

Bagatelle Care Home Service

47 Eldon Street
Greenock
PA16 7RA

Telephone: 01475 729 424

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Greenock Medical Aid Society

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About the service

Bagatelle is a care home for older people situated in a quiet residential area of Greenock, near local amenities including shops, bus routes, train and ferry links. The service provides nursing care for up to 41 older people.

The service is provided in a traditional detached villa which has been converted and extended into accommodation over two floors in the main home and over three floors in the extension. Bedrooms are mainly single rooms, some en-suite and the service is currently exploring the addition of further en-suite facilities. There is one larger and one smaller dining room located on the ground floor. The service has enhanced other lounge areas to support small group living where people can choose to dine or relax. These are available throughout the home.

About the inspection

This was an unannounced inspection which took place on 3 and 4 October 2022 between 08:00 and 18:00. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine people using the service and five of their family members
- gathered views by email from seven family members
- spoke with 21 staff including management and received feedback via email from three staff
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- People enjoyed living at Bagatelle and their families and friends are always welcome.
- A human rights approach to visiting arrangements was excellent.
- Staff were confident in their practice around infection prevention and control.
- The service demonstrated strong, visible leadership.
- People benefited from a wide range of opportunities for meaningful engagement.
- An excellent physiotherapy service enabled people to reach their full potential.
- Quality assurance systems were robust and the whole team were involved in improvement opportunities.
- Relatives and friends were kept informed and the service fostered a real sense of partnership working.
- People's health needs were managed extremely well by well trained, respectful staff.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

1.3 People's health and wellbeing benefits from their care and support

We evaluated this quality indicator as excellent, as performance supports experiences and outcomes for people which are of outstandingly high quality.

We found that people benefited from a comprehensive assessment which was linked to best practice. Risk assessments had been used well and had informed decision making about people's care. This meant any early changes to people's health could be identified promptly. These activities supported the development of a personal plan which set out people's care and support needs. We were impressed how these focused on what people could do. It was evident people were empowered to make decisions about what mattered and what was important to them. One relative said, "They encourage, but respect the wishes of the resident in making their own choice. We are included in care plans and informed of reviews". There was a real sense of partnership working with families and others who are important to people. Another relative said, "My views are sought on a regular basis. I feel listened to and am made to feel like a valued contributor".

A new physiotherapy service had been developed since our last inspection. The physiotherapist worked closely with people, their families and staff members and had created a culture of reablement. This was innovative and promoted positive risk taking which supported people to reach their full potential. The overarching theme that came through was to enable people to be the best they could be, while maintaining what function they already have. We were inspired to see a whole team approach that ensured people's rights were upheld. This was evidenced through the work around falls management and prevention. This was individualised and it was lovely to see the supports in place for people following a fall. This not only provided people with reassurance but meant any changes in their ability could be carefully assessed. Positive goal setting was encouraged and was linked closely to people achieving positive outcomes. The ethos of increasing movement, promoting activity and how this linked to everyday activities was extremely positive. This gave people a sense of purpose as well as supporting their physical wellbeing.

Medications were well managed through an electronic recording system (eMAR). Protocols to support staff decision making around as required medications were included within people's personal plans. The content of the personal plans included strategies to support people, for example; if they experienced stress and distress related to their dementia. These were detailed, person-centred and written in a dignified and respectful way. We suggested how these could be linked to the eMAR system which could enhance this further.

People benefited from mealtimes which were well organised and gave people choice. Personal food choices and wishes were detailed in people's personal plans which supported decision making around meal preferences. Staff knew people well and promoted a happy, relaxed environment. When people needed support with eating and drinking, this was done sensitively and at the person's own pace. This meant they were unhurried and also had the opportunity to enjoy the social aspect of a mealtime.

The service had been proactive in setting up a resident's nutrition forum. This had been in response to some negative feedback about the meals from a few residents. Overall people really enjoyed the meals, but we were encouraged to see how the staff, residents and the chef had come together to make things better for everyone. Robust oversight was in place to monitor people's nutritional risks. We saw evidence of detailed assessments which had been followed through to support people's wellbeing. There were a number of

situations where staff had worked proactively through careful assessment and management of people's nutrition. This meant people's health and wellbeing had greatly improved. We received feedback from someone who said about their relative, "They receive regular snacks and they enjoy the social aspect of mealtimes, she is thriving physically".

1.4 People experience meaningful contact that meets their outcomes, needs and wishes

We evaluated this quality indicator as excellent where performance was innovative and of very high quality in which others could learn from.

During the pandemic, the service had upheld a rights-based approach to visiting. They had been involved in early work to support visitors being reunited with their loved ones, which led to the Scottish Government guidance Open with Care. This led to the provider being recognised at national level for the work their meaningful visits team achieved in the care home during 2021. They were awarded the Nursing Older People Award by the Royal College of Nursing (RCN). We found the learning from this had continued to develop and had supported people to have meaningful contacts and develop a variety of maintaining relationships.

People were supported to spend time with their visitors, whether this was inside or outside the care home. We saw many visitors during our visit and also saw a full visitors sign in book which indicated regular visiting. There were no restrictions in place for people to come and go in relation to visiting. Families had been kept up-to-date with guidance as it had changed and the use of newsletters helped people stay in touch with some of the many activities.

People benefited from the use of technology to keep in touch with their loved ones by using Skype, telephone calls and Zoom. Technology was used to good effect for those living in the service where relatives could not visit due to living quite a distance away. One relative said, "During Covid, staff made exceptional efforts to improve the visit experience including Zoom calls, which meant staff staying with my mum as she wouldn't stay still". We heard about the cards of kindness which were written to express thanks and how they were used to help people keep in touch. We heard how special family celebrations were also supported through the use of technology and people were able to join in with a family wedding. Staff had also supported someone to watch a recording of a funeral which had meant a lot to the whole family.

Family members are welcomed into the home to support their loved one with meals or aspects of their care, such as brushing their hair. For many families, especially couples, mealtimes may have been a precious time to be together, promoting this is a means of enabling people to continue developing a loving relationship. We found the service did this well. Although these may seem small things, they have the power to remind people of how much they are loved and how important relationships are.

The walking group is a lovely example of practice where the service is combining the physical health needs of residents with their emotional wellbeing. Relatives are included in the group and people spoke positively of how this had strengthened their relationships. People can see themselves as friends because they join the group together, but then they have the added layer of other important people in their lives also being involved.

For the residents who didn't have many visitors we found the service supported people really well. A new project called Care Home Companions had been set up which was run in conjunction with the phone provider EE. This enabled people to have a phone call with a volunteer and gave the opportunity for people to chat with someone focusing on them as an individual. Staff supported people to go out to a variety of settings to meet up with people, as well as enjoying shopping trips, or other activities important to them.

Overall we found the service strived to ensure that people's human rights were central to the core values of what they do and in the support and care provided for every individual.

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

We evaluated this quality indicator as very good, as significant strengths were found which supported positive outcomes for people.

Staffing arrangements were responsive and had been organised proactively to support the service when additional tasks were needed, such as deep cleaning. A robust staff contingency plan was in place to support staff decision making in the event of an emergency.

The home was generally very well presented, clean and maintained to a high standard. A few small areas need closer attention to detail, but these were easily resolved during the inspection. We suggested how these could be incorporated into walk arounds that were already being undertaken in the service. Audits to assess the environment and staff practice were detailed. It was encouraging to see the level of knowledge and understanding of best practice that had been demonstrated in these quality assurance activities. Cleaning schedules were in place and had been completed to a high standard. We could see these were checked regularly by leaders which gave us confidence in the process.

Staff had confidence in the infection prevention and control (IPC) lead who provided strong leadership and support. We found staff were knowledgeable about IPC and what steps to take if their was a suspected outbreak of infection. During the inspection we suggested some minor improvements in the laundry management and storage of housekeeping trolleys. This was easily resolved and we found these enhanced the systems already in place. This meant potential cross contamination of infection was reduced further.

The IPC policy had been updated at the start of the pandemic but we noted areas could be further enhanced to ensure it reflected good practice as set out in the Care Home National Infection Prevention Control Manual. However, we were not concerned as staff were familiar with the principles of the manual and observed how their practice kept people safe from potential infection.

The service were knowledgeable about how to ensure people had access to those important to them even when there is an outbreak. Families had been kept well informed during the pandemic and we noted that there was clear information in people's personal plans to highlight which named visitors could visit the home during an outbreak. One relative said, "Bagatelle were particularly careful during the pandemic while at the same time accommodating worried relatives and keeping them informed and included".

How good is our leadership?

5 - Very Good

2.2 Quality assurance and improvement is led well

We found significant strengths in the quality assurance and improvement activities in the service. Robust oversight and effective action planning supported positive outcomes for people, therefore we evaluated this key question as very good.

A detailed service improvement plan was in place which had been informed by a variety of means. This included audits, meetings, surveys, feedback and staff discussions. A number of quality audits were in place to support improvement. It was positive to see actions being identified and then prioritised according to risk.

Outcomes of audits were clearly linked to completed action plans and we could see how these had been addressed and progressed. It was positive to see a number of staff involved in the audits and we noted there was a real desire to improve the service, develop people and create opportunities for further learning. We suggested how the service improvement plan could be enhanced to ensure there was clearer information about which areas had been achieved. We could see a number of areas had already been met, but it would have been nice to see greater detail of how it had supported positive outcomes.

As part of an inspection we look at key areas called core assurances which are the building blocks for operating a safe and responsive service. This includes areas such as recruitment, accidents and incidents, maintenance checks and management oversight. We found all areas to be robust which gave us reassurance that the necessary checks and measures were in place, supporting best practice and legislation. There was robust oversight of people's clinical and health risks and outcomes. Detailed analysis was presented in a variety of ways which had been shared with the staff team to support learning. The service had commenced multi-disciplinary meetings during the pandemic. These had been supported by professionals in the service, and some board members. This was a proactive approach which had continued, and had provided a great opportunity to support improvement in the home. Key areas were discussed and an action plan was put in place. This had helped to support leaders which had in turn lead to positive outcomes for people experiencing care and the staff team.

As a small provider the service had already identified an area of development within their health and safety and human resources processes. They are outsourcing this, which will also support their plan to review and update their policies and procedures. This will ensure they build on the good practice in place but enable them to keep up-to-date.

The service had a relaxed atmosphere and we noted a culture of integrity. This was encouraged through open, honest communication within the staff team. Staff said they felt supported and also commented on how they felt listened to and things were actioned. It was good to see the impact of previous improvements made within the service, such as the new nurse alert system. This was now a hand-held device rather than a central buzzer system. This had reduced disruption for people and helped create a peaceful, homely environment. One relative said, "I feel the staff are well trained, genuinely care about the wellbeing of the residents and go the extra mile to create a really good environment for them".

When speaking with staff and volunteers in the service we received feedback which describes the leaders in the service. They provide, "Open, positive and forward-thinking leadership who work hard to achieve best practice and who will also readily accept where improvement is needed".

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	6 - Excellent
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	6 - Excellent
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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