Hatzfeld Care Limited

Hatzfeld House

Inspection report

10B Mansfield Road
Blidworth
Mansfield
Nottinghamshire
NG21 0PN
Tel: 01623 464541
Website: www.hatzfeld.co.uk

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Ratings

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

Overall summary

We carried out an unannounced inspection of the service on 15 September 2015. Hatzfeld House provides accommodation for up to 38 people who require personal care. On the day of our inspection 37 people were using the service and there was a registered manager in place.

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

The risk to people experiencing abuse at the home was reduced because staff had received training on safeguarding of adults, could identify the different types of abuse and knew who to report concerns to. Accidents and incidents were investigated. Personal emergency

Summary of findings

evacuation plans were in place for all people. There were enough staff with the right skills and experience to meet people's needs. Medicines were stored, administered and handled safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately.

People were supported by staff who had received the appropriate training to support people effectively. Staff received supervision of their work although some staff had not received one for a longer period of time than they were required to by the provider. People spoke positively about the food they received and were supported to eat and drink independently. People's food and fluid intake was monitored and guidance to manage this effectively was requested from dieticians when required. People had regular access to their GP and other health care professionals.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Where people showed signs of distress or discomfort, staff responded to them quickly. People were supported to access an independent advocate if they wanted to. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed.

People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately. People were able to access the activities and hobbies that interested them. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

There was a positive atmosphere within the home and people were encouraged to contribute to decisions to improve and develop the service. Staff understood the values and aims of the service and were aware of how they could contribute to reduce the risk to people's health and safety. People spoke highly of the registered manager. The registered manager had clear processes in place to manage the risks to people and the service. Robust auditing and quality monitoring processes were in place. The service continually strived to improve the quality of the service that people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who could identify the different types of abuse and who to report concerns to.

Accidents and incidents were thoroughly investigated. Risks to people's safety were assessed and personal emergency evacuation plans were in place.

People were supported by a sufficient number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

Is the service effective?

Good

The service was effective.

People received support from staff who had the appropriate skills, training and experience to carry out their role.

People spoke highly of the food and were supported to eat independently.

Staff applied the principles of the MCA and DoLS appropriately when providing care for people.

People were supported to access external healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded to people quickly when they showed signs of distress or discomfort.

People were supported to access an independent advocate if they wanted to. There were no restrictions on people's friends and family visiting them.

People could have privacy when needed.

Is the service responsive?

Good

The service was responsive.

People were involved in decisions about their care and were able to access the hobbies and interests that were important to them.

Regular monitoring of people's assessed needs was conducted and changes were made when needed.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and staff were able to contribute to the development of the service and their feedback was welcomed.

People were supported by a registered manager and staff who had a clear understanding of their role. The registered manager had ensured that the CQC had been informed of all notifiable incidents.

There was a positive, friendly atmosphere at the home and there were good links with the local community.

There were robust auditing processes in place to address the risks at the service.

Hatzfeld House

Detailed findings

Background to this inspection

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

This inspection took place on 15 September 2015 and was unannounced.

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

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition to this we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and other healthcare professionals and asked them for their views.

We spoke with 11 people who used the service, three relatives, three members of the care staff, the housekeeper, the activities coordinator, the cook, the maintenance person, the administrator, and the registered manager.

We looked at all or parts of the care records and other relevant records of seven people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "Yes I feel very safe, the staff are always around to help out." Another person said, "Oh yes, I feel safe, they're lovely people here, [the staff] are friendly people." A relative we spoke with said, "[My relative] is very safe here and is free to do what they want to do."

The risks to people's safety were reduced because they were supported by staff who could identify the signs of abuse. The staff we spoke with told us they had attended safeguarding adults training and the records we looked at supported this. The majority of the staff we spoke with knew who to report concerns to both internally and to external agencies. The registered manager told us they would remind staff of the reporting procedures during team meetings and supervisions to ensure that all staff were aware. Recommendations from safeguarding investigations were acted upon by the home and a safeguarding adults policy was in place.

Information was available for people on how they could maintain their safety and the safety of others and who they could report concerns to if they felt they or others had been the victim of abuse.

The registered manager ensured that where they had assessed there to be a risk to a person's safety, plans were in place that enabled staff to manage that risk in safe way. Each person's care records contained risk assessments in areas such as their ability to take a shower or bath alone, their level of mobility and the support required when out in the community. People's risk assessments were reviewed monthly to ensure they reflected their current level of risk. Regular reviews of the number of falls people had were conducted and referrals to external healthcare professionals were made to assist staff in reducing the risk to people's safety.

Plans were in place to evacuate people safely in an emergency. The registered manager had ensured that each person had a personal emergency evacuation plan (PEEP) in place. These plans contained information for staff to enable them to provide each person with the appropriate level of support they needed in case of an emergency. The records we looked at showed that these plans were regularly reviewed to ensure they met people's current needs.

People were supported by a registered manager who had plans in place if events happened at the home that could pose a risk to their safety. The registered manager showed us their business continuity plan. This plan contained information as to how people would remain safe if there was a power failure, loss of gas or water or if there were structural concerns with the building.

People were informed of the possible impact of the decisions they made on their safety, but staff ensured that people's freedoms were not restricted as a result of these decisions. One person told us, "There are no restrictions; I please myself it's up to me." Another person said, "They [staff] don't say you have to sit there, you can get up and go where you want."

The risks to people's safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. The registered manager made recommendations for staff to follow and they then checked to see these had been completed. The registered manager showed us the analysis they conducted of the accidents and incidents that occurred in the home. They told us where they identified a trend or a common theme of where or when accidents had occurred they put measures in place to reduce that risk.

We spoke with the maintenance person who showed us how they ensured that people were supported in an environment that was safe. Regular checks on the equipment used at the home were carried out and external contractors were used when checks on equipment such as fire detectors or gas appliances was needed.

People told us there were enough staff at the home to meet their needs and our observations supported this. One person we spoke with told us, "I feel safe, there are [staff] here all the time, and they come and talk with you." A relative we spoke with said they felt reassured as there was a stable staffing team in place.

The registered manager told us they carried out a regular assessment of the needs of the people within the home to ensure that there were sufficient staff with the right experience to support them. They told us the use of agency staff was rare, but when they were needed to cover shifts they requested staff who had previously worked at the home to ensure people received a safe and consistent level of care and support. The staff we spoke with told us that they thought there were enough staff working at the home

Good

Is the service safe?

to meet people's needs safely. One staff member said, "You can always use more staff, but there are enough to keep people safe." Another staff member said, "There are enough staff and there are enough at night too." We looked at the staff rotas and the number of staff recorded matched the number of staff working at the time of the inspection.

We looked at the recruitment files for three members of staff. All files had the appropriate records in place including; references, details of previous employment and proof of identity documents. We also saw criminal record checks had been conducted before staff commenced working at the service. These checks enabled the registered manager to make safer recruitment decisions reducing the risk of people receiving support from inappropriate staff.

People's medicines were stored and handled safely. People told us they received their medicines when they needed them. One person said, "I get my medication as prescribed at certain times. 8pm at night and then in the morning." Another person said, "I have them in the morning straight away before breakfast; I only have them when needed, I take a lot of tablets for different things."

We observed staff administer medicines to four people. This was done in a safe way. Staff had their ability to administer medicines safely regularly assessed. We saw records of daily temperature checks of the room and refrigerator in which the medicines were stored to ensure they were kept at a safe temperature. We looked at the Medicines Administration Records (MAR) for four people. These records were used to record when people have taken or refused their medication and they were accurately completed. Information about each person including the way they liked to take their medicines and whether they had any allergies were recorded.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are administered not as part of a regular daily dose or at specific times. We saw the reasons these medicines were administered was recorded on people's records with guidance for staff to follow before they administered them. This was then regularly reviewed by the registered manager to ensure the medicines were administered appropriately.

Controlled medicines were handled and managed safely. These types of medicines, if misused, could pose a serious threat to people's health. There were protocols in place for their use. The medicines were stored in a separate lockable cabinet within the usual locked storage facility for other medicines. The registered manager carried out regular reviews of the administration of these and other medicines to ensure they were done so safely.

Good

Is the service effective?

Our findings

People were supported by staff who understood their needs and had the necessary skills and experience to provide care and support for them in an effective way. One person who used the service said, "I am very much supported by the staff. They are spot on. They know what I need like the times I need my medicines and things like that." A relative said, "The staff really are excellent and understand what [my relative] needs. This is an outstanding home and I would recommend it to anyone."

Staff had carried out an induction and received sufficient training that provided them with the skills needed to care and support people in an effective way. The registered manager told us staff who were new to the service would complete the newly formed 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager told us that agency staff were on occasion used to cover shifts that other staff could not complete. They told us they used the same agency staff wherever possible to ensure a consistent level of care was provided for people. They also told us that when a new agency member of staff attended the home they met with them and they were shown around the home, made aware of the fire exits and then shadowed a more experienced member of staff. No formal induction was in place for the agency staff. The registered manager told us they were in the process of formalising an induction process for all agency staff to ensure they all received a consistent introduction to the service.

Staff told us they completed training in key areas, such as fire safety and the safe moving and handling of people, before they started work. They then completed the remaining mandatory training during their induction period. The registered manager showed us their record of the training that staff had completed and future training that had been booked. The vast majority of this training had been completed within the required timeframe.

The majority of staff received regular supervision and appraisal of their work although the registered manager told us they had not been conducted as regularly as they wanted them to be. They told us they had no concerns about the performance of their staff, but acknowledged that they needed to ensure these were completed for all staff to ensure that people received an effective and consistent level of care and support. Staff told us they felt supported by the registered manager and felt confident to raise any concerns that they had during their supervisions.

People were supported by staff who understood their needs and had the required skills to meet these needs. We observed staff interact with people effectively throughout the inspection. They showed a good understanding of people's preferences and choices and ensured wherever possible they accommodated people's wishes. Where people presented behaviours that may challenge there was guidance in place for staff to follow to support them effectively.

Where people lacked the mental capacity to consent to care and treatment, staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. We saw assessments of capacity and best interests' documentation were in place where required. Relatives had been consulted when decisions were made for people if they were unable to give their consent. We saw people and/or their relatives had signed documentation within the care plan records giving their consent to decisions made.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately and discussed this with the registered manager. They told us they had prioritised the people they felt were most at risk and had made the appropriate applications for them. We checked the documentation in relation to these and they had been correctly completed. They told us they were now in the process of assessing other people within the home to ensure that people were not being unlawfully restricted. They assured us that people were not. The people we spoke with told us they did not feel restricted and were able to do what they wanted when they wanted to.

We observed staff support people in the way they wanted to be and staff respected and acted on their wishes. In some people's care records their wish to not have

Good

Is the service effective?

life-saving treatment if it were to have a detrimental effect on their on-going health was recorded. The documentation had been completed either with their consent or if they lacked capacity to do so, by an appropriate person. To ensure the staff had quick access to this information in the case of an emergency the names of the people who had these directives in place were recorded in the staff room. This also ensured that there was not an unnecessary delay for people being supported in their preferred way, if there were new or agency staff working at the home who did not know each person's individual wishes.

The majority of people spoke positively of the quality of the food provided at the service. One person said, "There isn't much I don't like, I think it's pretty good. Sometimes if you don't like it I leave it, I ask for something else and [staff] do bring me something I like." Another person said, "We get good food, we usually have a choice of two things every day."

People were offered a choice of meal prior to meal times. Pictures of the food being served were available for people to help them make their choice. We observed the lunchtime meal being served. People chose where they wanted to sit and the staff respected their wishes. There was a calm, friendly and relaxed atmosphere throughout lunch. Staff served people quickly ensuring people were not left for long periods without their food. When one person changed their mind about the lunch they wanted, the staff member reassured them that was ok and provided them with an alternative.

People were encouraged to eat independently if they were able to. Specially adapted plates and cups were provided to support people in doing so. When staff were required to assist people, they did so in a dignified and respectful way, talking with the person as they helped them. People seemed to enjoy their food with some people asking for a second helping.

People who had specific dietary requirements, as a result of their cultural or religious background, or specific health condition such as diabetes, were supported to have the appropriate food and drink to meet their needs. We spoke with the cook who could explain how they met these requirements and people's care records reflected people's needs.

People who had been assessed as being at risk of dehydration, malnutrition or excessive weight gain or loss had plans in place to support them. We saw food and fluid monitoring charts were in place to record the amount of food and drink that people consumed. Where guidance was required from external professionals such as a dietician, this had been requested in a timely manner and care records were updated to reflect the guidance.

People were able to see external healthcare professionals such as GPs, dentists and chiropodists if they wanted to. If people were able to leave the home to attend appointments staff went with them to support them. If people were not able to leave the home then visits were made to the home to ensure people received the treatment they needed. People's care records contained information of all visits that people had made and where changes to the care plans were made they

People's health was regularly monitored. Where people were at risk of skin damage, there was clear guidance in place in each person's care records for staff to follow to ensure people received effective care and support. The registered manager told us if people's level of need increased they consulted external healthcare professionals such as dieticians, occupational therapists and fall specialists to reduce the risk to people's health and safety.

Good

Is the service caring?

Our findings

People told us they felt the staff treated them in a kind and caring way. One person said, "You couldn't wish for better staff, we say the staff, but we don't class them as that. I have no qualms about being here and like it here." Another person said, "They're very good and I couldn't wish for better." A relative said, "The staff are very caring, they are like an extended part of our family." Another relative said, "I am very pleased with the care here. I looked at 14 places before we chose this one."

We observed positive interactions between people and staff throughout the inspection. Staff were kind, patient and provided care and support in a caring way. Staff understood people's preferences and respected and acted upon their wishes. One member of staff we spoke with said, "I love getting to know people, and helping them to live their life like they did before [they came here]." Another staff member said, "I love working with the people that are unable to go home. The job makes me feel good about myself, especially when I can see that my work is making a difference to others."

All of the people we spoke with told us they felt staff listened to them and treated them in a way that made them feel like they mattered. One person said, "If you needed anything, they'd listen to you and they'd help you."

People's religious and cultural needs were assessed when they first arrived at the home and then were regularly reviewed to ensure that staff were able to support people if they wanted to be. We spoke with one person who had specific cultural beliefs. They told us, "The staff and the people I live with have been very accommodating and respectful of my background. I enjoy living here and am being supported to follow my beliefs."

Where people showed signs of discomfort, distress or pain staff responded to this quickly and did everything they could to support the person. We saw staff hold people's hands, put an arm around their shoulders or just sit and talk with them. The staff showed a clear sense of empathy for the people they supported and people responded positively to them.

We received a mixed response when we asked people whether they had seen their care plan and were actively involved with making decisions about their care. One person said, "Yes whenever needed, there has been a lot of planning with me, they've listened to me and we've reached a decision in the middle." However others told us they had not been involved with planning their care. In each of the care records that we looked at we saw there had been some recorded involvement of people when decisions had been made. The registered manager told us people were actively encouraged to become involved with the planning of their care but would ensure that all people were made aware of the opportunity to do so.

The registered manager ensured that if required, people were supported by an independent advocate to make major decisions. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information was available in the home for people to access this support.

All of the people we spoke with told us they thought the staff treated them with dignity and respect at all times. One person said, "Yes they do treat me with respect, very much so and they're very understanding." Another person said, "The staff are understanding and respectful of our needs."

We observed staff support people in a dignified way throughout the inspection. For example where people had spilt food or drink on themselves or required support with personal care they were offered support in a respectful way. When staff discussed people and their personal care or other health related matters, this was done so discreetly to avoid people's dignity being compromised.

The registered manager told us a 'dignity champion' was in place. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. The registered manager also said, "Dignity is absolutely key, if it is not there that is when things fall apart. Dignity goes much further than just personal care."

When people required privacy this was provided. There was plenty of space in the home for people to have time alone if they wanted it. Staff knocked on doors and waited to be asked to enter before going into people's bedrooms. People told us staff respected their wishes for privacy. One person said, "They keep an eye on us and give us privacy when we want it and occasionally pop their head in, which I think is great and suits us all." Another person said, "They're very good, they come knocking on the door and see you're all right."

Good

Is the service caring?

Staff encouraged people to do as much for themselves as possible to increase their independence. Staff supported people with the use of walking aids, to attend toilets on their own and choose where they wanted to sit and eat.

The registered manager told us there were no unnecessary restrictions on people's friends and relatives visiting them. We saw people's friends and relatives visit people throughout the inspection.

Good

Is the service responsive?

Our findings

People told us they felt able to take part in the activities and follow the hobbies and interests that were important to them. People's care records contained information about the activities they wanted to take part in and people told us they were able to follow their interests. One person said, "If you were really interested in something they would try to do it for you." Another person said, "I like TV and videos and I have enough of them."

The service is a member of the National Association of Providers of Activities for older people, (NAPA). NAPA is a registered charity and membership organisation for those interested in increasing activity opportunities for older people in care settings. The registered manager told us the guidance they received from NAPA enabled them to provide activities that were relevant to the people who used the service.

An activities coordinator was in place to support people with pursuing their interests and also to encourage people to socialise with the people they live with. We spoke with them and asked them how they planned activities for people. They said, "There is an activity planning day once a month and we meet with residents to see if there are things that they want. We do listen to them. For example, we now have a ladies club and a men's club, and have separate ladies and men's shopping trips because that is what they said they wanted."

A wide variety of trips out away from the home were arranged. Visits to museums and ice cream parlours had taken place as well as day to day visits for walks around the local area and visits to the shops. Throughout the inspection we observed staff encourage people to take part in group activities but if they did not want to, staff respected their wishes. Throughout the inspection we saw people participate in card games, knitting and listening to their preferred music.

The registered manager told us they had recently had a large summer house built in the garden area for the laundry and ironing of people's clothes to be carried out. They told us some people had expressed a wish to assist the staff with these duties and they responded by making the summer house as welcoming as possible. Sofas, a television and a kettle were installed inside to enable people to support the staff if they wanted to or to sit and talk with them whilst the staff carried out their duties. During the inspection we saw people assist the staff with helping to organise the clean laundry. We spoke with one person who told us they were saving their ironing pile to do whilst watching one of their favourite television programmes.

People's care planning documentation was written in a person centred way that focussed on their preferences, choices, likes and dislikes. The way people preferred to be supported with their personal care was also recorded. We discussed the preferences of people who used the service with the staff. They had a good knowledge of people's likes, dislikes and preferences.

Throughout the home the provider had ensured that there was sufficient equipment, memorabilia and activities to support people living with dementia. Signage throughout home made it easier for people to move around independently of staff support.

People's diverse needs were identified and people's care plans were reviewed at regular intervals to enable the service to respond to people's changing needs. The registered manager told us they involved people, their relatives and external professionals where appropriate to ensure that decisions made for them are done so in a way the person wants. A person who used the service said, "They support me. It's a case of they wouldn't do anything [without me]. They support me in reaching decisions." A relative we spoke with said, "They [staff] are really interested in what is important to [family member]." An external healthcare professional said, "I strongly feel that they [staff] provide a high standard of care for their clients and that they are always seeking to continue to develop and improve."

People were provided with the information they needed to raise a complaint. The complaints procedure was displayed in an accessible position throughout the home. The people we spoke with felt confident that they understood the complaints procedure and that if they made a complaint the registered manager would act on it. One person said, "[Complaints] have been dealt with, they've been listened to and [staff] tried to put things right in the best way possible."

The records we looked at showed the registered manager responded to complaints or concerns raised by people in a timely manner.

Good

Is the service well-led?

Our findings

People were actively involved with the development of the service and were able to contribute to decisions made. Regular 'resident', relative and staff meetings took place and all felt able to give their views on how the service could be improved. A person who used the service said, "[The registered manager] definitely listens to you, they're always making changes." A relative said, "The manager listens to me." A staff member said, "I'm always able to give my view if I think something needs to change."

People were able to access their local community. The registered manager told us they tried to build links with local organisations and events in order for people to feel as involved with their community as possible. For example people have been encouraged to attend a local 'Memory Café' run by the Alzheimer's Society where they can meet people from within the community for a coffee and a chat.

People were provided with information about the aims and values of the service and were supported by staff who had a clear understanding of these. A member of staff told us, "Providing people with dignified care is our number one priority."

The home was led by a registered manager who ensured that the aims and values of the service were maintained at all times. They told us there was a particular emphasis on ensuring that people were treated with dignity and were able to lead as fulfilling a life as possible. They told us they continually reminded staff of the need to treat people with respect and dignity and to promote people's independence. They told us they ensured that staff were reminded of this during staff and supervision meetings. Throughout our inspection we saw staff uphold these values when supporting people.

There was a positive atmosphere within the home and people, staff and the members of the management interacted well together. A person who used the service said, "I'm quite happy here, quite happy." Another person said, "They're [staff] very pleasant people."

People, staff and relatives and external professionals spoke highly of the registered manager. A person told us, "I can speak to the manager if I need to." A relative said, "I wish [the registered manager] was my boss." A member of staff said, "If I need anything to help me with my job it is there." An external healthcare professional said, "Hatzfeld is well run by a manager who has exceptionally high standards and these standards are upheld by her staff."

People and staff were supported by a registered manager who had a clear understanding of the risks faced by the service and ensured robust plans were in place to reduce that risk. Regular audits in a number of areas such as people's care plans, capacity to make decisions and medicine administration were conducted. Where improvements were required, these were discussed with the staff and action plans were put in place to address it.

People were supported by staff who had a clear understanding of their roles. A staff member said, "We [staff] all know what we need to do at all times." The registered manager told us they had given members of staff the opportunity to volunteer to take the lead in certain aspects of the service. This gave staff the opportunity to be responsible for their specific area, to advise their colleagues if they needed support and to liaise with the registered manager if they felt improvements were needed. Some of the key roles included; dignity, mental health, hydration, medicines and epilepsy.

People were supported and staff were managed by a registered manager who understood their responsibilities. We saw that all conditions of their registration with the CQC were being met and notifications were being sent to the CQC where appropriate.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

The registered manager told us they and the provider of the service were continually seeking to improve the quality of the service people received and develop the knowledge and experience of the staff who support them. For example in 2013 Hatzfeld House successfully gained the local authority's 'Quality Dementia Mark' (QDM). This is awarded to services that have shown that they provide a high standard of care to people with living with dementia.

Good

Is the service well-led?

In addition to the QDM, the registered manager told us the service is currently undergoing the Gold Standards Framework training programme. This is designed to provide staff with sufficient training to support people who are nearing the end of their life.