

# HF Trust Limited

# Bagatelle

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on Friday 8 January 2016 and was unannounced on this occasion. We returned on Thursday 14 January 2016 and this visit was announced.

Bagatelle is a service that provides accommodation for up to 10 people. At the time of our inspection there were nine people using the service. Care and support was provided to enable people to live as independently as possible. Accommodation is provided on two floors and people have their own bedroom plus the use of communal areas and the large garden areas surrounding the property.

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 and associated Regulations about how the service is run. The registered manager had been off work for some time and a senior member of staff was overseeing the service with support from the regional manager.

# Summary of findings

People who lived at the service told us that they felt safe and staff knew them well, relatives we spoke with also confirmed this. There were some people who raised concerns about staffing levels as staff were not able to support a person in the community without prior notice. However, everyone we spoke with said that staff were caring and individual needs were always met in other areas. People also told us that staff understood their individual needs and choices. People accessed the local community with support from staff when this had been planned, or if the service vehicle was available.

Staff were aware of how to protect people from avoidable harm and were aware of safeguarding procedures. Therefore any allegations or recognised incidents of abuse were dealt with and reported in the required manner. Staff had been trained to enable them to have the skills and knowledge needed to provide appropriate support to people. We saw records that showed the training that had been completed and staff confirmed they had ongoing updated training to refresh their knowledge. Relatives said that they felt they could discuss any matters with staff and that previous issues discussed had been addressed.

People had access to healthcare professionals should this be necessary. Care plans had details of any specific conditions and how to identify any problems. The appropriate health services were contacted when necessary. Our discussions with people at the service and our review of records confirmed this.

The staff told us that they enjoyed working at the service. They confirmed that the staff team worked together at Bagatelle to try and support people with their chosen activities. Any concerns or comments from people were dealt with immediately. However, although staff stated this, there were no follow up documents that identified what action had been taken after requests from people at their own 'People who use the service' meetings.'

The provider and staff were aware of requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008. Our observations and review of records showed that people were encouraged to make independent decisions and choices. Our discussions with people living at the service also confirmed this.

People's nutritional and dietary requirements had been assessed and people were encouraged to make healthy choices. People told us that they chose their meals as a group and had different meals when they wanted.

There were systems in place to assess and monitor the quality of the service. This included regular discussions with people who used the service, both in groups or individually. The provider issued yearly questionnaires to gain the opinions of individuals, the results of which were collated by head office and then shared and discussed with the staff at each location.

# 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.

Staff were trained to recognise and deal with any abuse. Risk assessments were completed to support the wellbeing and safety of people.

People were supported and encouraged to make independent choices.

People told us that they felt safe and that staff did listen to them if they had any worries or concerns.

Staff had been trained regarding the safe and appropriate way to store and administer medicines.

Good



### Is the service effective?

The service was effective.

The staff team were trained and had the skills and knowledge they needed to support and care for people.

People were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals when required.

People said they chose their own meals, liked the food they had and could eat when they wanted to.

During our discussions staff demonstrated a thorough understanding of the Mental Capacity Act (2005) as well as the Deprivation of Liberty Safeguards (DoLS) 2008. Staff also told us that they would speak out if they observed any abuse.

Good



### Is the service caring?

The service was caring.

Staff were kind, considerate and thoughtful. People told us that their privacy and dignity were respected.

People were supported and enabled to be fully involved in making decisions about their care and independence. We saw that staff treated people with due consideration for their choices and preferences.

Staff treated people with consideration, dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People's individual needs and preferences had been assessed before they arrived at the service and these were met. This included having access to activities both within the local area as well as at the service. People told us they enjoyed their trips out and that when any adjustment had been needed to their stay, they had been listened to and matters had been addressed appropriately and as quickly as possible.

Staff had a good understanding of the support that people needed and how they had chosen for this to be given.

Good



# Summary of findings

The provider had a complaints procedure that was accessible to people and feedback about the quality of the service was regularly gathered through various methods.

Care plans contained clear information about people's lives, their current preferences and what activities they enjoyed.

## Is the service well-led?

The service was well led.

Staff enjoyed their job and were able to provide suggestions about the development of the service or additional training they felt was relevant to their role.

People knew the staff team, there was a notice board in the main entrance that showed which members of staff were on duty.

The quality of the service was regularly monitored and any comments were shared with staff and plans of action drawn up to address matters that required improvement.

**Good**



# 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 checked 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 8 January 2016 as an unannounced visit and again on 14 January 2016 as an announced visit. The inspection was completed by one inspector. The registered manager was not available at this time, so the regional manager and a senior support worker assisted with the inspection along with the team of support staff on duty.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

On the day we visited the service, we spoke with seven people living at Bagatelle, with two relatives, four care staff, one administrator and one regional manager. We observed how care and support was provided to people and how staff interacted with people who were living at the service.

The records we looked at included; three care plans, three recruitment files and other documentation such as records relating to the maintenance of the premises and equipment, medication records, procedures around dealing with money and records relating to how the service monitored staffing levels and the quality of the service.

# Is the service safe?

## Our findings

People told us that they felt safe at Bagatelle. One person said “Yes, oh safe, yes.” Another person told us they were able to speak with staff about things they worried about and named the staff member who had provided support in the past. When asked about staff being available, two people told us that staff had been there and that, “Staff always help if we need it.” Another person nodded.

We were told that the permanent staff at Bagatelle covered other staff’s sickness or holidays whenever possible. However one relative said they had seen a lot of new agency staff. They felt that more staff were needed at the service. When we discussed this with staff we were told that they did keep people safe, knew people well and always had on call numbers for any emergency that may arise. They felt that they were able to support people appropriately, but two staff said that additional numbers would mean that things were not so rushed, particularly at busy times of the day.

Staff had regular safeguarding training and follow up refreshers. All staff told us they felt part of a team and would always speak out if they had any worries about safety. They said that staff worked closely together, knew the people they supported and felt they would recognise any anxiety or unsettled behaviour. People living at Bagatelle said, “I know staff listen if I am worried. I talk to staff about things and I feel better.” Another person told us, “We can always tell staff if we worry, I am happy.”

We saw risk assessments on care plans that covered routines both inside and outside the service, these were regularly reviewed and clearly written for staff to follow. Staff also described various signs or actions that people may display when they were not feeling themselves and this was again reflected in the written support plans. Risks were minimised and staff expressed a clear understanding of certain conditions that may cause a response that would require two staff to deal with. There was a robust procedure in place for this person and staff we spoke with were aware of this and described their actions should this happen at any time. This showed that staff were knowledgeable about how to support people safely.

We did see that the service was busy with the doorbell going and the telephone needing to be answered,. This often meant that time was taken to deal with these matters. We saw that staff did keep calm at all times and that they provided support to people as their first priority.

There were two members of waking support staff working at night in the service. There was an on call rota for any emergency. We were assured that at times when extra staff were required, for specific requests for outings from people, staff were available. There were not enough staff, however, to take people out on the spur of the moment. Any outings had to be planned in advance, or more than one person taken out. When we spoke to people living at the service about this, they said, “We know we have to have staff if we need them, we do go out together but not just on our own. I like going into town, we do that.”

We saw these that any incidents were audited and the staff team worked closely together to make certain everyone was aware of any changes in the support needs of individuals. People living at the service were mobile and receiving support to enable them to live as independently as possible with assessed safety measures in place where needed.

We saw records for health and safety as well as fire safety procedures and regularly completed checks. There were individual emergency evacuation plans in each person’s plan of support. Other checks included all equipment, individual rooms as well as communal areas and the internal and external parts of the premises. We saw that any risk was dealt with as speedily as possible.

People told us that they received their medicines when they were due. One person told us, “I have lots of tablets and staff know what I have.” We looked at the management of medicines including the medicine administration records (MAR) sheets for people who lived at the service. We saw that these were completed as required and all staff had been trained to administer medicines. Staff we spoke with also confirmed this, including one person who had been working at the service for a few months. Each person had a lockable cabinet and medicines were checked regularly and this was recorded. Records showed that there were regular checks regarding staff actions with administering medicines. Staff competencies were assessed regularly. This supported the safety of people who received medicines.

# Is the service effective?

## Our findings

People we spoke with told us that they thought staff knew what support they needed and helped them. One person told us, “The staff are very good, like them.” A relative said, “They are always training and seem to know everything about the care and help they give. I am very happy with the care my [relative] receives.” Another relative commented, “The staff seem to know everyone well and people were spoken to with consideration.” One person who lived at the service said, “Staff know me and what I like. They talk to me, like when I was sad.”

Staff told us that they had completed an induction when they had first started work at the service, this included training and shadowing a more experienced member of staff. We saw an example of a completed induction programme and also one in progress. A newer member of staff told us that they were still completing their induction. A full programme of training was in place. Staff we spoke with said they felt well supported by senior staff, regular supervision and appraisals. They knew the order of line management staff and could access support whenever needed. Staff had training for any condition that they may need support with, records we looked through also confirmed such training. Staff discussed some actions and follow up processes needed for a few people. This showed that staff knew individual needs and how best to provide any support that may be needed.

We saw that staff asked people for their choices before they provided any support, or got ready for an activity. One person had decided not to go out on the first day of our inspection. Staff had changed the planned routine to support this choice and were taking time to make certain the person had some food after getting up late. Staff explained that everyone was asked if they wanted to join others on any trips out and their choice was always respected. Another person said, “I like going out so I said yes. Staff ask me.”

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.

Staff demonstrated a good understanding of MCA and DoLS (Deprivation of Liberty safeguarding), and staff told us they had received training in this area to help them understand what they needed to do. We also noted that information for people who lived at the service, as well as for staff, was on display in the main entrance area regarding a variety of sections in the MCA.

We saw further examples where people’s mental capacity to consent to their care and treatment had been considered and best interest decisions had been made. For example there were clear signs and pictures about foods that went well together for a meal. Healthy choices were shown and sweet foods were displayed as being acceptable on a few occasions. The choices that had been made were recorded, as was information for staff about how much the person had eaten. Details also showed if the meal was enjoyed, if this was not the case, why it had not been enjoyed. People told us they had enough to eat and drink and that the menu allowed them to make choices. We saw that people were encouraged to have drinks and snacks were readily available for people. Individual’s food and fluid intake was assessed and support plans informed staff of people’s needs and preferences. All choices were presented with pictures if needed, to support a person to make an informed decision more easily.

People were supported to access healthcare services as they were needed. We saw that support plans contained clear and thorough information about a person’s medical history and any current conditions. This allowed staff to provide support that met people’s identified medical and emotional needs. Records showed that staff obtained the appropriate support and guidance from healthcare professionals when required.

# Is the service caring?

## Our findings

During our discussions with people, we were told that staff were “nice, always help.” Another person told us of a family bereavement some time ago and that “staff helped me and I was not so unhappy. They talked and listened to me.” One person explained that they had several choices of where to live but that they had chosen Bagatelle as they liked it and staff were nice. Everyone we saw and spoke with were happy, eager to discuss their lives and clearly supported to be individuals.

We saw that staff were kind and spoke with people in a considerate and appropriate way. When people asked for assistance, staff were helpful and respected people’s privacy and dignity. Members of staff provided choices and the necessary information for a person to make their own choice. For instance, one person was due to attend an event and staff quietly asked if a shopping trip was a good idea for some new clothes. When this person returned, they were happy to show their purchases and staff offered help with choosing accessories, which the person readily accepted.

One relative said that staff were “always caring, they know people very well and let me know about anything that happens.” They felt that they had no complaints about permanent staff and that they worked very hard. They were not worried about things and said that their family member was always happy and keen to return to Bagatelle after any visits. Another relative said that although they had not been able to visit very often, they had found people to be “relaxed and happy.”

Staff we spoke with demonstrated that they knew people’s needs, preferences and routines. This enabled staff to provide support in a considerate and relaxed way that would make the person feel comfortable. One person said, “I like staff, they are kind.” They told us this helped to develop a relaxed environment. Staff said they always

realised that Bagatelle was people’s home, their choices and needs were always driving daily routines. We saw that staff used a caring approach and people and their relatives confirmed this.

We did note that on the first day of our inspection staff were very busy and as they did not have the use of a vehicle that day, were walking to the day centre. However, staff remained calm, were gently encouraging people to put coats on and everyone was looking forward to their day.

We found the meal time experience for people was very individual and personalised. For example, one person had decided they wanted a late breakfast. They were at the dining table and asking for their chosen breakfast. Staff were not rushing this person, gently encouraging not too much sugar, but accepting the person’s choices, unhurried, relaxed and calm. Menus showed us that there was a balanced variety of meals and people told us that they chose what they wanted to eat and what they enjoyed the most. This demonstrated that staff were aware of their responsibility to support people in making personal choices.

Relatives told us that there were no restrictions on when they visited and that staff were welcoming and friendly. People told us that they had a choice of where they met with their visitors and relatives. This promoted the privacy of individuals and our observations during this inspection evidenced that staff respected dignity and privacy when dealing with personal matters.

We looked at support plans to see if they contained details about the individual and what their likes and dislikes were. We also looked to see if plans included a personal history, so staff would have a more in-depth understanding of the people they supported. We found that plans were very informative, person centred and contained a great deal of discussions with the person about their preferences in many areas.



# Is the service responsive?

## Our findings

Each person had a support plan that was personal to them and which focused on their life history. The support plans included good information about the care and support people needed and were easy to follow and well set out for ease of use. Information included likes, dislikes, preferences, routines and how people communicated. Any risks to their well-being or ability to make independent decisions were assessed and full, clear details were recorded on how to approach these areas of support.

Processes were in place to monitor and respond to changes in people's health and well-being. For example, one person who could have severe health changes under certain circumstances had robust information and directions for staff to follow. Staff also described these actions during our discussions, showing that they knew how to deal with such a situation. The support plans had been updated regularly and adjusted where any changes had occurred. Plans also showed that people, as well as their relatives, had been consulted and involved in decisions about support needs. Relatives told us, "I am always told and involved when things are looked at or discussed." One person said, "My family know what happens and we talk about it. My family know some of my friends too."

We looked at photographs and information in support plans. This and our discussions with people and their relatives showed us that people were able to participate in a range of suitable activities, both inside and outside the home. Activities were monitored to make certain the person was enjoying the experience and to then ask others if they would like to take part. One person told us about their outings, "I like to go to the shops, we have a meal out in the evening and we can always ask for a trip. Staff sort it out and talk to us." Activities included shopping trips, meals out, swimming and holidays. We saw photographs on display around the building of holidays, Halloween outfits and food as well as parties. People were also included in the preparation of meals whenever possible to learn life skills.

People were supported to maintain their relationships with friends and family. One person said, "My boyfriend is coming over, he knows some people, we like seeing each other." People were also supported to visit family when they wished, regular contact was also encouraged. Family days were arranged to help people to meet each other. People also had access to activities both within the local area as well as at the service. People told us they enjoyed their trips out and that when any adjustment had been needed to their stay, they had been listened to and matters had been addressed appropriately and as quickly as possible.

Regular meetings known as, "People we support meetings" showed that everyone had the regular opportunity to voice their wishes, thoughts and ideas about what was happening at Bagatelle. Any actions were followed up. We did see copies of minutes from one meeting that showed one person had raised a personal subject. These notes were displayed in a public area, when we pointed this out to the area manager, they were immediately removed. Other information was anonymised and did not provide identifiable details. All information was also displayed with pictures to enable people to understand any guidance without having to ask staff.

There was a clear complaints procedure in the main area that provided information for people on how to make a complaint and the time scales for when these would be responded to. Relatives we spoke with had not made formal complaints and told us that anything that was a concern had been dealt with promptly and staff listened and encouraged open discussion. People who used the service and their relatives were encouraged to discuss any concerns during regular meetings as well as during daily discussions. Feedback was also obtained through the issue of regular questionnaire surveys. Relatives told us, "I know who to speak to, feel I am listened to and any complaint or concern would be taken seriously by staff."

# Is the service well-led?

## Our findings

The management structure in the home provided clear lines of responsibility and accountability.

The registered manager at Bagatelle was absent on the day of our inspection, however, staff responded professionally and calmly, knowing exactly who to inform. A registered

manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported and monitored by the area manager who visited the service on a regular basis as part of the company quality monitoring processes. The

registered manager also maintained links with other services in the group and kept up to date with

current good practice by attending training courses and working with appropriate professionals.

Staff told us that although the registered manager had been absent, they felt well supported and knew who to call at any time for assistance or guidance. Staff felt they could talk with the manager or senior staff at any time. One staff member told us, "We all work well together and have on call numbers at all times." From our discussions, observations and from a review of records, it was clearly evidenced that the organisation was committed to supporting people in an appropriate environment in the way they had wanted. Regular meetings and feed back from people living at the service also supported this.

Staff had regular supervision and were able to speak with senior staff and the regional manager when they needed. Staff told us that they felt they were supported to achieve their goals. Three members of staff confirmed that they had meetings and felt they could speak openly, that others would feel the same and that they would be listened to. All suggestions made were considered, discussed and minutes were kept.

The provider's aims and objectives of the service had been shared with everyone involved. These were included in the

service's statement of purpose and service user guide, documents that were given to people on commencement of their care and support packages. Staff we spoke with showed a good understanding of the service's overall values and aims. One support worker explained, "We treat people with respect and we respect their wishes, we know them well and keep them safe." Another told us, "We treat people with respect and ensure that they are happy. We help people to make decisions about their care."

There were effective systems in place to assess and monitor the quality of the service. They included regular audits and checks of the medication systems, support plans, staff

training, finance, nutrition, safety and the environment internally and externally. There was evidence that any risk or urgent matter had been addressed appropriately. Regular audits showed robust measures to track such actions as cash transactions, medication stocks and storage as well as the monitoring of the safety of the building.

Records showed that any accidents or incidents were fully recorded, analysed and any patterns or improvements were implemented. This meant that measures to reduce or eradicate the risk of foreseeable harm to people were carried out in a timely manner. There were various opportunities for people and their relatives to express their views about the service through regular reviews, discussions and meetings. Regular family days were held to enable people to meet with each other, with families and with management and staff.

Information that we hold about the service indicated that the registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. During the inspection we found the service was meeting the required legal obligations and conditions of registration.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.