem to be enough staff to do that." We observed staff respond to the few call bells that were pressed throughout the inspection and we also saw people received support in a timely manner in communal areas when they needed it.

A formal assessment of people's dependency needs was carried out regularly with changes to staffing numbers implemented to meet these needs. The registered manager told us agency staff were not used at the home as extra shifts were covered by their flexible staffing team. The registered manager told us this helped provide people with a support from staff who understood their needs and ensured a consistency of care. We checked the staff rotas and saw the number of staff working on the day of the inspection was in line with what was recorded.

Safe recruitment processes were in place that ensured people were protected from unsuitable people working at the home. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. The registered manager told us plans were in place to renew staff criminal checks to ensure they were made aware of any issues that could affect the continuing suitability of staff being able to work at the home. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

A relative told us they were happy with the way their family member's medicines were managed at the home. They told us how well their family member's medication was handled, with the medicine being given at the prescribed times which was vital in the correct management of their family member's condition. Our observations of a staff member assisting people with their medicines showed that safe administration processes were in place.

People's medicine administration records (MAR), used to record when people have taken or refused their medicines were appropriately completed. All nine of the records we looked also contained a photograph of each person to reduce the risk of misadministration, along with details of their allergies and preference of how they liked to take their medicine.

People's medicines were stored safely. People were unable to access medicines that could cause them harm. Regular checks of the temperature of the room and fridges where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Processes were in place to support people who received some medicines on an 'as needed' basis. 'As needed' medicines are only used when needed for a specific situation, such as intermittent chest pain, constipation, or pain. Records showed the administration of these medicines was reviewed by the registered manager to ensure they were administered consistently.

We saw professional guidance had been requested when it had been assessed that a person required their medicine to be administered covertly as they were refusing to take their medicine. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by

administering it in food and drink. As a result, the person is unknowingly taking medication. The registered manager told us this approach had reduced the risk to the person's health and welfare of not taking their prescribed medicine.

# Is the service effective?

## Our findings

People and their relatives told us they were happy with the way staff supported them or their family members. One person said, "The staff are good, they know what they are doing." A relative said, they seem well trained and handle [my family member] well. [My family member] gets very agitated and restless. They [staff] recognise when it's happening and are very good at distracting them." A professional visitor said, "All staff are helpful and aware of the needs of the residents within the care home."

Staff told us and records showed that they received a comprehensive induction and on-going training programme. All new staff had either completed or were in the process of completing the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered manager told us they found the care certificate particularly helpful for inducting new employees, but also used this during supervision to continually test staff member's knowledge, resulting in higher performance from staff.

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed showed staff received regular supervision. This process enabled staff to discuss any concerns they had about their role and to identify how to develop their skills. Staff also received an annual appraisal of their performance to assess the quality of their work over the course of the previous year. A staff member we spoke with confirmed these had taken place

Training was carried out in a number of areas such as; the administration of medicines, safeguarding of adults, mental capacity and infection control. Training was up to date. All of the staff we spoke with told us they felt well trained and had the skills needed to carry out their role effectively. One staff member said, "I feel well trained, the training is absolutely brilliant."

Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. Many of the staff had completed these qualifications with some continuing their development by completing more advanced course diplomas. The registered manager told us they encouraged and supported all staff who wanted to achieve further qualifications to do so. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

The communication needs of the people living at the home varied widely. Some people were able to communicate verbally and we able to make their views known, whereas others, some of whom were living with dementia or other mental health conditions required more support. Each person had detailed individualised communication care plans in place that contained guidance for staff to enable them to communicate effectively with people. We observed staff used a use a variety of skills and different methods to communicate effectively with people with all people living at the home and people responded positively to the way staff communicated with them.

People told us they were offered choices and staff acted on their wishes. One person said, "I get up and go to bed when I want. I can spend time in my own room when I want to." We saw others talking with staff about what they wanted to do, where they wanted to sit, what they wanted to eat and what activity they wanted to take part in, and all wishes were respected. The registered manager told us staff had been instructed to respect all people's wishes if they had been assessed as being able to make informed decisions. This included supporting people if they wished to make unwise decisions. This, for example included providing a safe place for people who wished to smoke.

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 interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

In each person's care records we saw their ability to make decisions had been assessed in line with the principles of the MCA and care plans had been put in place to ensure people were supported and cared for in a way that was in their best interest. The decisions included people's ability to manage their own medicines and personal care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for two of these people and saw the staff adhered to the terms recorded. Records also showed that all staff had received MCA and DoLS training and the staff we spoke with had a good understanding of the MCA and knew how to implement it effectively into their role.

People and their relatives spoke positively about the food and drink provided at the home. One person said, "The food's good and you get nice drinks." Another person said, "Sometimes the food is lovely, usually it's edible. There's always a choice." Relatives told us the food was appetising and well presented. One relative spoke positively about the food stating their family member was, "A small eater, but food seemed to be good enough to tempt their appetite."

We observed the lunchtime experience. People were provided with specially adapted equipment to assist them with eating independently. Others had some assistance from staff with cutting up their food for them. Where people received a liquidised diet, the food was placed on specially adapted plates that ensured the food was kept separate and did not mix and become unappealing. A choice of food and drink was available with a picture menu provided to enable people to make informed choices.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food (e.g. soft or pureed diet) and any assistance they required with eating and drinking.

The kitchen was stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access to fresh water, juices and hot drinks throughout the day. We saw people were regularly offered drinks.

Where people had been identified as being at risk of malnutrition or dehydration, records of their food and fluid was completed to enable staff to identify significant increases or decreases in their intake. People were

weighed regularly and we saw the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified.

People's day to day health needs were met by staff. People told us they were able to see a number of external healthcare professionals if needed. One person told us an optician had recently been to the home to assist them with an issue they were having with their glasses.

Records showed people regularly saw their GP, dentist or other health or social care professionals where needed. Information was available for people who wished to see a chiropodist or optician and people's records showed this regularly occurred. Guidance was in place for staff to support people living with conditions such as diabetes and epilepsy.

A healthcare professional told us they had no concerns with the way people's health was managed by the staff. They also said, "All staff in the home are focussed on how they can support and manage health and social needs and their care plans reflect the work they are completing." Another professional said, "As far as I can see their referrals [to health care professionals] are relevant and appropriate and they do seek my advice as required."

## Is the service caring?

### Our findings

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members. One person who used the service said, "I like it here the people are happy." Another person said, "I didn't think it would be as pleasant as it is." A third person said, "All of them [staff] are nice, I can't find any of them I don't like." Relatives also commented positively. One relative said, "I've only seen kind, caring staff, they'll have a bit of banter with [my family member]. I've never heard any raised voices." Another relative said, "They are kind and caring, there are some really lovely staff, they seem very patient."

Staff we spoke with could explain how they provided compassionate care and support for people. They spoke passionately about the people they supported and showed a genuine warmth and empathy for all of the people living at the home. We observed many instances of compassionate, caring behaviour from staff towards people. We saw staff often stop beside one person, bending down to their level, stroking their arm and just saying "hello" and checking they were comfortable. We saw staff paying attention to all people, helping some to change position and get more comfortable, adjusting a blanket over another person, closing the curtains for another and ensuring a person who was unable to ask had their glasses available next to them. These simple but effective measures showed staff were attentive to the needs of all people, and contributed to the calm, relaxed and friendly atmosphere within the home.

People living with dementia were treated equally and were provided with excellent care and support that enabled them to lead fulfilling and meaningful lives. Hatzfeld House has been awarded the Nottinghamshire County Council (NCC) Dementia Quality Mark (DQM). The DQM is awarded to care homes in Nottinghamshire that have shown that they provide a high standard of care for people living with dementia. We spoke with a representative of NCC and asked them for their views on the quality of the support provided for people living with dementia. They told us they thought the support provided was some of the best they had seen. We observed some excellent practice was in place to support people. A wide variety of memorabilia from people's relevant era was available for people to use; this included clothing they could put on, books and magazines they could read as well music and activities specific to their taste. In the main lounge we saw a number of tables had been set up to support people with tasks related to jobs they had had earlier in their life. This included, sewing kits, cleaning material and cooking apparatus. We saw people were not left to sit or be alone, all people living with dementia were actively engaged by staff. These examples, as well as many others that were in place provided people living with dementia as high quality of life as possible.

Supporting people living with dementia to enjoy meaningful visits from friends and families was a key aim for the provider. Innovative ways of educating visitors on how to communicate and interact with their loved ones were in place. Support was particularly aimed at younger children, with colourful books given to them which explained what it was like to live with dementia in a way they could understand. The registered manager said, "Some children get scared coming into these types of homes. We want them to enjoy coming to see their grandparents and not to be scared. The books have been a real success in helping family, but especially children to understand the condition and has resulted in really positive family visits."

The registered manager's aim to educate people more about dementia extended to the local community. They told us their aim was to "make Blidworth dementia friendly." They, along with their staff and people living at the home had visited local businesses, schools and amenities and invited them to attend a workshop at the home to learn more about dementia. They told us that many people living at the home accessed the local community and they wanted local residents to be aware of the condition and how they could interact with people living with dementia. This innovative approach to dementia contributed to people feeling accepted both within their own home and also their local community.

The people we spoke with, their relatives and healthcare professionals all felt staff treated people with dignity. A relative commented on how well presented their family member was every time they visited. They also said they were, "colour coordinated, just like they always liked to be at home." A healthcare professional said, "The staff are very caring of all residents, visitors and professionals with a high standard of respect and dignity."

Innovative ways of including people in monitoring whether staff treated people with dignity were in place. A person living at the home told us they had volunteered to become one of the home's dignity champions. A dignity champion believes that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. The person told us they had expressed an interest when the manager was talking about the idea of people living at the home becoming a dignity champion. The person also said, "They [the registered manager] were talking about it and I said I'd like to do that. I keep talking to people, see that they're alright." This person told us they went to meetings with other dignity champions to discuss, from the perspective of someone living at the home, how the home was performing in terms of ensuring people's dignity was maintained. We noted a recent survey conducted by the provider showed 25 out of the 26 people who responded felt the staff always treated them with dignity.

Ensuring people were treated equally with no discrimination was a fundamental aim of the provider. People were provided with the information they needed to inform them of their human rights and how they should expect them to be respected by staff. 22 out of 23 people who responded to the provider's questionnaire felt their human rights were respected. All staff we spoke with spoke respectfully about the people they supported ensuring all were treated equally. For example, one person had recently been supported to access a group run by Age UK's for Lesbian, Gay, Bisexual, Transgender (LGBT) people. This group was in place to support LGBT people to meet and socialise with like-minded people. The organiser of this group commented on the approach of the staff from Hatzfeld House. They said, 'In my view there are so few care homes that have the awareness that Hatzfeld does for the LGBT residents. Congratulations, keep up the good work'. The registered manager explained the process for supporting LGBT people. They said, "We've invested a lot in raising awareness and have the rainbow flag present throughout the home. We have our first LGBT champion in place and we will continue to support people as much as we can to ensure they feel valued and equal at Hatzfeld." The LGBT pride flag is a symbol of lesbian, gay, bisexual, and transgender (LGBT) pride and LGBT social movements.

All of the people living at the home were able to follow their chosen religion or to follow and embrace their cultural needs. We saw a part of the home had been designated for people to read religious magazine, pamphlets and newspapers. A wide variety of religions were catered for. Records showed a number of a people attended different types services both at the home and in the local community. We also saw support had been given to a person who had very specific requirements for them to be able to follow their religion in the way that wanted. Staff supported this person with this.

Information was also provided about how people could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to support for them at

times when important decisions are being made about their health or social care.

High quality and individualised end of life support was provided at the home. Having achieved the foundation level of the Gold Standards Framework (GSF), the staff were able to provide people with the care they wanted towards the end of their life. The GSF is a training programme that enables staff to provide high quality, reliable and consistent support for people nearing the end of their life. Detailed end of life care plans were in place having been agreed either with the person themselves or their family. The registered manager told us each person's wishes were different and they ensured that their wishes were always met. A recent example included a person had expressed a wish for a certain member of staff to be present with them throughout the day, because they liked them and enjoyed their company. The registered manager, after consultation with the staff member agreed to this and the rotas were changed accordingly. We spoke with the staff member who told us they wanted to do everything they could to support the person and "If that meant working longer hours then so be it." This individualised and empathetic approach ensured all people approaching the end of their life could pass peacefully with dignity in the way they wanted. There was also support provided for those affected by the person's death. We noted some comments had been received from relatives who commented positively on the support they and their family member's had received. These included, 'It is kind words and thoughts that help to heal in times of crisis', and 'Thank you for all that you did for our [family member] in their final days.'

Promoting people's independence, involving them in decisions about their care and using innovative ways to help people achieve their hopes and dreams was evident in all the staff, the registered manager and the provider did for people at the home. Initiatives such as the 'care plan open day' where people along with their relatives were invited to meet with the registered manager to discuss any aspects of their care plan were readily accessed by all. A relative told us they had attended a care planning meeting for their family member and spent time discussing their family member's 'life plan'. A 'dignity and dream tree' was in place where people placed a photo of themselves talking about their dreams on the tree. The dreams ranged from people expressing where they would like to go on holiday to more simple things such as having a foot massage. The registered manager told us all dreams, no matter how small or big were treated equally and plans were put in place to support people. We saw one recent success story showed a person wanted a laptop for their bedroom. However, they were unable to afford it. The registered manager in consultation with the provider decided to purchase the person a laptop at no cost to them. The person responded to this by saying, "Having the computer in my room has brought great joy to my life."

People felt empowered to lead their lives in the way they wanted to. People's care records contained assessments of their ability to undertake tasks and to make decisions about their life independently of staff. A relative told us they thought staff encouraged and supported their family member to be as independent as possible. They told us their family member enjoyed helping out around the home. They also said "They prompt [my family member] around dressing and doing things for themselves. They encourage them to be independent, and they are always at the sink when I come. [My family member] likes to help."

Staff had an in-depth knowledge and appreciation of people's ability to lead independent lives and supported them to do as much for themselves as they were able and willing to do. A staff member said, "The support we provide ranges from the simple things like encouragement to eat their meals without staff assistance, to accessing the local community alone." We saw some people coming and going from the home, accessing their local community with friends and family. We also saw a pleasant summerhouse had been provided with washing machines, tumble dryers and ironing boards if people wished to do their own laundry or to support staff with doing so. A domestic member of staff was seen to ask a person if they wished to help them with some of the cleaning in the home saying, 'I know you like to do that don't you?' These simple yet effective measures enabled people to feel part of the home and to lead independent lives if they

wished to.

People told us staff respected their privacy when supporting them. People told us staff always knocked on their door before entering and we saw staff leave people alone when they asked to be.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. We saw and spoke with a number of visitors throughout the inspection.

## Is the service responsive?

### Our findings

People spoke positively about the activities provided for them at the home. Several people told us they had regular days out of the home, with some choosing to go shopping, and others taking advantage of the wide ranging outings provided for all people at the home. One person also said, "I like painting, going on outings. We play bingo every day after dinner." A healthcare professional said, "They work hard to find activities that residents like prior to admission to the home and their activities co-ordinator works well with residents to try to get them involved in activities. They will concentrate on individual activities as well as group activities."

Relatives also spoke positively about the activities provided. One relative told us their family member was encouraged to do the activities they enjoyed, such as helping around the home, washing up and clearing mugs and plates away. They also told us they took part in creative activities and would go out to the shops and tea rooms and sometimes to the theatre. This relative told us they thought there were enough, appropriate activities for their family member to enjoy.

The provider's approach to activities was innovative, person centred and inclusive and ensured all people were encouraged and supported to do the things that were important to them. The home is a member of the National Activities Provider Association (NAPA). NAPA provides support for care homes to support people to live the life they choose to. This ethos was prevalent in the way activities were planned and provided at the home. An activities coordinator was in place. They spoke passionately about the way they, along with the support of all staff, empowered people to choose what they wanted to do. They told us, "We don't have a set structure here. Everything is based around what people want to do and we are constantly seeking people's views. Small or big activities, everybody's wishes are treated equally."

We saw numerous examples where the activities coordinator, with the full support of the registered manager and the provider, had responded to people's views about the activities. For example, following a recent 'residents meeting' people had asked whether they would be able to have a dog at the home. This was agreed and people helped to choose the breed. People had also stated that they wanted to be involved with walking the dog, feeding it and taking it to be groomed. Records showed this regularly took place. People had effectively taken full ownership and responsibility for the upkeep of the dog. We saw people interact with the dog throughout the inspection. It brought great joy to many people and we saw people's faces light up each time the dog walked by.

Other examples included the formation of a 1950's style shop within the home. People had expressed a wish to be able to buy items for themselves within the home environment. People were asked if they would like to assist with the running of the shop and one person agreed. We saw this person informing people throughout the home that the shop was open and they clearly took great pride in being the 'manager'. The items available had been discussed with people and we saw toiletries, birthday cards and wrapping paper, sweets, chocolates and 1950's newspapers and magazines were available for all people at no charge. The registered manager told us, in consultation with the provider, a decision had been made not to charge for the items within the shop. They also said, "Some people here would be able to afford to buy things, but others may not. We cannot have some people sat enjoying a chocolate bar and others upset that they couldn't afford it."

It was a simple decision really; the shop is for everybody, not just those that can afford it." To ensure all people enjoyed the benefits of the shop, a trolley was taken round by the shop manager to people who were either being cared for in bed, or did not wish to go to the shop. This approach ensured all people were included. We saw people using the shop frequently. It brought people from all parts of the home together to meet, talk and to enjoy it together. It was a clear success.

Other innovative, creative and responsive approaches to people's individualised activity preferences included keen gardeners planting their own plants and vegetables in the garden, chickens were kept with their eggs collected by people for breakfast and a local farm was invited to bring their animals to meet people at the home. People living with dementia were always included. If more staff were needed to support them with accessing trips to the local tea room, to spa treatment days or just a walk around the town, then extra staff were brought in to support them. The registered manager told us activities as far as possible were free of charge for all, to enable all people, regardless of their ability to pay, to share in the positive experiences provided for people at the home. Everybody was treated equally at this home, no-one was left behind, and as a result people led fulfilling and active lives.

It was clear from our observations, reviewing of records, speaking with staff, the registered manager and a representative of the provider that the on-going improvement to all people's lives was a fundamental aim of this service. People received the highest quality care and support to lead meaningful lives. People's mental or physical health conditions were not seen as barriers, but areas for staff to focus on to ensure exceptional outcomes for people. People's views were regularly requested and acted on. A post admission questionnaire was in place; this was designed to gain people's feedback after they had moved to the home to check they were happy with the support provided. Records showed where changes had been identified these had been acted on quickly.

We saw numerous examples were in place where creative, innovative and person centred approaches to care planning had improved people's quality of life. For example a person who liked to read had become visually impaired. Immediate support was put in place. A Digital Accessible Information System was purchased. This device permits the playing of digital audiobooks, periodicals and computerized text to be played for people that are visually impaired. The registered manager told us this had helped the person to maintain their interests and had had a great impact on their life. The registered manager also responded quickly, by implementing the role of a 'visually impaired champion' within the home. This was to ensure the person was not indirectly discriminated against with the aim of learning more about how to support visually impaired people and to offer high level support for staff and the person involved.

We also saw innovative approaches were in place to support people living with dementia, who may be resistant to receiving support with their personal care. For example, a role play had been agreed with staff that referred to a person's past employment. By staff carrying out the role play exercise, it had resulted in the person becoming more complicit with their personal care, improving their appearance and their sense of dignity.

Staff had an excellent understanding of people's diverse cultural beliefs and background. Although people within the home were predominantly from the same ethnic background, there were wide ranging and varied differences in people's religious beliefs. All people were supported with this. Representatives of different local places of worship were invited to the home to assist people to practice their faith. Some people preferred more interactive sessions with instruments being played and religious songs sung. Others preferred periods of quiet reflection, including formal worship. The registered manager told us they ensured that all people's personal preferences to practicing their religion were catered for and respected. The people we spoke with were happy with the way their cultural beliefs were managed.

Strong and effective links had been made with local community based workshops and events. For example, after consultation with people within the home, people were invited to attend workshops for older people, with an organisation called 'Creative Paths'. Creative Paths state, 'We believe everyone should have access to and experience the leisure, learning and social activities of their choosing. Our inclusive services are designed to support people to participate in and enjoy life to the full.' The registered manager told us this approach reflected the aims of Hatzfeld House and therefore people were given the opportunity to attend the workshops. These included, 'Celebrating World Book Day', 'Make do and mend – reminiscing about 1940's catchphrases' and 'Easter egg card making.' Staff from Hatzfeld House had been invited to training courses at Creative Paths, to improve their skills in providing meaningful activities for people at the home. A representative of Creative Paths told us, 'Some of the staff from Hatzfeld House have attended our activity training courses to extend their provision of activity in the care home. This has been evident in the creative work which they display books, reminiscence items, and portable collections of objects on the tables for residents to explore independently. The care home sees the need for activity as a benefit for health and wellbeing.' This shows a continued willingness to learn and improve to provide all people with personalised support with their activities.

People's care records were person centred and contained detailed information about what was important to them, their life history and their daily routines. Guidance was also available for staff about how to support people in the way they wanted. Examples of which included, the support they wanted with personal care and the time they wished to go to bed or to get up. A healthcare professional said, "I think the staff go above and beyond constantly to ensure their residents have the best support possible." Another healthcare professional said, "Family members that I have spoken to about the home have also confirmed that staff are supportive and work well with the residents."

People were provided with a complaints policy both within their service user guide and within the home. People and their relatives felt complaints were handled effectively and they felt their views were respected and acted on. One person said, "I know there is a complaints process, but I can't fault it here, I get 100% from day staff night staff and they all help." A relative said, "Complaints would be acted upon, I feel quite happy approaching anyone with a problem." 24 of the 26 people who replied to the provider's recent questionnaire stated they knew who to make a complaint to if they needed to.

The registered manager told us they and the provider took complaints very seriously. Records showed they were acted on immediately with people kept informed of the progress of any investigation if appropriate. Records also showed that people were satisfied with the outcome of complaints made.

## Is the service well-led?

### Our findings

There was a clear emphasis on people being encouraged and supported to lead as fulfilling a life as possible. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life. A dedicated and enthusiastic staffing team was in place, led by an excellent management team, to support each person in the way they wanted them to.

The provider had ensured the registered manager and staff were provided with a working environment that demanded excellence, but also encouraged them to develop their roles, equipping them with the skills needed to provide all people with high quality, person-centred care. For example, the registered manager reacted to people's changing needs and implemented 'champions' throughout the home. Primarily these roles were designed for staff to develop areas of expertise in a specified area, but people living at the home were also invited to become champions. Particular success stories have seen a significant impact and improvement on people's lives have included; the dignity, LGBT and visually impaired champions. This inclusive approach has enabled people and staff to work together for the greater good of everybody at the home.

Staff felt valued by the registered manager and the provider. They felt empowered to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team. Staff told us they felt they were able to build a career at the service. A member of staff told us they were currently being supported to undertake their diploma (previously NVQ) at a management level. They also said, "The support I have received here to develop my career is the best I have ever known." Outstanding staff performance was also rewarded with regular awards given for innovative, high level areas of care.

Innovative methods were used to continually improve the skills and knowledge of the staff. The service had signed up to the social care commitment. The social care commitment (SCC) is the adult social care sector's promise to provide people who need care and support with high quality services. Training from the SCC was used to inform supervisions with staff. Prior to each supervision staff members were given questions to research and feedback at their supervision. Some of these topics included dignity, the Mental Capacity Act and the social care commitment. This showed the service wanted their staff not only to have a good understanding of these areas but also how this has a positive impact on the service. Following supervision, staff were invited to suggest areas where the service could improve, or add areas of personal development to the 'development tree'. This tree was a visual aid located in the registered manager's office which was continually reviewed to hold the registered manager and the provider to account on the action taken to address the suggestions made.

Innovative and inclusive methods of gaining and acting on people's, staff's and others feedback were in place. A 'We asked, you said, we did' process was in place which showed how the provider ensured people's feedback was acted on, with an honest and transparent approach that informed people of the progress. Regular 'relative and resident' meetings were held, with clear action plans formed from the meetings and staff, including the registered manager held to account to ensure actions were achieved. The most recent

survey results showed that the vast majority of responses in areas such as, safe care, being treated with dignity, and human rights respected, were all very positive. A relative told us there were regular meetings for relatives and a monthly newsletter which gave information about the care home and activities. The newsletter often contained a survey to complete and they found all of this informative and useful.

We looked at the most recent version of the newsletter. It included helpful information about the service, an update on recent activities that people had taken part in and listed the most recent achievements of people living at both homes. The registered manager told us these newsletters were a good way for people and relatives to be kept informed of what was happening at the service, but more importantly, to champion people's successes.

People were able to maintain positive links with the community that enhanced and benefitted their lives. The registered manager had written to all local businesses, amenities and schools inviting them to come and meet the people of Hatzfeld House and to help them to better understand the lives of older people in the community, some of who were living with dementia. A local school took this opportunity and regularly visit to come and read with people. The local fire service has attended to give people a presentation on how to stay safe and reduce the risk of fire. The registered manager has also provided people with a display that showed the names and opening times of all local shops, amenities and attractions to empower people to make informed choices about when they wished to access their local community. This positive and proactive approach ensured that people felt a part of their wider community.

The registered manager told us the provider had very clear aims and values which they and the staff embraced when supporting people. One of the main aims, 'Individual wellbeing is central to everything we do at Hatzfeld House', was clearly understood by all staff. People's ability to lead independent lives and to flourish at the home was evident throughout.

An exceptional management team was in place, led by an enthusiastic, passionate and caring registered manager. All people, relatives, staff and health professionals, without exception, spoke very highly of the registered manager. One person told us they had confidence in the registered manager and also said, "She's lovely, she's very helpful and will get things sorted out." A staff member described the registered manager as, "The best I have ever worked for." All healthcare professionals spoke glowingly about the registered manager and the impact she has had on the lives of all of the people at the home. One professional said, "I think the home is managed exceptionally well. The manager is always fully informed of any issues. She has also spent time undertaking personal care for the resident I support as they only initially felt comfortable with the manager doing this. It goes to show that the manager most certainly goes above and beyond to ensure all residents care is of a high standard and individualised." Another professional said, "I am under impression that the home is managed very well. She has always been very committed to her job. The communication with her is excellent and arranging appointments goes very smoothly."

The registered manager and the management team were able to concentrate on improving the lives for all because they were supported by a provider who ensured they had the resources to do so. The registered manager said, "Anything I ask for that I think can improve the lives of all of the people here is given to me. Financing, training, increased activity provisions, anything. We are very lucky to have such great support." The provider took an active role in ensuring people received the highest quality service possible. Regular and random 'director visits' were carried out, which involved a detailed inspection of the service with any areas for improvement identified and monitored. The provider was continually looking for ways to modernise and improve the lives for all. Computerised care planning records are due to be brought to the home soon with the aim of enabling representatives of the provider to check people's records on-line. This will enable the provider at the touch of a button to see how the home is performing and to identify any areas

of concern to be acted on quickly before they have an impact on people's lives.

People and their relatives told us the continued hard work and determination of the registered manager to improve the lives of all had a significant impact on the quality of their or their family member's life. One person told us the registered manager has provided them with Skype, a visual online system for communicating with others. They told us this had enabled them to keep in regular contact with family living in another country and they were grateful for the support provided. Another person commented how with the support of the staff, authorised by the registered manager, allowed them attend a family wedding and had brought great joy to their life. Other comments received from relatives included, 'Thank you for all that you have done for [my family member] since they have arrived and for going the extra mile for them. I've not found it easy to trust others with their care and the fact that I could feel confidence in knowing they were safe in your hands speaks volumes.' Another comment included, 'There are not enough words to express our sincere gratitude for the love, care, support and respect given to my relative entrusted with you.'

The registered manager, the deputy manager and representatives of the provider were visible for people throughout the inspection. The registered manager told us they and the provider were concerned that the previous location of the registered manager's office meant they did not feel part of the home. They said the location felt remote and they did not see enough of the people living at the home. The provider listened to these concerns and authorised the building of a new office block. This has been completed. We saw this was a welcoming space with people from within the home dropping in to talk with the management team throughout the inspection. This had a clear and positive impact on the relationship between the management team and the people at the home. We also saw the registered manager interact with people and people reacted positively to them. The registered and deputy managers ate their lunch with people and it was clear this was a regular occurrence which people enjoyed.

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. These included weekly and monthly audits as well as regular senior management reviews conducted for the provider. Where areas for improvement had been identified, action plans were put in place to address them. These were then continually reviewed to ensure sufficient progress was made.

The registered manager had ensured that people's records were easily accessible and the office environment was well organised, ensuring staff were able to work effectively within the home when the registered manager was not present. Staff spoken with told us the systems the registered manager had put in place, enabled them to provide excellent care and support for people.

People were supported by staff who had a good understanding of the whistleblowing process and there was a whistleblowing policy in place. A whistle-blower is an employee that reports an employer's misconduct.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.