HF Trust Limited

Bagatelle

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 March and 13 April 2018 and was unannounced.

Bagatelle is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bagatelle provides accommodation and personal care and is registered to accommodate ten people with learning disabilities; at the time of our inspection there were six people living in the home.

At our last inspection in January 2016, the service was rated overall as good. At this inspection, we found that improvements were required and the service was overall rated as requires improvement.

There was a registered manager in post. 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 systems and processes in place to assess, monitor and manage the service required strengthening. The audits in place required more detail to ensure they were effective.

Infection control and medicine auditing processes required improving to ensure they were effective.

People received care from staff that knew them and were kind, compassionate and respectful. Staff spent time with people and understood their individual needs.

People's needs were assessed prior to coming to the home and detailed person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk.

There were sufficient staff to meet the needs of people; staffing levels were kept under review. Staff were supported through regular supervisions and undertook training, which helped them to understand the needs of the people they were supporting.

There were appropriate recruitment processes in place to protect people from being cared for by unsuitable staff and people were safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their

care and /or their day-to-day routines. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

The registered manager and new manager were approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to look at ways to improve the experience for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Environmental hazards and risks had not always been identified and acted upon.

Infection control procedures required strengthening.

People were supported to take their medication as prescribed, however auditing of medicines required improving.

Staff had received training in safeguarding and knew how to report any concerns they may have.

There was sufficient staff to provide the care people needed. Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems in place to monitor the safety and effectiveness of the service required strengthening.

Audits were not detailed enough and in some cases not in place to ensure that the quality of the service was maintained.

People, relatives and staff were encouraged to give their feedback and be involved in the development of the home.

Bagatelle

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 was a comprehensive inspection. The inspection was unannounced and took place on 28 March and 13 April 2018. The inspection was undertaken by an inspector and an assistant inspector.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people who used the service during individual tasks and activities.

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 the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection, we spoke with four people who lived in the home and six members of staff; this included four care staff, the registered manager and a newly appointed manager. We were also able to speak to one relative.

We looked at the care records of five people and five staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for

managing complaints.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. During the inspection we were shown around the building, this included communal areas and where people consented, their bedrooms. On the first floor landing there was a trip hazard where the carpet/carpet runner was not secured to the floor correctly. In the main lounge, we found that electrical extension leads were not positioned safely and were a trip hazard. A portable heater was not secure and the supporting feet of the heater fell off when we moved it.

In the main lounge, Control of Substances Hazardous to Health (COSHH) cleaning materials including bleach, air freshener and furniture polish were stored in an unlocked cupboard and all the people living at the service were able to have access to them. This cupboard also contained fish aquarium products, for example algae control solution and fish food.

We spoke with the registered manager and manager about our concerns and they took immediate action to remove the COSHH products and to secure the trailing leads. On the second day of the inspection we were informed and saw documentation to evidence that the providers' environmental team had visited the home. A plan of works was put in place to replace the carpet and a redecoration schedule of works was in place for other parts of the building.

People's medicines were mostly managed safely and administered by staff at the prescribed times. However, there was no stock control procedures in place and medicines that had been carried forward from the previous month were not recorded on the Medication Administration Record sheet (MAR). This meant that the provider could not be assured that the amount of medicine held in the home was correct. Staff who administered medicines had not consistently received competency checks throughout the year to ensure that they were still competent and following best practice guidelines. The registered manager told us that this had already been identified and an action was in place to ensure all staff received a competency check in the next month. We reviewed the medicine procedures and found that people were given their medicines in a way that met their individual needs. Medicines were stored securely and Medication Administration Records (MAR) were completed accurately after each person had received their medication.

The prevention and control of infection practices required strengthening. At the appropriate times, staff were using personal protective equipment (PPE) such as gloves, hand gel and aprons. One person told us. "It is always clean here; they [staff] do a great job." However, the infection control auditing procedure that was in place was not adequate and required strengthening to ensure that infection control measures were being followed in the home. For example, the audit did not cover cross contamination, checking staff practice or kitchen cleaning schedule checks.

People told us they felt safe living at the service. One person told us, "There is always staff around and I have a key to my bedroom door; which makes me feel safe." Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were readily available to

staff. The registered manager had contacted the local safeguarding team when any concerns had been raised. Where the local authority had requested investigations to be undertaken these had been done so in a timely matter. Any lessons learnt had been recorded and shared with staff.

People's needs were regularly reviewed and risks to people were identified and steps taken to mitigate these risks whilst supporting people's independence. One staff member told us, "We have lots of risk assessments, for example risk assessments on supporting people who have seizures." Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, travelling in the community, behaviour that may challenge and falls. One staff member told us, "We risk assess all of the time, especially if we are supporting people who have the potential to be aggressive; it is so important that we know how to deal with these types of situations." Staff told us that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe.

People were supported by sufficient numbers of staff to keep them safe and to meet their care and support needs in a timely manner. There was a skill mix of staff, which meant people's diverse needs were met by a staff team that was knowledgeable and able to deliver care safely. People, relatives and staff told us they thought there was enough staff deployed to meet people's needs in a timely manner. One person said, "I like all of the staff, they always try to help me." The home used staff from an agency on a regular basis to ensure that they could meet people's needs effectively. The agency staff were familiar with the people who lived at the service and knew their routines and preferences.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and handovers if required.

Good

Is the service effective?

Our findings

People's needs were assessed before they came to live at Bagatelle to ensure that all their individual needs could be met and any adaptations and equipment were in place. People and their families were encouraged to visit the home if possible before making the decision as to whether to live there.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice. Specialist training had been undertaken, for example, staff had received training in positive behaviour management. People were confident that the staff had all been trained and we saw that staff demonstrated a good knowledge of people and how to support people well for them to achieve good outcomes.

All new staff undertook an induction programme and worked alongside more experienced staff before they were allowed to work independently. The induction was in line with the Care Certificate, which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. One staff member said, "The training has been good and we are encouraged to keep up with all training that is offered." Staff training records were kept and we could see that training such as manual handling, safeguarding and health and safety was regularly refreshed. A staff training matrix clearly identified when refresher training was required. This ensured that all staff remained up to date with their training.

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and that they could approach the registered manager or manager at any time for guidance and advice.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed people freely moving around the home and spending time in different communal areas and in their bedrooms.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of

Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and a record kept of when authorisations had been made and when they were due for renewal. Best interest decisions were recorded in care plans where people were unable to consent to medication. Choices and preferences were clear in people's care plans including where people had varied capacity.

There was an equality and diversity policy in place. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a dietician and Speech and Language Therapist had been made when required and advice followed.

People were fully involved in choosing a weekly menu and where possible they were encouraged to help prepare meals. Alternative meals were available should anyone not wish to have the main menu choice. There were snacks and drinks available throughout the day. People and their relatives told us the food was good and there was always a choice. One person said, "The food is lovely, and we have takeaways sometimes." We spent time observing people over lunchtime. No one was rushed and there was plenty of support for those people who needed it.

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. People's records showed that they had regular access to a GP. One person told us, "I don't like going to see the doctor but if I don't feel well the staff persuade me to go." Referrals were made to specialist teams when required, for example, community teams for people with learning disabilities. People were supported to attend local dentists.

The premises met people's mobility and social needs. People had access to a large garden and were able to see their visitors in private. One person told us, "I love spending time in the garden, I help the gardener as well and I do some gardening most days; even in the winter!"

Good

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. However, one person did not have curtains or blinds at their window and this person was known to occasionally walk around their room with no clothes on. We spoke with the registered manager about our concerns who informed us that the person continually pulled any window coverings down and although they were put back up the person pulled them down again. We discussed with the registered manager about looking at other options available to ensure this persons privacy and dignity was protected and promoted and we saw that on the second day of the inspection an appropriate obscured privacy film had been placed directly on the window.

We observed staff knocking on people's doors prior to entering, and ensuring that doors were closed whilst personal care tasks were being completed. One person commented, "I like to keep my door locked at all times, I know the staff have a spare key for emergencies and they will only use it an emergency so I know my privacy is protected."

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person told us, "The staff are lovely, legends; that's what I call them."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We found that staff worked hard to make people and their relatives feel cared for. Staff spoke positively about the people they supported, one member of staff said, "I love working here; I haven't been here long but everyone is friendly and it is all about the people we support." People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs.

People were actively involved in decisions about their care. One person told us, "I can choose when I want to get up and what I do throughout the day; I don't have to have a routine." If people were unable to make decisions themselves and had no relatives to support them, the provider had ensured that an advocate was sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. We spent time observing and listening to staff to see how they interacted with people they supported. We saw staff were attentive to people's needs and calls for assistance were answered promptly. The staff's approach was kind, caring and respectful.

People were able to personalise their rooms according to their tastes and preferences. Some people had bought their own furniture with them, which made their rooms very homely. People were able to see personal and professional visitors in their own rooms or in communal areas.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their relation and said they could visit and telephone the home at any time. One relative told us, "The whole team are really good, I

can call at anytime and they always keep me updated." This showed the service supported people to maintain key relationships.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to determine if the service could meet their needs effectively. During the inspection, we saw records of preadmission assessments that had been carried out with people and their relatives. These covered areas such as medical history, mobility and behavioural support needs. The preadmission assessment was used to devise care plans that provided staff with detailed information about how people should be supported.

Care plans were in place for people and were all accurate and up to date to reflect current care needs. The care plans were detailed and included current information about people's care needs as well as their social support needs and wishes. Records included information about how people's needs would be met. For example, preferences in relation to personal care, access to community opportunities like volunteer placements and day centres for people with learning disabilities. All staff had access to the care plans, which were comprehensive, up to date and reflected people's changing needs.

The staff were responsive to people's needs and wishes. Most people were able to communicate with staff about their needs and wishes on a daily basis. People said they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us, "Sometimes I like to have a slower day and just potter in the garden, sometimes I like to get the bus to visit [relative]." Another person told us, "I've been out today to the coffee shop, I like it there; I will go somewhere different tomorrow."

Staff were made aware of any changes to people's care needs through regular handover of information meetings, during which, changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

Staff understood the need to support people's social and cultural diversities, values and beliefs. One person said, "I go to church regularly, well, sometimes I go and sometimes I don't, I choose." People were able to participate in a variety of activities in the home, like arts and crafts, baking and gardening. People accessed various activities in the community, including visits to the local town, walks in country parks, visits to the local pub for meals and visiting friends and families. We saw different activities taking place during the inspection.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider met this standard. For example, there were easy read documents available for people and one person had a talking book where the person's wishes and preferences were recorded so they communicate with staff about their wishes in a way they preferred.

The service didn't regularly support people with end of life care, however where people had agreed their

wishes and preferences had been discussed with them. We saw in one person's file that their wishes had been recorded and there was information about who to contact in the event of their death.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I've never had to complain about anything but I could speak to any of the staff or the manager [registered]." One relative said, "Honestly, I have never needed to discuss any concerns, I can't fault anything they [staff] do; they are always so caring and want to make sure they give the right support to [person]."

Requires Improvement

Is the service well-led?

Our findings

A registered manager was 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 systems and processes in place to assess, monitor and manage the service required strengthening. Although the registered manager had some oversight of the service, they had moved to a new role in the organisation and they did not have the responsibility of the day to day running of the service. A new manager was in post who was in the process of being registered, however, they were responsible for three services and on the first day of our inspection had only been in the home on a handful of occasions.

The systems that were in place did not always contain enough information to ensure there was a thorough oversight of the service. For example, infection control audits were not detailed enough to check on all areas of infection control. The medicine audits did not check on the stock levels of medicine held at the home and environmental audits had not identified the concerns with cleaning products being stored in lounge cupboards and trailing leads. Although we were able to view training records for staff, the records were stored in various places and proved difficult to have a clear oversight.

The staff demonstrated their knowledge of all aspects of the service and the people using the service. There was a clear emphasis on treating people as individuals and supporting then with care that was tailored to their individual needs.

We received positive comments from people and staff about the home. One relative said, "[Registered manager] is very kind; they will always keep you informed." A member of staff said, "The new manager is very welcoming, I would not hesitate to ask about anything, they are open to ideas on how to support people."

People living at the home had regular meetings to discuss the service provided and look at ways to improve the service. We read that people were asked about social events, menu planning and introductions to new staff. People also spoke about what activities they had enjoyed in the previous month.

Relatives were invited to complete a questionnaire about the home annually. The comments that had been received were positive and everyone thought their relatives were safe and cared for well and would recommend the home to others.

Staff said they were well supported, listened to and encouraged to develop their skills and knowledge. There were regular staff meetings which ensured staff had the opportunity to share experiences and suggest ideas. One member of staff said, "We work well as a team and share our ideas."

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in

place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

People's care records had been reviewed on a regular basis and records relating to staff recruitment were well maintained. Records were securely stored to ensure confidentiality of information.

The service had good links with the local community and due to the good relationships people felt welcomed in their community. One person told us, "I sometimes go for breakfast on a Saturday in the local café, I really like it there and everyone is friendly." The same person told us, "When I catch the bus to visit [relative], if ever there was a problem I could call in some of the shops I know and they would make sure I was safe."

To ensure that staff were kept up to date with changes in practice, legislation and new innovative ways to deliver care the registered manager and provider attended various conferences and researched information on the internet. The home received emails and newsletter updates from various websites, which included, Care Quality Commission and the Department of Health. In preparation for the General Data Protection Regulation, which comes into force in May 2018, the provider had already ensured their records and archiving system was compliant with the new regulation.