

Hatzfeld Care Limited

Hatzfeld Homecare Services

Inspection report

Unit 3 Trentside Business Village
Farndon Road
Newark
Nottinghamshire
NG24 4XB
Tel: 01636 700077
Website: www.hatzfeld.co.uk

Date of inspection visit: 26 November 2015
Date of publication: 05/01/2016

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 announced inspection of the service on 26 November 2015. Hatzfeld Homecare Services is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 165 people.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who made them feel safe when they were in their home. Regular assessments of the risks to people’s safety were conducted and regularly reviewed. Care plans were in place to address those risks.

Summary of findings

Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines.

People were supported by staff who completed an induction prior to commencing their role and had the skills needed to support them effectively. Reviews of the quality of staff members' work were conducted and staff received regular training for their role.

The registered manager was aware of the principles of the Mental Capacity Act (2005) although we found one example where a MCA assessment was required that had not been completed.

Where appropriate people were supported to eat healthily and where significant changes to people's weight had been identified people's food consumption was recorded and monitored. People's day to day health needs were met by the staff and where appropriate referrals to relevant health services were made where needed.

People who used the service and their relatives felt staff supported them or their family member in a kind and caring way. Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support. People were provided with information about how they could access independent advocates to support them with decisions about their care. People felt staff maintained their dignity when they supported them with their personal care.

People's care records were written in a person centred way. People and their relatives where appropriate, were involved with planning the care and support provided. People's care records were regularly reviewed. People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

The registered manager led the service well and understood their responsibilities. Staff understood what was expected of them and how they could contribute to ensuring people received safe and effective care that met their individual needs. People were encouraged to provide feedback about the service and this information was used to make the required improvements. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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?

The service was safe.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

Regular assessments of the risks to people's safety had been conducted. Accidents and incidents were thoroughly investigated.

People were supported by staff who made them feel safe when they were in their home.

Staff understood how to support people safely with their medicines.

Good



Is the service effective?

The service was effective.

Staff had received the training they needed to do their job effectively. Staff performance was regularly assessed to ensure people received effective care.

The principles of the Mental Capacity Act 2005 were, in the majority of cases, adhered to.

Where appropriate, people were supported to follow a healthy and balanced diet.

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

Good



Is the service caring?

The service was caring.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support and also if they wished to speak with an independent advocate.

People's dignity and privacy were maintained by staff and people felt staff treated them with respect.

Good



Is the service responsive?

The service was responsive.

People were involved with planning the support they wanted to receive from staff and their needs were regularly reviewed.

People's support plan records were written in a person centred way and staff knew people's likes and dislikes and what interested them.

People were provided with the information they needed if they wished to make a complaint. Information on how to report concerns externally was also provided.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager understood the responsibilities of their registration with the CQC.

Staff understood their roles and how they could contribute to providing people with safe and effective care.

People were encouraged to provide feedback and to contribute to the development of the service.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Good



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 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 26 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

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

Before the inspection, we asked the provider to complete 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. We reviewed information the provider had

sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted a local authority who funded some of the support people received for their feedback about the service.

Prior to the inspection we sent questionnaires to 50 people who used the service to gain their views on the quality of the service they received. We received 21 responses, plus one from a relative who completed the survey on behalf of their family member.

At the provider's office we reviewed the care records for five people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with a member of the care staff, the care plan coordinator, and the registered manager.

After the inspection we contacted some people who used the service and some relatives or carers for their feedback about the service. We spoke with 15 people who used the service and three relatives or carers of people who used the service. In addition we contacted two care workers for their feedback about the provider.

Is the service safe?

Our findings

All of the people who responded to our questionnaire or who spoke with us told us they felt safe when staff supported them in their home. One person said, "I am very safe, it's just like having family and friends round." Another person said, "Oh yes, without a doubt I feel safe. If I have any concerns I would raise it with the management, I have their number. However it's never been close to happening." A relative said, "[My family member] said they feel very safe. They would speak to me if they didn't."

People were provided with information within their service user guide which explained to them who they could contact if they had any concerns about their safety or the safety of others. Contact details for external agencies such as the CQC were included.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they could report concerns to their manager, but also to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

A staff member said, "If I was worried about someone I would contact the manager and if I needed to I would speak to other people such as the police, social services or the CQC." Another said, "If I had any concerns at all I would report it straight away."

Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to MASH and the CQC where appropriate. Internal investigations were carried out and the registered manager told us if needed changes to company policy and procedures would be implemented to protect people's safety.

Assessments of the risks to people's safety were conducted and they were reviewed regularly by the care plan assessor. Assessments such as the environment people lived in; their ability to take their own medicines and their level of independence to undertake domestic tasks around the

home had been carried out. Care plans were then put in place to ensure staff were provided with sufficient information to enable them to support people safely. Additionally, the provider had a plan in place that ensured in an emergency people were still able to receive the care and support they needed.

People told us they were supported to do as much for themselves as possible and did not feel their freedom was restricted when staff supported them. A person who used the service said, "There are no restrictions, not at all." Another person said, "I'm not restricted, but if I'm struggling [staff] help me with socks and things. They are very good, they do it straight away." Another person said, "They don't stop me from doing anything."

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. A process was in place that ensured urgent action could be taken immediately if needed. This included either the senior care staff or office staff reporting concerns to external agencies or starting internal investigations. Records also showed that where people had marked their body in an accident, such as minor bruising, cuts or scrapes, these were clearly documented within their care records. This enabled staff to monitor any reoccurring themes that might need addressing and to ensure they were able to support people by recommending preventative measures to reduce the risk to their safety.

The registered manager told us that although the service was not responsible for the equipment within people's homes, they ensured staff were aware of how to identify faults with equipment. This included hoists and slings used to move people safely, the correct pressure was in place for pressure relieving equipment and checking a service of the equipment had been carried out during the correct timeframe. A staff member said, "We have received training on all the equipment that we will need. We are told to look out for the service dates and to report any concerns that we may have to the office."

People were supported by sufficient staff to meet their needs and to keep them safe. One person said, "They come twice a day, seven days a week. It's been a year now. They see I'm alright at night." Another person said, "The staff have been coming for a year I think. They come in the morning."

Is the service safe?

The registered manager told us they carried out regular assessments of people's needs and ensured there were enough staff available to keep them safe. When people required more than one member of staff to support them, this was provided. They also ensured that where people required assistance from staff with specific skills or experience this was also provided. The registered manager told us they continually reviewed people's needs and if they felt that more support was required, or a change of staff was needed, this was discussed with people before the changes were made.

We asked the staff whether they thought there were enough staff to ensure people were supported safely and whether they had the time during calls to do what they needed to. One staff member said, "We have enough time to do our duties but I would love an extra ten minutes just to be able to have a chat with people." Another said, "More time to talk to people would be good, but yes, we can get the job done."

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on staff member's suitability for the role had been carried out. We checked the recruitment records for four members of staff. Their records showed that before they were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the manager in making safer recruitment decisions.

People were supported by staff who understood the risks associated with medicines. The staff we spoke with could

explain how they supported people safely with their medicines. One staff member said, "I've had training and feel comfortable in supporting people with their medicines. I make sure they are stored safely before I leave."

We asked people if staff supported them with their medicines. One person said, "I do all my own medicines. They sometimes check I have taken them." Another said, "I take my own pills and [staff] remind me." A relative said, "[Staff] watch [my family member] while they take their medicine."

Staff had received the appropriate training to administer medicines safely and their competency in doing so was regularly assessed. The registered manager told us they checked that staff were aware of how to store, record and handle medicines safely when in people's homes. Where improvements have been needed then further training was provided for staff.

We looked at the medicine administration records (MAR) for five people who used the service at the time of the inspection. These are used to record when a person has taken or refused their medicines. All of the records had been completed correctly. Photographs, allergies and people's preferences in relation to taking their medicines were also noted.

One of the MARs contained reference to a person's medicines that should only be given on an 'as needed' basis. These medicines are not administered as part of a daily dosage and should only be given when needed. Although records showed that this medicine had not been administered there was not a clear protocol in place to ensure staff were aware when they should administer the medicine. The registered manager told us they would rectify this immediately.

Is the service effective?

Our findings

People told us they thought the staff who supported them or their family members had the skills, knowledge and experience to support them in an effective way. One person said, “The staff know how to support me.” Another person said, “[Staff] are very good, I have no problems with them.” Another person said, “I’ve not had any difficulty so far with the way staff support me.” However a relative we spoke with said, “Some staff know how support [family member] and some don’t; they are getting there. I leave lots of notes for them although they forget to do things sometimes.”

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. One member of staff said, “I had an induction and then did some shadowing before I went out on my own. I feel I had the right support to be able to do my role.”

We saw plans were in place for all staff to commence a new nationally recognised qualification called the ‘Care Certificate’. 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.

People received support from staff who had received the appropriate training for their role. Training records showed staff had received training in key areas that enabled them to carry out their role. Training had been completed for safeguarding of adults, the safe management of medicines and moving and handling.

Staff were offered the opportunity to complete external qualifications such as diplomas in adult social care. This ensured people were supported by staff whose training needs and professional development were continually reviewed and updated, enabling them to meet people’s needs in an effective way.

The staff we spoke with told us they felt well trained and supported by the registered manager and the other staff. One member of staff said, “I’ve had lots of training and it is

on-going all the time. We do face to face learning and computer training too.” Another said, “We had plenty of training. It was pretty good, but you pick things up as you get more experienced.”

We reviewed staff records which showed they received regular supervision and assessment of the quality of their work. Records showed where areas for improvement or development had been identified this had been discussed with the staff. The registered manager told us it was also an opportunity for staff to discuss any concerns they had with their role or if they wanted to discuss the support they provided for people. This process ensured that staff provided people with consistent and effective care and support.

The majority of people told us they were supported by the same care staff each day and the care staff arrived on time for their calls. One person said, “It varies; I have a main carer who comes, except in holidays, I know them all. They have just started doing a rota. They are pretty good at arriving on time. They do apologise if they are late.” Another person said, “I get different carers, but I do get a list. They read it out to me. No, never anyone I don’t know. They are never late.” A relative said, “They send [my family member] a list by post each week. They normally get the same two carers. They sometimes get different ones but they know they are coming. On the whole they arrive on time. If the timing is out they notify them in advance.”

People told us they were given choices and staff respected their choices. One person said, “[Staff] are very encouraging. I make my own bed, wash up and make my breakfast. [Care staff name] and I do it between us.” Another person said, “They know what I can and can’t do.” Another person said, “The one [care staff] who comes in the morning asks me, ‘do you want a shower or a body wash?’”

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.

Is the service effective?

In each of the care records that we looked at we saw reference had been made, where needed, to the MCA and best interest decisions were made in line with the MCA's guidance. We found one example where a person had limited capacity to make a specific decision and the proper process had not been followed. We discussed this with the registered manager. They agreed to review this person's care record and others to ensure that the current processes that were in place when decisions were made for people followed the appropriate legal framework.

People spoke positively about the support they received with buying their groceries, preparing their meals, and if needed, support with eating and drinking. "I do my own meals. They get me a drink. It's quite good really." Another said, "[Staff] help me with breakfast, I tell them what I have." A relative said, "They do give [my family member] meals. [My family member] is happy with the way they do it. They ask 'What would you like?'"

People's nutritional and dietary needs were discussed with them before they started using the service. This included any cultural or religious needs that could impact on the types of food and drink they consumed. Care plans were put in place that ensured staff were provided with the information they needed to enable them to support people effectively with their dietary requirements. We saw guidance was in place to support a person who needed to follow a low sugar diet due to them living with diabetes and another who required a soft diet. The staff we spoke with were aware of people's dietary needs. One staff member

said, "We have guidance in the care plans to tell us how to support people with their food. Some people can eat any food, others have specific needs that we must help them with."

The registered manager told us if the staff thought a person was gaining or losing too much weight they started to record the amounts that people consumed when supported by staff. This enabled them to monitor whether they were receiving an appropriate amount of food or drink. In two of the care records we looked at we saw these charts were in place and were reviewed regularly. The registered manager told us if they needed would make a referral to external healthcare professionals such as a dietician for guidance on how to support people effectively with their meals.

People's day to day health needs were monitored by the staff and any changes to people's health were recorded in their care records. These were then reviewed and discussed with the person. If they agreed then referrals to external healthcare professionals were made.

The majority of the people we spoke with told us that they or their relatives managed their healthcare appointments and did not need the assistance of the staff. However one person said, "I ask the carer to ring the doctors. The nurse is coming today; I will also ask her about a chiropodist."

The staff we spoke with could give examples of how they supported people with their day to day healthcare needs. One staff member said, "The care plans and notes tell us what we need to do, but once you get to know people and talk with them they will tell you what help they need."

Is the service caring?

Our findings

The people we spoke with and who responded to our questionnaire told us staff were kind and caring. One person said, “I can’t fault them, they are very caring. They are all very kind.” Another said, “They are kind, they are lovely.” Other comments included, “They are very caring, can’t do more, bless them. Ask them to do anything and they will.” And, “I wouldn’t change them for all the tea in China.”

We spoke with the registered manager and asked them how they ensured that staff were able to build positive relationships with the people they supported. They told us they had listened to people’s concerns that they were not always getting the same care staff which made it difficult for relationships to develop. They told us the changes they had made had improved this and the feedback we received from people supported this.

The staff we spoke with explained how they developed positive relationships with the people they supported. One said, “I try my best to talk to people and to make them feel at ease when I am in their home.” Another said, “I treat people as equals and try to form a good bond with them.”

People’s care records contained information about people’s likes and dislikes and their personal life history. This was discussed with people before they started using the service to enable the staff to have an understanding of the people they supported. The staff we spoke with had a good knowledge of the people they provided care for.

People’s care records showed that their religious and cultural needs had been discussed with them. The registered manager told us they were asked whether they required any additional support from staff in following their beliefs and if they did, plans would be put in place to do so.

There were processes in place that ensured people were provided with information about their care which enabled them to contribute to the decisions made. In each of the care records that we looked at there were examples where people’s care and support needs had been discussed with them and their relatives, and where changes had been requested they had been implemented.

The majority of people we spoke with told us they were involved with decisions about their care. One person said, “I did that initially. We spoke about the package. I have a care plan in place, it is all signed.” Another person said, “They sat down with me and did my care plan and it has been reviewed.” A relative said, “We had a visit from Hatzfeld initially, they did an assessment with [my family member] and I. They said it could be reviewed ongoing. Coincidentally, we will be having a review this afternoon.”

Information was available for people in their service user guide about how they could access and receive support from an independent advocate to help them make major decisions where needed. 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.

People’s care records contained guidance for staff on how to maintain people’s dignity when supporting them with their personal care. The records also advised staff on how to encourage people to be as independent as they wanted to be when receiving support with their personal care.

People told us they felt the staff treated them with respect and dignity when staff supported them in their home and supported them with their personal care. One person said, “When I have a wash on the bed they keep me covered.” Another person said, “Yes [staff] are respectful. Treating me with dignity seems to come naturally to them. A relative said, “They give [my family member] a body wash. They keep him covered.”

The staff we spoke with were able to explain how they ensured they treated people with respect and dignity whilst maintaining their human rights. One staff member said, “I treat people how I would want to be treated. It is that simple.”

In the provider’s office we saw people’s records were treated confidentially and were stored in a locked cabinet with the office. The staff we spoke with told us when referring to people’s record within their own home they ensured they also treated people’s records confidentially. One staff member said, “I always put the records away before I leave.”

Is the service responsive?

Our findings

People's support plans were written in a person centred way that focused on how they wanted their care and support to be provided. Information about their personal preferences had been considered when support was planned for them. People's views on the assistance they wanted with their personal care such as whether they wanted a male or female member was included. People told us they felt the staff provided their care in the way they wanted and they were involved with decisions about their care.

One person said, "When decisions are to be made, most are made with me." Another person said, "I was involved with planning my care." Other comments included, "I would discuss anything important with my family first. I have discussed some issues with Hatzfeld when needed," And, "I initially agreed what was needed [with the staff]."

We saw the time people wanted the care staff to support them had been taken into account when people's care packages were planned. In each of the care records that we looked at we saw staff were provided with clear daily roles and responsibilities for which people had agreed staff would complete during each visit.

People's care plans were formally reviewed annually to ensure that they were satisfied with the overall care package provided for them. Records showed that people, along with their relatives if they wanted them to be, were involved in these reviews. If changes were required then these were implemented with the agreement of all people present.

The registered manager told us they supported people with their hobbies and interests if they required it although this was not a common occurrence. They told us they had supported people to attend local day centres to meet friends and people from within the local community.

People and their relatives were provided with the information they needed if they wished to make a complaint. In each person's service user guide we saw the complaints process explained who they could speak with if they had any concerns about the care that was provided. We also saw details for the CQC were included if they wished to report their concerns to us.

The people we spoke with could explain how they would make a complaint and told us they thought it would be dealt with appropriately. A person said, "I speak to one of the office staff if I need to. I'll speak to the manager as well." Another person said, "I wouldn't ring the agency about concerns I would speak to the carers first." Another person told us about a specific complaint they had made and that it was dealt with appropriately and changes had been as they requested.

We spoke with staff and asked them how they would deal with a complaint if a person raised an issue with them. One staff member said, "If someone made a complaint to me, I'd do my best to help them myself. If I couldn't or it was serious then I'd report it to the manager."

Prior to the inspection we had received three complaints from people about a specific issue. During the inspection we raised this with the registered manager. We saw they had already responded to these complaints by changing a company policy and process to reduce the risk of others being affected.

We looked at the service's record of complaints and saw they had been dealt with in a timely manner.

Is the service well-led?

Our findings

The registered manager told us they aimed to provide people with a person centred and positive experience when they received support from their staff or contacted the office to discuss their care needs. The vast majority of people and the relatives we spoke with were positive about the service. The responses from the questionnaires we received supported this. One person we spoke with said, “I would give this service ten out ten and would definitely recommend to others.” Another person said, “I can’t think of anything to improve.”

The staff we spoke with had a clear understanding of the provider’s values and aims for the service and they could use those to provide people with a high standard of service. One staff member said, “Dignity and independence is the key to all the support we give people.”

The registered manager told us they recently offered people the opportunity to meet with others who used the service, staff and people from the local communities. They were invited to ‘care for a coffee?’ which was held in a local church hall. To ensure that all people were able to attend staff offered people a lift to and from the event. The registered manager contacted local businesses and secured a number of gift donations that enabled them to be won as prizes. Over £200 was raised during the event and the money was donated to a local charity. The registered manager told us that due to its success they planned to run more of these types of events in the future.

People spoke highly about how the service was managed and the majority knew who the manager was and felt able to talk to her if they needed to. One person said, “The manager is very nice indeed.” Another person said, “I spoke to the manager the once when we rang about the care plan in July. She was polite and pleasant.” Other comments included, “I can talk to the manager.” And, “She visited me and spoken to me on the phone. She’s very nice indeed.” However there were a small number of people who told us they were not aware who the registered manager was.

The service had quality assurance systems in place that monitored the quality of the service people received to ensure people received the care they wanted in a safe way.

Regular reviews of care plans and staff performance were some of the ways the registered manager monitored the service. Regular ‘spot checks’ were in place where a senior member of staff would arrive unannounced to observe a member of staff supporting people. They also requested feedback from people who used the service to help improve staff performance.

People who used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole and how it met their individual needs. The registered manager told us that satisfaction surveys were sent to people who used the service and their relatives annually. They told us the results of this year’s survey were currently being analysed and would be used to promote further development and improvement for the service. We looked at some of the initial analysis. It stated that 94% of people were satisfied with accuracy of their care records, 91% felt staff turned up on time and 90% stated they had the same care staff support them. The registered manager told us they were pleased with the results but wanted to ensure the service continually improved.

The registered manager told us they held a number of staff meetings to ensure that staff were aware of the risks to the service as a whole and how they could contribute to developing the service. Records viewed supported this.

The care staff were aware of the organisation’s whistleblowing policy and felt able to report these concerns with the knowledge they would be acted on. One member of staff said, “I would not hesitate to report any concerns that I had.”

There was a system in place that monitored all visits by care workers and ensured the office staff and the registered manager were aware if staff were late or missed a call. This demonstrated that the provider was able to monitor the quality of the service and take appropriate action when issues were identified.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary and when action was taken to address these events, the CQC were regularly updated.