

Hatszsz Prestige Care Limited

Hatszsz Prestige Care Limited

Inspection report

35 Narford Road
London
E5 8RJ

Date of inspection visit:
15 October 2021
19 November 2021

Date of publication:
18 January 2022

Ratings

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

Summary of findings

Overall summary

About the service

Hatsz Prestige Care is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection five people were receiving personal care.

People's experience of using this service and what we found

People and their relatives told us the service was caring and went the extra mile to support them and make them feel valued. Staff told us how they built good relationships with people, including those who were non-verbal, and that they enjoyed caring for people. Written guidance and procedures were not always produced in accessible ways and we have made a recommendation about this.

People told us the management team were approachable and listened to them. People told us they would recommend the service to others. The management team communicated well with staff to ensure people's needs were met, including at the end of their life.

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

There were enough staff to meet people's needs and staff were recruited safely. Not all staff had completed the provider's mandatory training but people told us staff knew how to help them. People were supported to have enough to eat and drink and have access health care when required.

People told us they felt safe receiving care from the provider and risks to their health and wellbeing had been identified and minimised.

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

This service was registered with us on 21/04/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since they were registered with the CQC to provide personal care.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hatszsz Prestige Care Limited

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 team consisted of one inspector 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 care service.

Service and service type

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

Notice of inspection

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

What we did before inspection

We reviewed information we had received about the service including people's feedback about their care. The provider was not asked to complete 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

We spoke with two members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at three more care records, training data and quality assurance records. We spoke with two people who used the service and two relatives. We spoke with three care staff members.

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. A person told us, "They are excellent, extremely flexible and very safe." A relative said, "They make me feel at ease – they are absolutely brilliant. We trust them completely."
- Staff knew how to escalate concerns and allegations of abuse. One staff member said, "We have a form we fill out and can notify local authority and CQC."
- The provider had a system to ensure concerns were recorded and worked in partnership with health and social care professionals to ensure people were kept safe.
- The provider was committed to learning when things go wrong. For example, improving their system regarding a person's request to change the time of the care call to ensure the person did not miss their visits.

Assessing risk, safety monitoring and management

- The provider had assessed the risks people faced and had made plans to minimise the risk of harm. A person gave us an example of how staff knew to look for signs they were becoming unwell and to help them safely to avoid injury.
- Records included guidance about risks people faced such as pressure sores, moving and handling and swimming.

Staffing and recruitment

- There were enough staff deployed to meet people's needs, including where people needed two staff members to support them safely. People told us, "It's a good double up arrangement. It works well."
- People told us staff were mostly on time and they were kept informed if staff were running late. One person said, "Yes, they are punctual. Generally on time. If they are going to be say 10 minutes late, they text me." A second said, "Yes, and if they are a little late getting to me, they always make up that time at the end of the day." A relative said, "Their time keeping is excellent. It's great for [family member]."
- The provider had a plan to record all call times as the service grows to ensure people's needs are met on time.
- Staff were recruited safely to ensure they were suitable for working with people. The provider had carried out the relevant checks such as obtaining work histories, right to work documentation and criminal record checks.

Using medicines safely

- People told us staff managed their medicines safely. A person said, "They know what medicines I take."

- Staff told us they had received medicines training and they got reminders about any changes to people's medicines in order to avoid mistakes.
- The provider had checked staff were competent at administering medicines before they started doing it on their own.
- Staff did not have access to information about the side effects of people's medicines so may not have been able to identify an adverse reaction. The registered manager told us they would include the side effects. we will follow up on this when we next inspect.

Preventing and controlling infection

- The provider had measures in place to prevent and control the spread of infection.
- Staff had received training and were using personal protective equipment safely. A person told us, "They all wear masks and gloves and wash their hands." The nominated individual took PPE to each staff member so they would not run out.
- Staff told us they were supported to access testing to help ensure people were kept safe.

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

- The provider had a system to assess people's needs to ensure their care was of a good standard. Before people started receiving care the provider met with them and their families as appropriate and discussed how they could meet their needs.
- The majority of people the provider supported had been receiving support at the end of their life and the provider had developed records to ensure the process captured people's needs and preferences without being too lengthy or demanding on people and families at this sensitive time.

Staff support: induction, training, skills and experience

- The provider supported staff to develop the necessary skills to carry out their role. Training records showed not all members of staff had received the provider's mandatory training due to the pandemic but the registered manager told us all new staff complete an induction and are paired with experienced staff to learn how to meet people's needs. A person told us, "All I can say is that I'm fully content with them." A second person told us that their non-regular staff did not seem to have had as much training as their permanent carers.
- Staff told us the management team provide constant support over the phone when needed and the training they received had been useful. A staff member said, "Yes, we've all done moving and handling courses, how to use the hoist."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to eat and drink enough. Records contained information about people's preferences and daily notes showed these were followed.
- Daily notes contained information about how people were feeling and described what the amounts they had eaten and drunk. This meant that staff who attended after them were aware that someone may need more encouragement to eat and drink to remain well.
- Staff told us they would tell the management team when people were unwell and they would ensure relevant referrals would be made. Records confirmed people had received support from GPs and district nurses.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Staff had received relevant training and understood how to apply the principles to their work. A staff member said, "Our clients make their own decisions unless it has been [assessed] that they can't make a certain decision then they will have a representative to do so."
- People had signed their consent on their care records or a social worker or family member had done so where appropriate.

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 told us the service was exceptionally caring. A person said, "I can't fault them at all. They are fantastic, absolutely lovely." A family member said, "I will never be able to pay back the love and kindness these people have shown us as a family."
- Staff went the extra mile to treat people well and with respect. Staff would routinely stay longer than their designated times when people were in low mood to help them feel better. A person said, "They even come a little early sometimes and stay longer... I sometimes phone the carer up and ask if [they] would bring something in from the shops on the way in. That's the kind of arrangement we have." A staff member said, "We can stay longer if we need to" and gave an example of spending extra time with a person to share in an activity they enjoyed.
- Records confirmed this caring approach. A care note stated, "[Person] was still feeling a little low and wanted one of us to sit with her and talk which we did." Care notes also included caring moments such as a shared joke between the person and carer which showed a respectful and fun relationship.
- Staff respected people's diversity and treated everybody equally. The registered manager said, "In this area there are lots of different cultures and religions. You treat others how you want to be treated." A member of care staff said, "What I believe doesn't have a role in what they do. If someone is gay, lesbian, transgender, black or white Hatszz care teaches us that everyone is valuable." Care staff gave examples of celebrating religious festivals with people and enjoying learning about other people's traditions.

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

- People were supported to express their views about their care. A person told us, "I am fully [involved in my care]. It is a marvellous agency. I am so happy with them." A second person said, "Oh yes, I do speak up. I make all the choices."
- Care staff understood the need to help people express themselves and used body language and communication aids where appropriate to know exactly what the person wanted. Care staff explained they would speak with the previous carer to understand how people were feeling or what they wanted that day to best meet their needs. The provider gave an example of using staff who could speak the person's language to assess their care.
- Care notes demonstrated that tasks were done with people's consent and involvement. For example one stated, "I assisted [person] into the bathroom with [their] consent and helped [them] shower."
- Staff understood that all people must be treated well in order for them to participate in their care. Regarding people who may challenge themselves or the service a staff member said, "I understand clients may have had a bad day and they don't want to see anyone. We give them encouragement and reassurance. We give them empowerment."

- The registered manager told us how they embedded empathy as one of the values of the service to ensure people received caring support. "No human being is difficult... You find a way of improvising to provide the care. We use role playing a lot – empathy is very important. You can't be educated to care. You need to want to give care."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. The provider ensured staff made people feel valued and appreciated. For example, the provider wanted to ensure people's comfort was met and provided a massage therapist to visit people. A family member said, "[It] helped my [relative] when they were in pain."
- A staff member said, "It does mean a lot to have pride and dignity... We want them to feel like a human being." A person said, "They are happy coming here. They bring food in, sometimes something they've cooked themselves." A relative told us, "[Family member] was so upset about having to [be cared for] but [nominated individual] and [staff members] managed to help [relative] realise that nothing was too much for them. They went above and beyond even rubbing [relative's] hands and feet to help relax [them]."
- Staff supported people's independence. A person told us, "They help to prepare and cook the meals, washing and chopping food – with me."

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; Meeting people's communication needs

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

- The provider planned person-centred care to ensure people received support in line with their preferences. People told us they were involved in planning their care. A person said, "I am fully involved. [Carer] does everything I need."
- Care plans and daily care notes were highly personalised and contained information about how they liked things to be done such as when they would like certain deserts or what they wanted to happen when they had visitors or take part in activities.
- Care records contained information about what to do if people became unwell so staff could respond to their needs.
- The provider met people's communication needs. Most people were able to communicate or had a representative that was involved in their care planning. However, policies and procedures were not available in accessible formats.

We recommend the provider seek advice and guidance about following the Accessible Information Standard

End of life care and support

- The provider had systems in place to support people at the end of their life. The provider had embedded a caring attitude amongst staff with an emphasis on incorporating people's cultural and religious wishes.
- Relatives of people who had passed away contacted the CQC and their comments included, "They helped us understand the process of end of life. My [family member] loved every single [carer]." And, Hatszz taught us patience and to enjoy the moment! Everything about the team is sincere their ways of working... They're dedicated and it's visible just by the way they are always ready to help! And, "They didn't rush [family member] in any way and made [them] feel relaxed and comfortable even though [they] had not come to terms about being palliative."
- Staff gave us examples of understanding people's cultural needs and how they wanted to be supported at the end of their life. The management teams told us they attended people's funerals to show their respect and support.

Improving care quality in response to complaints or concerns

- The provider listened to people and had a system to respond to complaints and concerns. There had not

been any formal complaints since the service was registered with CQC.

- People knew how to raise concerns if needed. "Yes, I would get straight to [management]. There's no need to complain about anything though."
- Staff knew to escalate complaints to the management team if required. One staff member said, "I would put down on notes and speak to [management team] and whatever course of action they would ask us to take we would take it from there."
- The registered manager explained what their approach would be, "If there's a complaint we would say, 'tell us what we can do? We say beg your pardon. We'll do something else for you.'"

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. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. People and relatives told us the management team were approachable and communication was good. A relative said, "[Nominated individual] is great. She's given us her number so we can phone anytime." A person told us, "I use Whatsapp with [Nominated individual] it's easy and quick."
- The provider embedded care that was person-centred and caring. A person told us, "I know [nominated individual] is rotating staff supporting me so that they are all aware of my needs."

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

- The registered manager understood their duty of candour which is to apologise when things go wrong and take steps to put things right. The registered manager said, "We would support the client and not make them feel like they've made a mistake by complaining."
- The registered manager knew to report serious incidents to the CQC in the form of statutory notifications. The registered manager understood the importance of being transparent when things go wrong, they said, "It's about transparency. Whether one makes a judgement against us is neither here nor there. We are here for the client."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and staff had a culture of continual learning as they wanted to improve the care they delivered to people. The registered manager told us that staff must understand people's preferences in order to help them. They said, "We cascade the preferences to staff and make sure all staff are aware, willing to adapt and overcome barriers to meet those needs."
- Staff told us that communication amongst the team was good and they had monthly meetings.
- The management team led by example and were visible on the ground working with staff to provide care.
- Staff told us they enjoyed their jobs and were valued members of the team. One staff member said, "I love care." Another said, "Everyone feels like family... [the nominated individual] takes care of the people who work for her. She's taught everyone you've got to have love for the job. We have carer of the month that is a great incentive." People told us staff morale was high. A person said, "Staff are happy and friendly."
- The registered manager told us good care means people are satisfied. The provider had an improvement plan to improve written records and had made changes to the service such as delivering personal protective

equipment to staff to ensure they always had enough.

- The management team completed spot checks on staff to check their performance was of a high standard. A person said, "[Nominated individual] keeps a close watch on her staff... It's an excellent agency." A second said, "I would absolutely recommend them to anyone in a similar situation."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider involved people using the service. A person said, "I speak with [nominated individual] all the time. She is easy to contact and talk with."
- Staff felt consulted and listened to during conversations and meetings about the delivery of the service.
- Records confirmed the provider worked well with health and social care professionals when required.