

Hartwig Care Limited

Hartwig Care South

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

Hartwig Care South is a domiciliary care agency that was supporting 48 people in their own homes. Not everyone who used the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. At the time of our inspection, 40 people were receiving the regulated activity. People using the service had a physical disability, learning disability or were living with dementia.

People's experience of using this service

People said staff were kind and caring, generally arrived on time and that they saw the same staff members. People reported being happy with staff's support in relation to food and drink, medicines and contacting health professionals if they were unwell. We have however made recommendations to the registered provider in relation to travelling time for staff between care calls and also missed calls.

Risks to people had been identified and guidance was in place for staff and people told us they felt safe. People's care plans contained sufficient information for staff to know what care to provide and where people's needs changed the agency adjusted the schedules to accommodate this.

People felt staff were competent and that they always treated them with respect and dignity as well as supporting them to remain independent. People told us they had not felt the need to complain but the office and registered manager listened to them and responded to their calls.

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.

Quality assurance audits were completed and people were also asked to give their views through an annual questionnaires. Shortfalls were addressed when appropriate as well as the agency looking for new ways to further improve the service.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (report published 30 November 2018). Since this rating was awarded the registered provider has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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 ●

Hartwig Care South

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by four inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Two inspectors checked documentation at the office, one inspector carried out visits to people's home and a fourth inspector carried out telephone interviews. We looked at six people's care plans, medication records, five recruitment files and a variety of records relating to the management of the service, including

policies and procedures. We visited and spoke with three people who were receiving care from the service. We spoke with six people and one relative by telephone. As part of the inspection, we also spoke with six staff members, the registered manager and two members of the provider's senior management team.

After the inspection

We received information requested from the registered manager about a potential missed call for one person.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection, under the previous registered provider, we found there was no allocation of travelling time between calls. This meant some staff left calls early to get to the next person. At this inspection, we found some improvement. However, we received mixed responses from staff in relation to travelling time. One staff member told us, "They have sorted out travelling time" and another said, "I do personally (have travel time)." However, other staff told us, "It's hit and miss", "No travelling time" and "Travelling time is not included on the rota."
- We reviewed a number of rotas and found the majority had travel time included. However, we identify a few where staff were due to end a visit and start another visit at the same time. The provider's operations director told us the electronic system recently introduced should prevent calls being rostered without travel time included. We will check at our next inspection that this is happening.
- The impact of a lack of travelling time to people was low however, as they said they were cared for by a sufficient number of staff. People also told us they were satisfied with the time staff turned up and that they saw the same staff members. One person told us, "I've been lucky, they've always arrived on time or called me when they are going to be late." Another person said, "No, I've never missed a call." A third person said, "They (staff) are very good with their timekeeping."

We recommend the registered provider includes travel time between calls so people's call are not cut short.

- Prospective staff went through a robust recruitment process which included them providing two references, their right to work in the UK and evidence of previous employment. All staff underwent a Disclosure and Barring Service check to help ensure they were suitable to work in this type of service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "They (staff) make me feel very safe. I'm a lot safer now." A second said, "I have complete trust in staff."
- However, one person told us they had not received two of their care calls over the Christmas period. They said the agency had managed to arrange cover for one call, later the same day, but they did not cover the other. The person came to no harm as they have more than one call a day. ● We asked the registered manager to investigate which they did and they sent us the outcome of their investigation immediately following the inspection. We read appropriate action had been taken to respond to this incident and processes put in place to help prevent reoccurrence. This included alerting the funding authority.

We recommend the registered provider has robust arrangements in place to help prevent missed calls, even during busy periods of the year.

- Safeguarding concerns had been reported to CQC appropriately and the agency worked with the local authority safeguarding team to investigate any concerns. A staff member told us, "I would report it to the office or to CQC."

Assessing risk, safety monitoring and management

- Where people were at risk of harm, there was information in their care plans which guided staff on how to help keep the person safe. One person told us, "They make sure the door is locked and the windows are shut. It's the little things." A staff member told us, "I know them all and I'm confident. That's how I help keep them safe."
- One person was at risk of self neglect and staff were remind to encourage them to wash each day. One person required a ceiling hoist for transfers. They told us, "The first time I used it I was so nervous. The girls were so reassuring and I'm alright with it now."
- Each person had a risk assessment relating to their environment as well as another for falls and if they smoked.
- In the event of an emergency, such as staff shortages, staff from another of the provider's services would attend calls. There was an on-call system which meant people could speak to someone outside of normal working hours. One person told us, "You have the out of hours if you need it."

Using medicines safely

- People received the medicines they required.
- People's medicines administration records (MARs) included appropriate prescription information, any allergies a person may have and details of the person's GP. MARs were audited regularly to check they were being completed properly by staff.
- Some people self-medicated and as such this was recorded clearly in their care plan.

Preventing and controlling infection

- People had no concerns about staff practice around infection control. One person told us, "They always wear aprons and gloves." A relative said, "They wear gloves, definitely."
- Staff knew they had a responsibility to reduce the risk of spread of infection. One staff member said, "I've just come in to the office for aprons. I always use PPE (personal protective equipment) and am always washing my hands."

Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded and acted upon. If people received injuries as a result of a fall a body map was completed.
- Accidents, incidents and safeguarding concerns were reviewed by the registered manager and lessons learnt recorded. We read one person had developed a pressure sore which had not been identified by staff. This was investigated and an email sent to all staff reminding them of the steps to take.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Before people received care from the agency, an assessment was carried out. This outlined the care needs of the person and included the funding authorities assessment if appropriate. One person told us Hartwig Care responded very quickly when their previous agency was unable to provide their care at short notice.
- Routine reviews of the person's care needs and appropriateness of the care calls were carried out to help ensure information was up to date. These took place either three or six-monthly.
- Staff used national guidance appropriate to people's needs. For example, we saw information from NHS England, Epilepsy research and Diabetes UK in people's care plan.

Staff support: induction, training, skills and experience

- People were cared for by staff who underwent induction and training relevant to their role. Training included moving and handling, medication, health and safety and safeguarding. A staff member told us, "My training is up to date."
- People told us they felt staff were well trained. One person said, "I think staff are well trained. They seem to know what they are doing." A second told us, "They know what they're doing because they have to go to training every now and then. It shows they listen."
- Staff had the opportunity to meet with their line manager on a regular basis to discuss their role, any training requirements and any concerns. A staff member said, "We have supervision every six months and an annual appraisal yearly."

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

- People were happy with the input they received from staff in relation to their nutrition. One person told us, "They always leave me a drink when they go." A second person said, "They always ask me what I want for breakfast rather than just assuming."
- There was good information in people's care records on their dietary requirements. No one was on a specific diet, such as pureed food, but care records noted people's likes and dislikes in relation to food and drink. Where people may have a reaction to certain foods this was noted. For example, one person suffered headaches if they ate fish, nuts or chocolate.

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

- There was evidence in people's care records of consultation with other agencies in order to help staff provide effective care to people. This included the mental health team and local pharmacy.
- Staff called a person's GP or another professional if they were concerned about them. A relative told us,

"They are pretty good at keeping me up to date if they think there is a health problem." A person said, "If I feel unwell they will call the doctor for me."

- Where people had specific medical conditions such as hypertension or angina, staff were guided on when to call a health professional or the emergency services.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The requirements of the MCA were being followed by staff. People had signed their consent to care and been involved in developing their care plan. Where people were deemed as lacking capacity for specific decision, other's involved in their care were consulted in relation to decision making.
- Everyone receiving the care could make day to day decisions and there were no restrictions on people. One person told us, "They always ask for my permission first which helps me feel that I'm still in control."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People said they found staff kind and caring. One person told us, "They're all very good. They're my friends if anything." A second person said, "They are lovely girls, very good." A third commented, "They are all so helpful. They are marvellous." Relatives reiterated this, with one telling us, "I'm impressed with how kind they are to mum. What has impressed me is their kindness."
- People said staff knew them. One person told us, "They know what I like and don't like." A second person said, "They know me well. They understand me."
- People told us staff gave them the time they needed. One person told us, "This agency's workers do not make me feel rushed. They are willing to stay a few minutes longer than the scheduled visit if I need them to." A second person said, "The girls came to visit me when I was in hospital. I was touched."
- People said they saw regular care staff. One person told us, "I am really happy with the girls who have been allocated to me. We have a laugh, that's all part of relaxing you. I only have good things to say about them." A second person said, "I wouldn't want different people all the time. If you get a new person come in, you have to explain to them how everything works."

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

- People could make their own decisions. One person said, "They always offer me a choice of meals for lunch." A second told us, "They always give me choices, even though they know."
- People said they were involved in the review of their care plan. One person told us, "There's been a few reviews." A second person said, "They've always involved me with any changes to my care plan." A third commented, "They do a six-monthly review where they come out and go through the care plan, whether there are any changes, any issues."

Respecting and promoting people's privacy, dignity and independence

- People's preferences for a male or female carer were recorded in their care plans and people told us staff respected them. One person said, "They respect my dignity by closing the curtains." A second said, "They (staff) have a lot of respect for you."
- Care records evidenced staff were encouraged to support people to remain independent and people told us this was the case. One person's stated, 'I do not need help to shower, but I do need to be encouraged. I am able to dry myself, brush my teeth and shave.' One person said, "I do what I can and they help me with the things I can't." A second person told us, "They've helped me regain my independence."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care records contained appropriate information to enable staff to provide responsive care. They included their background history so staff got to know a bit about the person and recorded their likes, dislikes and their hobbies. One person told us, "They get to read the care plan before they come to me." A staff member said, "If we are going to someone new, we get the information first."
- One person was recorded as liking to go out as much as possible and records showed staff supported them with this.
- Care calls times were carried out at around the same time most days with slight variations, but no huge differences, which meant people received their calls in a consistent manner. One person told us they were happy with the consistency of their care and said, "They will do anything for you. Little things too, but it makes a big difference."
- Where people required adjustments to their care, or their needs had increased, the agency revised schedules to accommodate this. A relative had remarked, "The schedule is working well, but we need more visits. I've already talked to the office about it, so it's in process." Professionals had fed back to the agency about another person when their care package was increased. They said, 'The increase is working better, care workers are attending to her legs better'.
- People's religious preferences and information about people important to them was noted. This helped staff ensure people retained some aspect of their usual routine. One person's care record noted, 'My daughter visits as often as she can and I speak to her on the phone most days'. Their family member had commented in a telephone review, 'The whole thing works properly. Dad is happier. They (staff) are keeping him company and he is mentally stimulated'.

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.

- People's communication needs were recorded in their care plans. One person had recently been diagnosed with dementia and their care records recorded, 'Sometimes I struggle with finding the right words to express myself. Please do not rush me or finish my sentences for me'.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint, but had not felt the need to. One person told us, "I've never had to complain." A second person said, "I am very happy with them."

- There had been some complaints since the service had registered with CQC. We read these were recorded, investigated and resolved.
- We noted several compliments received by the agency. These included, 'I just want to thank the staff for looking after [name] for quite a few years. I am very grateful', [Name] told us today she is very pleased with [care staff name]. We couldn't have picked a better carer. Very happy with the service' and, 'Very happy with the office team and for always understand her needs'.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, under the previous registration, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had allowed the practice of not allocating travel time between calls to continue. At this inspection, we found a significant improvement and although there was further work to be done we were satisfied the registered provider had met the breach of regulation.

- Regular audits of the service were carried out to check people were receiving a good level of care. Where shortfalls were identified, these were addressed. This included picking up gaps in people's MARs and poor practice in medicines administration, such as using a blue, rather than black pen.
- Daily records for people were also audited and again, shortfalls addressed. The registered manager and care coordinators had noted and taken action where records for people were not robust and an email had gone out to all staff reminding them of good record keeping and what it looked like.
- We identified some care plans that lacked information. For example, although one person with a learning disability had generic information in their care plan, this was not specific to their particular condition. Another person's care plan indicated they received calls for personal care however the registered manager told us this was not the case. We were told these areas would be addressed immediately and we will check at our next inspection that this is the case.

We recommend the registered provider consistently reviews care documentation to check for its completeness and accuracy.

- Services that are registered with the Care Quality Commission are required to notify us of significant events or safeguarding concerns. We had received notifications in line with registration requirements. Where people had made complaints or accidents and incidents had occurred, we noted the registered manager had instigated duty of candour.

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

- People said they felt the service was well managed. One person told us, "I've met the manager and spoken to her over the phone. She's very nice and approachable." A second person said, "I've spoken to the manager, they're very nice. I've never had any trouble trying to contact the office."

- Staff gave mixed feeling about the management of the agency. One told us, "I feel supported and valued. It's a really good atmosphere (in the office) and I can pop in at any time." Another said, "Yes, I feel very supported. I've worked for the agency for a long time." However, other staff told us, "I don't feel valued – it's them and us" and, "There have been so many changes. If you ask for something and it doesn't suit them, it doesn't happen."
- The agency was good at communicating with people and their family members. A relative said during a telephone review, 'I feel I know what is going on all the time which is important for me as I live far from dad. They always answer my calls and inform me when needed'.

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

- People were invited to give their feedback through annual surveys. The last one was carried out in March 2019 and 14 people responded. We read people were happy with the service and had left comments such as, 'The care I receive is excellent' and 'I am quite happy with the service'. People told us, "Now and then they come and ask me for my feedback" and, "Someone called me last week to see how things are going."
- Telephone reviews were held with people or their family members to obtain feedback. We read people had reported, 'completely satisfied, always arrives on time and, all care workers are very professional, genuinely caring'.
- Staff attended meetings to discuss various aspects of the service such as recruitment, medicines records and on-call reporting. There was good attendance at meetings.

Continuous learning and improving care

- The service looked for ways to improve. Since our last inspection, the registered provider had introduced a web based roster system and electronic care plan and monitoring system. This was launched in October 2019 and would be a full working system later this month.
- We read several emails to staff reminding them of good practice, such as reporting major and minor issues to the office, good medicines recording and recording of daily records.

Working in partnership with others

- The agency worked with external partners to help provide the most appropriate care to people. This included, the Surrey Care Association, where one of the agency's staff members was a finalist for frontline leader of the year award.
- The agency also had good professional links with the local authority locality team and had attended a 'celebrate professional care worker' day in September 2019.