

Hatzfeld Care Limited

Hatzfeld House

Inspection report

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Date of inspection visit:
06 November 2019
07 November 2019

Date of publication:
20 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Hatzfeld House is a residential care home providing personal care for up to 42 people. Some of the people living at this home were living with dementia. At the time of the inspection 32 people were living at this home.

People's experience of using this service:

The risks to people's health and safety were assessed and used to reduce risk. Most risk assessments reflected people's needs. The registered manager acted quickly when we raised concerns about certain parts of the environment. These actions made people safer. People felt safe when staff supported them.

Staff understood how to act if they suspected people could be the victim of abuse. There were enough staff to keep people safe. People's medicines were managed, administered and stored safely. The home was clean and tidy, although some cleaning schedules had not been completed. Staff learned from mistakes to ensure people received safe care and support.

People's needs were assessed in line with current best practice guidelines. Staff were well trained and felt supported by the registered manager to carry out their role effectively. People were given the support they needed to make healthy food choices. People had access to other health and social care agencies and professionals. People were supported to make decisions about their own health, such as deciding to quit smoking. People lived in an environment that was adapted and suitable for their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and caring and understood what was important to them. People were treated with dignity and respect by staff; although, some of the language used by staff to describe people was not dignified. Staff excelled at supporting people with their diverse needs and choice; people's views were respected and acted on. People were supported to make decisions about their care needs and staff respected their wishes. People's records were stored securely to protect their privacy.

People were provided with person-centred care and were encouraged and empowered to make decisions about their own lives. Independence was encouraged and staff understood what support people needed with their personal care. People were supported to maintain relationships with friends and family and to meet people from their local community. This helped to reduce the risk of social isolation.

People had access to information in a format they could understand. This included in languages other than English where required. Complaints were handled appropriately and in-line with the provider's complaints policy. People did not currently receive end of life care. People were supported to make decisions about the end of their life.

The home was managed by a caring and dedicated registered manager who always put the experiences of people and staff first. People lived in homely environment that was welcoming and calm. All staff understood their roles and how they contributed to the success of the home. Person-centred care was at the heart of everything staff did. Staff enjoyed their role and felt their views mattered. People's views were welcomed and valued, and action was taken to address any concerns. Quality assurance processes were in place to continually assess the standard of the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Outstanding. (Published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our Safe findings below.

Good ●

Is the service effective?

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

Good ●

Is the service caring?

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

Good ●

Is the service responsive?

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

Good ●

Is the service well-led?

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

Good ●

Hatzfeld House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience over two days. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hatzfeld House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The first day of the inspection was unannounced. We returned for a second day and the provider was aware we were returning.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a

form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with nine people who used the service and three relatives. We asked them about the quality of the care they received. We spoke with four care staff, the housekeeper, cook, administrator, deputy manager and the registered manager. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included all or parts of records relating to the care of five people. We also viewed medicine administration records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

We also contacted a variety of health and social care professionals and asked them for their views of this service. We received four responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People felt safe living at the home and when staff supported them. One person said, "I do feel safe, I can do what I want, I go out with friends and family." A relative said, "[Family member] is safe here, it puts my mind at ease. It really takes the strain off me."
- Staff explained how they could identify any signs of potential abuse and felt confident that if they raised concerns with the registered manager, they would act.
- The provider had the systems in place that any concerns about people's safety were reported quickly to the relevant authorities. Records viewed confirmed this took place when required. This reduced the risk to people's safety.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed, acted on and reviewed.
- Risk assessments, alongside detailed care plan records, provided staff with enough information about how to reduce risks to people's safety.
- Where we felt risk assessments required more specific detail to help reduce risk, the registered manager acted immediately to improve these records.
- Regular checks of the equipment used in the home such as wheelchairs and hoists were carried out. We did note a small number of wardrobes in people's bedrooms had not been fixed to the wall to prevent them from toppling over. Immediate action was taken to rectify this. We also noticed one radiator did not have a cover on to prevent scalding. Again, immediate action was taken to address this. This will help to keep people safe.
- Plans were in place to help evacuate people safely in an emergency. Regular checks of fire safety and prevention equipment and servicing of gas boilers took place. This helped to ensure people lived and staff worked in a safe environment.

Staffing and recruitment

- There were enough staff to keep people safe and to respond to their needs. The number of staff working at the home, matched the number recorded on the staff rota. People's level of dependency was regular reviewed to ensure there were always enough staff available.
- Most people told us staff were there when they needed them and they responded quickly when called. One person said, "There's enough staff, I don't wait long."
- We observed staff respond quickly to call bells and other times when people needed them. A review of all bell response time logs showed staff responded quickly to calls at all times of the day. People told us staff

were there when they needed them, both in the day and at night.

- Appropriate employment and suitability checks had been completed before staff started to support people. This helped to reduce the risk of people being cared for by inappropriate staff.

Using medicines safely

- People received their medicines when they needed them and in accordance with their preferences.
- People told us they were happy with the way they received their medicines.
- Staff administered medicines in a safe way and in accordance with people's preferences. Staff competency was regularly assessed to ensure they continued to administer medicines safely.
- Robust medicine records were in place. These recorded when a person had taken or refused to take their medicines. Medicines were stored safely.

Learning lessons when things go wrong

- There was a clear process in place that enabled the registered manager and their staff to learn from mistakes. This helped staff to make improvements where needed. This reduced the risk of incidents happening again.
- Regular analysis of incidents took place. This helped the registered manager to identify any themes and to act to reduce the risk to people's safety. Relevant authorities such as the CQC were notified of incidents as and when required.

Preventing and controlling infection

- The home was clean and tidy and free from any obvious risks that could increase the risk of the infection.
- We did note some cleaning schedules had not been completed since the renovations at the home had begun. However, despite this, the cleaning regime at the home was effective.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were assessed prior to them starting with the service. This helped to ensure they received care in accordance with their needs.
- Care records contained reference to current best practice professional guidance to help staff to provide effective care.
- Staff had visual reminders in each person's bedroom to ensure where needed people had their glasses on. Where people required support with their oral health, such as brushing their teeth or preparing their dentures, this was also completed by staff.
- People have been supported to stop smoking. The use of nicotine patches was explained to people and this helped people to reduce the number of cigarettes they smoked, or, in some cases helped them stop altogether.

Staff support: induction, training, skills and experience.

- People were cared for by staff who were well trained, experienced and had the required skills for their role.
- All mandatory training as identified by the provider had been completed and staff received regular supervision of their role.

Staff felt supported by the registered manager.

- People and relatives felt staff understood their or their family members needs. One relative said, "They're getting to know [family member]. They've been here a few months now and they're smiling and happy."
- Staff were supported to develop their role through gaining externally recognised qualifications such as diplomas in adult social care. The administrator told us they had also been encouraged to complete a business administration qualification, which made them feel as valued as the care staff. The regular training, supervision and development of staff provided them with the skills to ensure people received high quality care.

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

- People were supported to maintain a healthy and balanced diet.
- People told us they liked the food provided at the home. One person said, "The food is ok, you get a choice. Another said, "The food is not bad at all."
- The cook had a good understanding of people's dietary requirements; however, when we asked them to produce records to show these requirements they were unable to do so. This was concerning that if the cook was not working on a specific day, other staff would need access to these records to ensure people received their meals safely.

- On 17 October 2019 the Food Standards Agency had awarded this home a rating of 'Very Good' for food standards and cleanliness. This is the highest mark that can be awarded and helped to assure us that people received their food in a hygienic environment. We noted the kitchen was clean and tidy; however, the microwave was not. The cook told us they would address this.
- People were supported with eating their meals if they needed it and were also provided with specially adapted cups and plates to help them to eat independently.
- Staff were aware of the risks associated with people's diet. Care plans and risk assessments were in place to help to reduce the risks to people's nutritional health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to visit their GP's, dentists and other healthcare agencies when needed.
- People told us they could see their GP's at the home if they were unable to go and see them.
- A relative praised the quality of the dental care their family member received since they came to live at the home. They told us they regularly saw their dentist, and this had helped to improve their oral health.
- If people required support from external health and social care professionals, their professional recommendations were recorded and followed by staff.

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

- The home was going through extensive renovations and refurbishment at the time of the inspection. This was to ensure that the whole home was adapted to meet the needs of all who lived there.
- The changes, mainly to bedrooms, will provide more people with ensuite facilities, enabling them to have access to their own shower and toilet. This will help to improve people's independence and to reduce the need for communal facilities to be used.
- People had been supported to personalise their own bedrooms with items that were familiar to them.
- People had access to call bells to request support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure outside space was available to people.

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

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.

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. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- People's care records were clear where people did not have capacity and required support with making some decisions. Where people did have capacity to make decisions, this was recorded.
- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised, conditions recorded, and staff provided care and support in accordance with agreed requirements.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- Most people and relatives felt staff were kind and caring and they or their family members were treated well.
- One person said, "Most staff are lovely, they look after me ok." Another person said, "They are very nice staff, absolutely superb." A relative said, "The staff are all nice, they're really trained, they definitely know what they're doing."
- We observed some positive interactions between people and staff. Staff had a good understanding of people's needs, wishes and preferences and ensured they were well treated. People and staff had built positive relationships.
- People were made to feel that they mattered; for example, people received birthday and Christmas presents from staff. People were also provided with their individual toiletries, of their choosing, to add a personal touch when personal care was provided.
- Staff were particularly strong at supporting people's diverse needs and choices; they empowered them to make informed choices which had a positive impact on their lives. There was a strong awareness of Lesbian Gay Bisexual Transgender rights at the home. Staff had helped raise awareness amongst people and relatives and this helped to provide a welcoming and inclusive environment for people.

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

- People were able to contribute to decisions about their care needs and to provide regular feedback. For example, a person had specific religious beliefs and staff had been informed of exactly how they should support this person to ensure their views were respected.
- People had been shown how to use an electronic device that enabled them to view their electronic care records. This helped ensure that the move from paper to electronic records did not impact people's ability to view their records and to make informed choices.
- Information about how people could access an independent advocate was provided for people in an accessible format. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- We observed staff attend to people in a compassionate and empathetic manner. Staff had been trained in such a way that helped them to understand care from people's perspective. For example, staff were asked to perform tasks whilst wearing dirty glasses. This helped them to understand the importance of checking the small things that could impact people.

- We did observe and hear staff referring to people in a manner that could be deemed undignified. The use of the term 'double-ups' was used. This term can be used to describe a person who required two members of staff to move them. We also observed a staff member say, 'You'll not get much out of them today', in front of the person they were talking about. Whilst these examples were few, these were not respectful ways to refer to people.
- People felt respected by staff. They praised the support they received with their personal care and staff supported and encouraged their independence. Most people told us their preferences of male or female care staff during personal care were adhered to.
- People's independence was encouraged. They were encouraged to take part in activities around the home such as cleaning, preparing tables for dinner and keeping their bedrooms tidy. A 'Housekeeper of the month' award was given to the person who had contributed the most to the home that month.
- People's privacy was respected. Staff knocked on doors before entering. When people clearly wanted to be left alone, staff respected their wishes. People's records were stored appropriately to reduce the risk of them being viewed by others.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People and where required their relatives, were included in all decisions about the care provided. This included regular reviews and discussions with staff; this resulted in people having choice and control over their care provision.
- Most people spoken with could recall being involved with the planning of their care and that they had a care plan. People felt care was provided in accordance with their choices and preferences. People told us they chose when they went to bed, when they got up and when they wanted a bath or shower.
- The registered manager had responded to people's views about timing of the meals provided. The daily hot meal was now served in the evening, with a lighter meal at lunchtime. The registered manager told us this had made people more active in the afternoon, with more people taking part in activities rather than going to sleep or returning to their bedrooms.
- At the previous inspection the home had 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. At this inspection the DQM was still in place. We observed some good staff practice in supporting people living with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that were important to them and in some cases, people's cultural background had been considered to further enhance their experience. A church group had been invited to sing with people on the morning of the inspection.
- Staff used a variety of methods to help to engage in activities. This included translating documents into people's first language to help aid their understanding and improve inclusion.
- We noted the activities coordinator was on holiday at the time of the inspection. A replacement for this role had not been organised other than an expectation of care staff to do activities with people. Whilst some staff did engage with people, this was not organised and there were periods of the day when little activity was taking place. The registered manager rectified this on day two of the inspection.
- The activities timetable displayed on the noticeboard did not reflect what was occurring. This could be confusing for people. The registered manager informed us this had mistakenly been put on the noticeboard and was not finished. A revised version was put up the following day.
- We were informed of some excellent examples of people overcoming mental and physical barriers to lead more independent lives; accessing their community more often and in some cases going out alone. This had helped to improve people's lives and to reduce the risk of them becoming socially isolated.
- People were encouraged to maintain friendships and contact with family as well as meeting new people.

Many were supported with visiting family and attending family social events. People visited local amenities such as pubs and cafes and were welcomed by understanding locals from the community. This reduced the risk of social isolation.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had made provisions to ensure they were compliant with the AIS. Some policies and procedures as well as other relevant documentation were provided in an easy read format. Where English was not people's first language, documentation had been translated into the person's preferred language. Staff had also learned commonly used phrases to help them talk with people.
- Technology was also used to help people who had difficulties with talking to express their views. Use of this technology empowered people to be able to give their views despite their disabilities.

Improving care quality in response to complaints or concerns

- People were aware of the complaints process and were confident the registered manager or other relevant staff members would act on any issues or complaints raised.
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- End of life care was not currently provided. Discussions had been held with people and their relatives about how they would like their or their family member's care to be provided. Care plans were in place to guide staff where required.
- 'Dying Matters' was a process used to help people to feel fully involved with decisions about their care when they neared the end of their life. A light-hearted approach was used to help people talk with others and staff about the uniquely designed coffins and how these relate to people in other countries. The registered manager told us they tried to make these discussions inclusive and light-hearted to ensure that people felt comfortable about this subject. They felt this was working well.
- If a person was unable to attend a funeral due to ill-health, then a staff member attended on their behalf as their representative.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A strong management team was in place. They had a clear understanding of their role and ensured all regulatory requirements were met. This included ensuring the rating from the previous inspection was clearly displayed at the home and on the provider's website.
- Appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety. This ensured people continued to receive high quality care.
- All staff understood their roles and the part they played in improving the quality of the care people received. Many staff had 'champion' roles where they were responsible for certain aspects of care provision. These roles were split into three sections; 'mind', 'body' and 'soul'. Within each of these were areas of care such LGBT, dignity and oral health, which staff were tasked with being the 'champion'.
- Team meetings were held with all staff of each part of the home. Within these meetings staff were updated on changes to policy or directives as well giving staff a comfortable environment to raise any concerns they had. Actions were agreed and reviewed and the next meeting.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, via the registered manager, promoted an open and inclusive environment for people to live and staff to work. People were encouraged and supported to lead their lives in the way they wanted.
- People enjoyed living at the home and relatives felt their family members were cared for in a friendly and safe environment. A relative said, "There's a good manager and team in the office. The office is always open. I would recommend it 100%."
- The provider was continuing with their 'Make Blidworth dementia friendly' programme. This included meeting with local business owners and others from within the local community and educating them on what living with dementia meant for people. This had resulted in people being able to access their community in a welcoming and understanding way, improving people's experiences of living with dementia.
- The provider promoted the 'dementia friends' programme around the local area. This resulted in the local fire service becoming dementia friends and wanting to visit people at the home to explain how to prevent the risk of fire and how to act in they discover one.
- Staff were supported and encouraged to provide care in line with the provider's aims and values. These were discussed during staff induction and a staff handbook was given to all staff which explained what was expected of them when supporting people.

Continuous learning and improving care

- There was a clear focus on continuous learning and improvement at this home. The management team were supported by the provider to aim high and to achieve positive outcomes for people and their staff.
- Quality assurance processes were effective and helped the provider and registered manager assure themselves that people received safe, dignified care. Action plans following provider-led and external audits were in place to help continuous learning and development.
- Staff competence was regularly assessed to ensure people received high quality care.
- Staff well-being was important to the provider. An in-house councillor was available, and staff were encouraged to attend an externally run 'Well-being' course. Courses such as yoga were available to support staff with their well-being. The registered manager was confident that a well-supported staff team resulted in better quality of care for people.
- The registered manager regularly met with other managers from within the provider's group of services to aid continuous learning and development.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- People were provided with the opportunities to give feedback about their care. All people spoken with felt staff and management would act on any issues they raised. The registered manager was described as; "lovely, "very approachable" and "nice."
- Results from the most recent quality survey showed most people felt they received a dignified, person-centred level of care that kept them safe. This made them feel valued.
- People were involved with the aspects of the running of the home. The in-house shop was managed by a person living at the home. Another person provided updates and training for others living at the home in areas such as infection control and food safety. The registered manager told us has had a positive impact on the person and their sessions were always well attended.
- Staff felt involved with the running of this home. They felt their views mattered.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all.
- We contacted four health and/or social care professionals after the inspection. They praised the staff and felt people received a good standard of care at this home.