

HF Trust Limited

Bagatelle

Inspection report

116 Burnmill Road
Market Harborough
Leicestershire
LE16 7JG

Tel: 01858468776






Date of inspection visit:
25 July 2019
31 July 2019

Date of publication:
17 September 2019

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

About the service

Bagatelle provides care for up to 10 people with a learning disability or who are on the autistic spectrum.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Five people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

The service was due to close by the end of 2019 and people were being supported to find suitable accommodation elsewhere.

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

Systems and processes were in place to identify and manage risk. However, one person's risk assessment did not sufficiently protect them from harm. The premises and equipment were not always managed to keep people safe. There were inconsistencies regarding the required frequency of testing the fire alarm and other fire safety equipment.

People's medicines were not always managed in a safe way because staff did not always sign the medicine chart when medicines were given. Medicines were not always stored within the limits required by the manufacturer. Staff had received training about managing people's medicines and had their competency assessed.

Some areas of the service were not as clean as they should be. Staff were following daily cleaning schedules, but infection control audits had not identified the shortfalls we found.

People felt safe and were protected from abuse and avoidable harm. Staff knew when and how to report concerns.

There were enough staff with the right skills and experience to meet people's needs. People had their needs and choices assessed before they began using the service.

Care and support was delivered in line with evidence based best practice guidance. Staff received the training and support they required to meet people's needs. They had access to ongoing training and opportunities for professional development.

People were supported to eat and drink enough and had a varied and balanced diet which they enjoyed. Staff recognised changes in people's health and supported them to access the healthcare services they required.

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.

People received kind and compassionate care and support. They liked the staff and had developed positive relationships. Staff knew people well and understood how to meet their needs and how to provide comfort and reassurance. People were involved in making decisions about their care and support. People had their privacy and dignity protected.

Care and support was person centred and was delivered in the way people preferred and met their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff communicated with people effectively.

People were occupied with activities and were able to pursue their interests and hobbies. People knew how to make a complaint and were supported to do so.

Staff had received training about supporting people at the end of their lives and people had been asked about their advanced preferences.

People and staff had confidence in their managers and felt supported. They told us the registered manager was accessible and approachable.

There was a quality monitoring system in place, but this had not identified all the maintenance and cleaning issues we found. The registered manager had identified that staff were not always signing medicine records but had not taken sufficient action to make improvements.

The registered manager was supported by senior managers from the wider organisation.

People, their relatives and staff were asked for their feedback and this was used to develop the service and ensure it was meeting people's needs and preferences. The registered manager and staff worked closely with healthcare professionals and other agencies such as the local authority to make sure people received joined up care and support.

Rating at last inspection:

The last rating for this service was requires improvement (published 6 August 2018).

Why we inspected This was a planned inspection based on the previous rating.

Follow up: We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled. For more

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

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 always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our safe findings below.

Bagatelle

Detailed findings

Background to this 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

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We returned for a second day because the registered manager had not been available on the first day we visited. The second days visit was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

three members of staff including the registered manager and two support workers.

We reviewed a range of records. This included three people's care records and medication records. We also looked at a variety of records relating to the management of the service including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk was assessed and management plans were in place to reduce risk. However, staff had identified one person's mobility had deteriorated. While they had sought medical attention about this, the risk assessment had not been updated to reflect these changing needs and the person had not been provided with the additional support they required.
- The fire alarm had not been tested weekly as stated in the fire safety records. The registered manager told us the alarms were tested monthly rather than weekly because some people were distressed by the sound of the alarm. The registered manager agreed to seek further fire safety advice to clarify this.
- The fire risk assessment stated that the external magnetic lock fitted to the external fire escape on the first floor should be checked on testing of the alarm. These checks had not been carried out.
- Routine safety and maintenance checks on the fire extinguishers had been carried out by an external company. Some of the extinguishers had been identified as requiring corrective action. Staff did not know what corrective action was required or when this would be carried out and had made several attempts to contact the company to clarify this.
- The temperature in the refrigerator in the downstairs kitchen was above safe limits and this posed a risk to people who used the service. Staff had recorded temperatures above safe limits on five occasions, but staff had not taken any action or reported this. When we pointed this out, action was taken during our visit. The refrigerator was taken out of action and a replacement provided.

These matters were a breach of regulation 12 (1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- There were gaps in records for the administration of medicines. Staff had not signed for a prescribed mouth wash and eye drops. This meant it was not clear if the person had received these medicines.
- Staff were not routinely using the codes to record when people had refused medicines or had been unable to take them for whatever reason. This meant there was no clear audit trail of if the medicine had been received or why it had not.
- The temperature of the medicine storage was recorded as 30 degrees on the day of our visit and this was above safe temperatures as required by the manufacturer. It was an unusually hot day and the registered manager sought advice from the pharmacy about this. However, there were no plans in place to make sure all medicines could be stored at the required temperature should there be more warmer weather.
- One person told us staff supported them with their medicines in the way they preferred. They knew how many tablets these were prescribed and when they should take them. They could ask staff for pain killers if

they had any pain.

- Staff and managers were aware of an initiative known as STOMP (stopping over medication of people). They made sure people had their medicines reviewed by the doctor to check they were still needed and working as they should be.
- Staff had undertaken training and had their competency checked so that they could give people their prescribed medicines safely.
- There were policies in place about the safe management of medicines and staff knew what to do in the event of a medicine error.

Preventing and controlling infection

- Some areas of the service were not as clean as they could be. The refrigerator in the upstairs kitchen was not clean. The fridge freezer in the downstairs kitchen was in need of de frosting because the amount of accumulated ice and frost was making it difficult to close the door properly.
- The floor in the downstairs wet room was stained and the radiator was rusty and this would make it difficult to clean and keep free from contamination. The bath on the first floor was visibly dirty, the senior support worker told us this bathroom was no longer in use. The windows throughout the service were dirty. The outside area directly outside the kitchen was untidy and some garden furniture was dirty.
- Cleaning schedules were in place and staff on all shifts were required to do cleaning tasks. Checks were carried out to make sure the cleaning had been carried out. These checks had not identified the cleaning shortfalls and infection control risks we found.
- Staff had undertaken training about protecting people from the spread of infection. They had access to protective equipment such as gloves and aprons and hand washing facilities were provided appropriately.

Systems and processes to safeguard people from the risk of abuse

- People said the service was safe. One person said, "I am safe because it is my home, my things are safe."
- Staff knew how to recognize the signs of abuse and how to report it. They knew how to support each person to understand what keeping safe means. They felt confident their managers would listen and take action. They had information and contact numbers for reporting any concerns.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff had time to spend with people supporting them to do the things they enjoyed.
- People were supported by a consistent team of staff who understood their needs and preferences. Staff shortages were covered by bank staff who were also familiar to people.
- The registered manager regularly reviewed staffing numbers and skill mix to make sure this met people's needs. People had one to one staff hours and shared hours depending on their needs.
- There were systems and processes in place to make sure staff could not be employed until all necessary checks had been carried out. This meant that so far as possible, only staff with the right character, skills and experience were employed.

Learning lessons when things go wrong

- There were systems in place to check incidents and these were used as learning opportunities to try and prevent future occurrences.
- Following a fall, action had been taken to reduce further risk. A ground floor room was provided and staff increased the frequency of their checks overnight

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's physical, mental health and social needs were assessed. Staff considered people's protected characteristics under the Equality Act and these were respected.
- Managers and staff ensured support was delivered in line with evidence based guidance. They kept up to date with changes within the sector through ongoing training, through the wider organization and through healthcare professionals. Policies and procedures were updated when changes were required and staff were updated.

Staff support: induction, training, skills and experience

- Staff told us they received the training and support they required. Induction training was provided when staff first began working at the service. There was an ongoing staff training programme and training was delivered face to face and on line.
- A support worker told us about the training they had attended. They told us they found the recent autism training very useful and this helped them to de-escalate a situation using distraction or speaking calmly.
- Opportunities to achieve nationally recognised qualifications in care were available to staff. The Care certificate was used as part of staff induction training. This made sure staff were aware and working within the expected standards in the sector.
- Staff had supervision sessions with their line manager and this provided opportunities to discuss and plan for learning and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood people's nutritional and hydration needs and knew how to support them.
- Nutritional risk was assessed and any nutritional needs were part of the person's support plan and people's weight was monitored.
- Healthy diets were encouraged and people were involved in planning their menu's for the week. Fresh vegetables were grown in the garden by people who used the service and these were used in the weekly meals. There were pictures in the kitchen with suggestions of healthy packed lunch options.
- Records showed that each person was asked to choose or suggest a meal each week.
- People had access to drinks and snacks throughout the day and night.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local authority and healthcare professionals so that

people received the care and support they required when they needed it. For example, where required, people had behavioural plans in place with guidelines developed with the community outreach team. Staff were following these guidelines.

- Each person had a 'hospital grab sheet'. This document contained important information to assist paramedics and hospital staff should the person require these services.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required. Staff supported them to attend appointments with doctors, dentists and at hospital.
- Staff knew how to recognize when a person's health was deteriorating and reported this to their managers. A support worker gave us examples of the action taken when a person had fallen and emergency assistance had been sought appropriately and promptly.

Adapting service, design, decoration to meet people's needs

- The service was in an older converted building that had been adapted to meet the needs of people living with disability.
- People had their own rooms and en suite bathing areas. One person had their own flat. There was communal indoor and outdoor space for people to use.
- The service was due to close by the end of 2019 and there were only five people living there.
- A person had moved from the first floor to a ground floor room because their mobility needs had changed. Staff made sure the person was as involved as possible in the move and was able to choose where their furniture and things should go. This was supportive to the person and reduced distress.

Ensuring consent to care and treatment in line with law and guidance

- People were asked for their consent and helped to make choices about the things they did.
- 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 with appropriate legal authority. In community based services, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training and were following the principles of the MCA. They supported people to make decisions and made sure consent was given before providing care and support.

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.

At the last inspection this key question was rated as good.

At this inspection this key question remained the same. 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 they liked the support staff. One person said, "The carers are nice, they listen."
- Staff had developed positive relationships with people. Interactions were respectful and staff responded to people's needs in a caring way.
- Staff knew people well. They knew how to recognise when people were distressed or becoming distressed and knew how to offer reassurance and support. The organisation had a 'positive behaviour support team' available for staff to refer to should they require assistance in managing and understanding people's behaviours.
- Staff said they were well treated and supported by their colleagues and managers. A support worker gave us an example of how changes had been made so that equality and diversity was respected.
- One person was anxious about attending medical appointments so the registered manager arranged for their favourite member of staff from day services to accompany them to a medical appointment. This resulted in a positive visit with reduced anxiety for the person.

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

- People were asked for their views and given choice. This was done day to day, at house meetings and through the person's support plan.
- Staff knew about the people and things that were important to people. They gave us examples of supporting people to make choices and decisions.
- Because the service was closing at the end of the year people were being supported to find alternative accommodation that met their needs. People and staff were sad about the impending closure and staff were anxious to find people the right place. A transitional programme was in place which included each person and where appropriate their relatives and other organisations such as the local authority.
- Independent advocates were used to help people make decisions that were in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff received training about privacy and dignity and knew how to promote and protect these. They gave us examples of how they protected people's privacy and dignity when providing personal care.
- Staff had received training about 'active support' which helped staff to ensure people were as active and independent as they could be. Managers carried out 'spot checks' to make sure staff were following the correct policies and procedures.
- People's independence was encouraged. Care plans reflected the things people could do for themselves

as well as the support required from staff.

- Information was stored securely and only shared with authorized people. Staff knew and understood their responsibilities to keep information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff considered and met people's physical, mental, emotional and social needs. Support plans were detailed and gave clear instructions to staff about the best way to meet the person's needs and how to communicate. They recorded people's social, cultural and religious needs.
- Care and support was personalised and met people's needs and preferences. Review meetings were held so that people could set new goals and make changes to their support plans.
- People involved in the person's life such as relatives and staff from day services were invited to contribute to the review.
- Information about the things that were important to people was recorded and included in the support plan. For example, one person had a set routine they liked to follow and this was important to them.
- Staff had received training about equality and diversity and they knew how to protect people's unique characteristics under the Equality Act 2010.

Meeting people's communication needs

- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. 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.
- Information was available in easy read accessible formats to assist people's understanding of making complaints and accessing healthcare services. Staff knew people well and knew how to meet people's individual communication needs. Staff communicated with people in an effective way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to follow their interests and hobbies and take part in activities they enjoyed. For example, one person enjoyed gardening and was growing vegetables and tending the gardens at the service. Some people attended college courses for further education.
- One person told us about the things they did. This included being supported to visit family and friends in the provider's mini bus.
- People were able to follow their chosen religion and attend community groups.
- People maintained relationships with the people who were important to them. They spent time with their relatives and went to stay with them.

- Staff have attended Person Centred Active Support training which focuses on person centred care. This meant people were encouraged to be actively involved in their support and did as much for themselves as possible.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint.
- The complaints procedure was given to people when they first began using the service and was available in easy read formats. An easy read visual display about complaints was used to assist people and was used by staff to ask people if they had any complaints.
- Complaints were used as an opportunity to learn and improve. For example, following a complaint about staff interaction this was discussed with the staff team so that communication including body language could be improved.

End of life care and support

- People had opportunities to discuss their end-of-life wishes and these were recorded in people's support plans.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks were carried out for the health and safety of premises and equipment but these had not identified the inconsistencies in fire safety equipment checks. The fire risk assessment had identified that the door glass in the door near the stairs should be upgraded at the next renovation and replaced with fire safety glass. However, there were no plans for any renovation or refurbishment.
- Some areas of the home required routine maintenance and decoration. For example, there was a hole in the wall on the first floor caused by the door handle hitting the wall. The flooring in the bathroom and wet rooms was stained and in need of replacement and the radiator was rusty. These shortfalls had not been identified as part of the provider's health and safety checks and there were no plans in place to refurbish or redecorate.
- The provider's infection control audit had not identified areas that were not as clean as they should be such as the fridge, windows, bathroom and garden furniture.
- The medicine audit had previously identified missing signatures on medicine administration records but action taken had not improved record keeping because there were continuing missed signatures.
- Staff had checked the temperature of the fridge and found it was above safe limits for more than a week but no action had been taken about this until we pointed it out.

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

- People liked the service and were unhappy about it closing later in the year. One person said, "I like only my staff and I talk to them. I really don't want to move anywhere else."
- Staff felt supported through staff training and supervision. They said their manager was accessible and approachable.
- A support worker told us they would recommend the service because the staff were good and always kind. They were also disappointed that the service was due to close.
- Managers carried out staff observations to check that staff were working in a person centred way that was inclusive and empowering to people.

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 promoted transparency and honesty. They discussed issues with relevant parties

if anything went wrong and made changes.

- Weekly meetings were held for managers and the regional manager and information was shared with the wider staff group at staff meetings.
- Staff at the service were updated about changes to legislation or any safety alerts within the sector by a senior management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual meetings were held for people and relatives.
- People were involved in developing the service through person centred care reviews and weekly house meetings. People gave their feedback about the service and changes were made accordingly. For example people asked to do activities such as barbeques and staff arranged this.
- Staff were asked for their feedback during staff meetings and managers listened.

Continuous learning and improving care

- Improvements had been made to accessing information and a visual aid supporting people to make complaints had been developed.
- The service was due to close at the end of 2019, there was no plan in place to make improvements to the premises and environment.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care.
- Information was shared with appropriate professionals to ensure that people received the care and support that they required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Routine maintenances and safety checks had not been carried out at the required frequency and action had not been taken when shortfalls were identified. Staff did not review or make changes to a person's risk assessment when they had become unwell and required additional support.</p>