

Hatzfeld Care Limited

# Hatzfeld Homecare Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 12 June 2018. Hatzfeld Homecare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Hatzfeld Homecare Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, 94 people received some element of support with their personal care. This is the service's fourth inspection under its current registration. At the previous inspection, the service was rated as 'Requires Improvement' overall. At this inspection, they improved the overall rating to 'Good'.

People told us staff made them feel safe when staff supported them. Effective processes were in place to reduce the risk of people experiencing avoidable harm and to people's ongoing health and safety. There were enough staff to support people and staff arrival times were closely monitored to ensure sustained levels of punctuality. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes.

People's care was provided in line with current legislation and best practice guidelines. People felt staff were well trained and understood how to support them. Records showed staff received ongoing training, professional development and supervision. People's nutritional needs were met and staff supported people effectively with their meals. Information was available to support staff with caring for people. Other health and social care agencies were involved where further support was needed for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People liked the staff who supported them and they felt they were treated with dignity and respect. Staff communicated effectively with people and positive relationships between them had been formed. People were encouraged to do as much for themselves as possible and were involved with decisions about their care.

Assessments of people's needs were carried out before joining the service to ensure staff were able to support them effectively. People's care records were person centred and people told us staff respected their wishes to have their care provided in the way they wanted. People felt staff responded to their complaints

effectively, records viewed confirmed this. People's diverse needs were discussed with them during their initial assessment and then during further reviews.

The registered manager carried out their role in line with their registration with the CQC. Notifiable incidents were reported to the CQC. The registered manager took an active role in ensuring the risks to people's safety was acted on immediately. They were supported by a dedicated staff team and the provider in doing so. High quality staff performance was rewarded. People and staff were given the opportunity comment on how the service could be developed and improved. Auditing processes were in place and these were effective in identifying and acting on the risks to people's health, safety and well-being.

## 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.

People felt safe and the risks to their safety and them experiencing avoidable harm were reduced. There enough staff to support people safely. Medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were investigated, reviewed, and acted on to prevent reoccurrence.

### Is the service effective?

Good ●

The service was effective.

People's care was provided in line with recognised best practice guidelines. Staff were well trained and carried out their role effectively. People's nutritional needs were met. The registered manager had formed productive relationships with local health and social care services. People's rights were protected in line with the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People felt staff were kind, caring and treated them with respect and dignity. People were involved with decisions about their care and staff encouraged people's independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to commencing with the service. People's records were person centred and staff provided people with care in line with their preferences. Effective communication processes were in place to ensure people were not discriminated against. People's complaints were responded to appropriately.

### Is the service well-led?

Good ●

The service was well led.

The registered manager carried out their role in line with their registration with the CQC. They ensured all notifiable incidents were reported to the CQC. People and staff liked the registered manager. People and staff were given the opportunity to comment on how the service could be developed and improved. Auditing processes were in place and these had effectively identified any risks to people's safety.

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# Hatzfeld Homecare Services

## **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 checked 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 comprehensive inspection took place on 12 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, 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 used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They carried out the telephone interviews with people prior to the office-based inspection. They spoke with 33 people who used the service. The inspector visited the office location to see the registered manager, office staff and to speak with care staff.

The inspection was informed by feedback from the telephone interviews as well as questionnaires completed by a number of people using the service, relatives, staff and community professionals. We sent 119 questionnaires out and received 28 responses, 19 of which were from people who used the service.

During the inspection, we spoke with five members of the care staff, the registered manager, general manager and a number of office based staff.

We looked at records relating to six people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

# Is the service safe?

## Our findings

People told us they felt safe when staff supported them. One person said, "I feel safe with the staff. They look after me well; they just steady me when I am moving about." A second person said, "I would say I am safe with the staff. They make sure the water isn't too hot and they always stand at the side of me if I need them in case I need steadying."

People and relatives told us they or their family members were safe from the risk of experiencing avoidable harm or abuse. The staff spoken with were able to explain how they would act on any concerns they had about people's safety. This included reporting concerns internally and to external agencies like the local authority safeguarding team or the CQC. Staff had received safeguarding adults training and were aware of the provider's safeguarding policy. The registered manager had a good understanding of their responsibility to ensure the relevant authorities were notified of any concerns about people's safety. This reduced the risk of people experiencing avoidable harm.

People were provided with safe care because the risks to their safety had been assessed and care was provided in a way which reduced those risks. One person said, "I now need a lot of help walking. They keep me safe. I have had no falls or slips. It's working." Other people told us they felt staff supported them safely with moving around their home, with their medicines and with eating and drinking. People's care records contained sufficient information for staff to be able to support people safely. Staff spoken with confirmed this.

Most of the people we spoke with or who responded to our questionnaire told us staff arrived on time for their calls and all of the people told us staff completed all of their agreed tasks. One person said, "More often than not they are on time." A second person said, "They are normally on time but would let me know if they were delayed." A computerised logging system was used to monitor when staff arrived and left people's homes. This information was then fed back to the provider's office where a member of staff continually monitored the data. If a staff member was late, arrived too early or did not stay for the agreed length of time, then the registered manager would know instantly and could address this. This meant the risks to people's health and well-being were reduced due to the timely arrival of staff.

Records showed robust recruitment processes were in place to ensure that people were supported by suitable staff. Prior to commencing supporting people, checks were carried out on staff's work history, their identification and whether they had committed an offence that would prohibit them from working with vulnerable people. Once these checks had been completed, they were then able to work alone with people. This process reduced the risk to people's safety.

People told us that where staff supported them with their medicines they did so in a safe and effective way. One person said, "They pop my medication from the blister pack into a pot and pass me that."

Recently the provider made the decision to switch from paper based medication administration records to computerised records. The registered manager told us this decision was made to reduce the risk of errors



and to enable office based staff to be aware much quicker if a medicine had not been administered when it should have been. We were shown how the computerised system worked and found an alert was sent to the office if a member of staff had not recorded that a medicine had been given, or whether a person had refused to take the medicine. This process reduced the risk of medicine administration and recording errors causing people avoidable harm.

There were processes in place to ensure people received their medicines safely. Care plans and risk assessments were up to date and reflective of people's needs. Staff who administered medicines were trained and had their competency to do so reviewed regularly. This meant people were protected from the risks associated with medicines.

Eighty nine percent of the people who responded to our questionnaire told us they felt staff understood how to reduce the risk of infection when they supported them in their home. The people we spoke with supported this view. One person said, "They always wear gloves and aprons. I think they are professional." Staff had received training on how to reduce the risk of the spread of infection. Staff told us they always had sufficient amounts of personal protective equipment such as gloves and aprons to assist them to reduce the risk of the spread of infection.

The registered manager ensured any accidents or incidents that could have an effect on people's health and wellbeing were appropriately investigated and acted on. Records showed these were reviewed by the registered manager and by a representative of the provider. When any themes or trends were identified, agreed actions were put in place to address any risks to people's health and safety. This has included providing more staff for calls, amending call times and discussions with local authority commissioners on increasing the number of calls people received. The registered manager told us if mistakes were identified then they supported staff with learning from them to reduce the risk of reoccurrence. This helped ensure people received safe care and support from staff.

## Is the service effective?

### Our findings

The registered manager ensured people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. Where people had health conditions that staff supported them with, we noted a variety of nationally recognised guidelines and information were in place to support staff. This approach enabled staff to support people effectively with their health and care needs.

Ninety four percent of the people who responded to our questionnaire told us they felt staff had the knowledge and skills to support them effectively. The majority of the people we spoke with supported this view. One person said, "They [staff] are excellent. They know the boundaries and are very trustworthy." Another person explained how staff understood how to support them safely when they used a hoist to transfer them. They also said, "If I wasn't happy about any of the staff though I would ring the office."

Records showed staff had completed a wide range of training the provider had deemed relevant to their role. This included training in areas such as safeguarding adults and moving and handling. We were told that when people developed health conditions that staff were not trained for, then training was put in place immediately to ensure people could continue to be supported effectively. Examples included training to support people with arthritis and depression.

Staff told us they felt well trained and supported by the registered manager to carry out their role effectively. Staff received regular supervision of their role as well as unannounced spot checks. This enabled the registered manager to have the confidence that staff were continuing to carry out their roles effectively and safely. Staff were also encouraged to complete professionally recognised qualifications such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. We were told that staff remained on probation until they had completed their Care Certificate. The regular training and continued development of staff ensured people continued to receive safe and effective care and support.

Where people received support with their meals, they told us staff understood how to ensure they received the meals they wanted. Staff had completed training to support them with preparing food in a safe way. One person said, "They do my breakfast. They always ask what I fancy although I always have porridge for breakfast. They will leave a drink out too." Another person said, "The staff will ask what I fancy, a sandwich or a meal and they will do it for me. I am well looked after." Assessments of people's nutritional health were carried out to assist staff in identifying any changes which could affect their health. Where people had conditions such as diabetes that can be affected by people's food and drink intake, guidance was provided for staff on how to reduce that risk. This included what they should do if people's blood sugar levels were either too high or too low. This contributed to people receiving the required support with their nutritional health.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and

changing health and social care needs. When staff needed to contact people's GP for them they have done so. One person said, "I am very satisfied. They will always ask if I need anything. They have even been in touch with the GP if I haven't been well".

Referrals to health and social care agencies had been made where needed. This included contacting social workers, representatives of the dementia outreach team and falls and diet specialists. A commissioner of adult social care services spoke positively about the way staff and the registered manager supported people. They said, 'They are a very conscientious provider and strive to provide and be the best that they can be. I wish more were like them'. This supported our view that people received the care and support they needed.

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 and, overall, we found that they were.

Ninety five percent of the people who responded to our questionnaire told us they were involved with decisions about their care. This view was supported by the people we spoke with. One person said, "I rang them [the provider's office] to tell them how pleased I was with the carer. The [staff member] had not showered me before and as my shower is quite high we have to do it in a certain way. They listened, and we worked as a team, it was perfect, and I wanted to tell them as I don't expect they get that many compliments." The registered manager told us the majority of people were able to make decisions for themselves but where they were unable to, MCA assessments had been completed. We saw records that supported this and found care and support was provided for people in their best interests and ensured their rights were respected.

# Is the service caring?

## Our findings

All of the people and relatives who responded to our questionnaire and most of the people we spoke with told us they were happy with the care they or their family member received. People told us staff were kind, caring and compassionate. One person said, "I know all the staff very well. All is going perfectly well. I haven't come across any problems." A second person said, "They are excellent. I look forward to them calling." A third person said, "I wouldn't want to change, I am comfortable with the staff. I look forward to seeing them."

People also told us staff were respectful and treated them with dignity when supporting them with their personal care. All of the people who responded to our questionnaire agreed. One person said, "They wash me and help me dress and do so in as dignified a way as possible." Another person said, "They are very respectful staff. They have been very good. And they are very caring and do their jobs well." A third person said, "My bath is done safely and carefully. They have done it for years; they help me with dignity to cover me up when people are here. I do not like to feel exposed so they respect that."

Staff spoke knowledgeably and respectfully about the people they supported. They were able to explain how they ensured people were treated with dignity at all times. The staff were passionate about ensuring people were always treated in a positive manner. It was clear from our conversations both with the staff and the people they supported that positive relationships had been formed. This led to staff enjoying their role and people looking forward to the staff visiting them.

People told us they normally received care and support from a consistent team of staff who understood how to provide care in the way they wanted. People told us they were provided with a rota, which told them which staff would be attending their calls, and at what time. This was in place to reassure people that the staff who attended were authorised to do so. We noted people had been informed that all Hatzfeld staff would be wearing official uniform and must have identification on them at each call. This also protected people if late changes to the rota were needed. Most people told us they were informed of any changes to their rotas but some did say that late changes made them feel uneasy at times and they wished for more consistency. However, from the feedback we received it was evident that wherever possible, people received care and support from the same staff. This helped to reduce the risk of people receiving inconsistent care.

Staff supported people to lead independent lives. Care plans guided staff of the level support each person needed with a variety of everyday living tasks. This included people's ability to manage their medicines or the support needed to maintain good personal hygiene. People told us staff supported them with their independence, which they welcomed. One person said, "They [staff] are helping me keep my independence as much as I can. We have a good relationship we chat and laugh as we get on with things." A second person said, "They are helping me maintain my independence and make sure I have everything I need." All of the people and relatives who responded to our questionnaire supported the view that staff encouraged independence wherever possible.

Staff had completed dementia awareness training. Staff spoken with told us this had helped them to

understand how to support people living with dementia. One staff member explained how they supported one person living with dementia and it was clear they had a thorough understanding of this person's needs. Staff could explain how they ensured all people were treated fairly and without discrimination as a result of their physical or mental condition.

Ninety five percent of the people who responded to our questionnaire told us staff always involved them with decisions about their care. This view was supported by relatives and the people we spoke with. People told us they had been involved with a review of their care either in person or on the phone and they felt able to make requests to have their care package amended. Some people did state they could not remember if they had taken part in a review of their care. However, in each of the records we looked at we saw reviews had taken place with people and/or their relatives signing to say they agreed. This process ensured all people were able to contribute and felt involved with decisions that directly affected them.

People's care records were treated respectfully within the service's office. Some records were stored electronically and access to these records could only be gained via password and authorised personnel. Where paper records were in place, these were stored safely in locked areas to prevent unauthorised people from accessing them. The registered manager explained how they ensured all records were managed in line with the Data Protection Act. Staff had also been made aware of current changes to European data protection laws, which were designed to further protect people's personal information and data.

## Is the service responsive?

### Our findings

Before people started to receive care and support from staff, a detailed assessment was carried out to ensure that people's needs could be met. This included discussions about people's preference to how they wanted to staff to support them. The time they would like their calls, their preferred time to get up and go to bed, their ability to manage their own food, personal care and medicines and whether they needed support with accessing the community, were all topics for discussion. Once people's preferences were agreed, detailed care plans were put in place to enable staff to support people in the way they wanted. We viewed examples of these care plans and found them to be detailed, person centred and regularly reviewed with people and/or their relative. These reviews ensured people continued to receive the care and support they wanted and changes could be made if they wanted them to be.

People told us they knew they had a care plan that was accessible in their home if they wanted to read it. Some people told us they took an active involvement in ensuring the information was correct and they agreed with it. Others were happy to let the staff continue with supporting them without feeling the need to take part in reviews or to monitor the entries in their care plans. The registered manager told us it was a priority for them and the provider to ensure that care was always provided in the way that people wanted.

Records showed a new process had been introduced since our last inspection that actively monitored the progress people were making towards personalised goals and achievements. Clear steps to supporting people with their progress were recorded for staff to follow and to enable people to take ownership of their progress. The goals varied between each person, but took into account people preferences and ability to achieve them. One person's records showed they had requested staff support them with becoming more independent with more elements of their personal care that they found difficult. This included shaving themselves and changing their own clothes. We saw steady progress had been recorded for this person. The registered manager told us, "We don't rush people; we work at their own pace, but giving people something to aim for, which clearly helps improve their wellbeing." This process ensured that people's personal preferences continued to be respected and encouraged.

People's religious and cultural needs were discussed with them prior to starting with the service. The registered manager told us that although currently people did not have specific needs that could place them at risk of discrimination, they would ensure that if people required support in the future, this would be provided. This meant people were not discriminated against.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us the new computerised process for recording people's care plans would enable them to provide people with records in a number of alternative formats, such as larger print or different types of font and in the future, an alternative language. We also noted that rotas were amended to ensure that people with specific communication needs had the appropriately trained and experienced staff to support them. This is important to ensure that people are empowered, treated fairly and without discrimination.

Seventy four percent of people who responded to our questionnaire told us they knew how to make a complaint. Seventy eight percent felt care staff responded appropriately to concerns raised directly with them, with a similar number stating office based staff responded appropriately. People we spoke with told us they also knew how to make a complaint. One person said, "I would ring the office if there was a problem. The office staff are always polite and pronounce my name properly." Another person said, "[Staff name] in the office is very nice. I haven't needed to complain but I have a number here if I needed it." Records showed people were given a copy of the provider's complaints policy and emergency numbers to call if they needed to speak with someone about any concerns they had. We looked at the log of formal complaints made. We found these had all been responded to appropriately and in line with the provider's complaints policy.

End of life care was not currently provided at this service. When people neared the end of their life the provider ensured other agencies responsible for providing this care were provided with the information and support needed to support them effectively. However, the registered manager told us there were plans in place to provide end of life care in the future if people wished to remain at home and to be supported by Hatzfeld staff. They also told us staff training in this area was due to be introduced so that staff would be equipped with the skills needed to support people and their families. There were currently no people supported by the service who were nearing the end of their life.

## Is the service well-led?

### Our findings

All of the people, relatives and staff who responded to our questionnaire told us they would recommend this service to others. A relative stated in their response to us, 'We are very happy with the service provided by Hatzfeld. The carers are friendly, prompt and our father is very happy with them. He is still in good health'. The people and relatives we spoke with also praised the quality of the service provided. One person said, "I would recommend them, they look after me well. I can't think of anything they could do better." Another person said, "I feel very lucky to have them and would certainly recommend them. I don't think there is anything they could do better. I pull their legs [staff] and we have a laugh." This feedback showed people enjoyed a high quality of service.

The registered manager told us they had made a particular effort to get to know people more and to ensure they knew who they were and that they could speak with them about concerns if they wanted to. This included going out to see more people, more regularly, as well speaking with people on the phone. This has had a positive effect on people's perception of the registered manager. One person said, "She is lovely, she listens to my needs and always deals with issues." Another person was able to tell us the name of the registered manager and described them as "very polite." Staff also spoke highly of the registered manager, with words such as, "approachable", "friendly" and "caring" used to describe her. This showed the registered manager was well liked and managed the service well.

People's views were regularly requested via telephone call monitoring, face to face reviews and formal questionnaires. Responses to these were then used to inform the registered manager of how to further improve and develop the service. At the time of the inspection the 2018 questionnaire process had not yet been completed, however the results of the 2017 survey showed people were happy with the service provided. One area where people had stated could be improved was for office staff to call them when there was a delay in a staff member attending. Only 59% of people were satisfied with the process at that time. The registered manager told us the new electronic recording system staff used to monitor arrival and departure times enabled the office to have up to date information about where staff were and their likely time of arrival. This meant people could then be informed if a call would be late. The registered manager told us they expected the results for this question to improve in the 2018 questionnaire. We noted from our discussions with people that few people raised concerns about staff punctuality. This showed the provider had acted on feedback received.

The registered manager was aware of their responsibilities to ensure the CQC were always informed all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

Staff felt valued and their views were respected by the registered manager. Staff told us they were encouraged to give their views during team meetings and felt the registered manager would act on their feedback. We noted team meetings were also used to discuss important changes in policy or process. For instance, the new European data protection laws had been raised and staff were informed of what was



expected of them. A staff member said, "We know where we stand with the manager." This showed there was effective communication between staff, the registered manager and the provider.

The provider recognised high quality staff performance. Staff had been promoted to more senior roles and staff we spoke with felt able to build a career at the service. One staff member told us they felt valued and welcomed the opportunity to develop their skills and take on more responsibility. We noted the provider also recognised staff members' birthday with a gift. The registered manager told us this helped to show the staff they were valued and a respected member of the team. This led to an effective and valued team of staff supporting people.

Quality assurance systems were in place. This included the regular reviewing of all computerised records and systems to ensure that late calls were dealt with quickly as well as calls that were missed due to people not being present at home. Daily meetings were held with senior members of staff and the registered manager to identify any areas of risk or concern and to allocate tasks to specific staff members to address them. These included, gaps in training, staff punctuality, accidents or incidents, medicine errors and people's complaints. The registered manager told us this helped them to assess the seriousness of concerns each day and to prioritise actions to address them. The registered manager also met regularly with other registered managers from across the group of services to discuss best practice and areas for provider wide development. The provider took an active role in supporting the registered manager in carrying out their role effectively. These processes led to a service that managed the risks to people's safety effectively.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and their office.