

Pegasus Care Homes Limited

Pegasus Care Home

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 ●

Summary of findings

Overall summary

About the service:

Pegasus care home provided personal and nursing care to eight people with a learning disability at the time of the inspection. The service was also providing support to a further 15 people with a learning disability with personal care within the community who lived in supported living accommodation.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service was meeting the principles of this policy.

People's experience of using this service:

People received safe and effective care. Staff received training and had the skills to support people with meeting their needs. People were protected from the risk of abuse and risks to safety were assessed and managed to keep them safe.

People were supported by kind and caring staff who knew them well and understood their preferences. People's dignity was respected and their privacy protected. People were encouraged to make decisions and choices for themselves and were encouraged to be independent.

People were supported to follow their interests and were involved in planning their care and support. People had their views sought about the care they received and they were listened to. There were systems in place to monitor the quality of care and these were effective in identifying improvements.

The registered manager encouraged a positive culture and understood their responsibilities. Learning and partnership were encouraged and promoted to improve people's quality of life.

The service met the characteristics of Good in all areas; more information is available in the full report below.

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

Rating at last inspection: At the last inspection the service was rated Good (report published 9 October 2015).

Why we inspected: This was a scheduled inspection based on previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Pegasus Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by 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:

Pegasus 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 location also provided care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager in post, the registered manager had recently left the organisation. The new manager was planning to register with the Care Quality Commission. Registration 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.

What we did:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key

information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who used the service and four relatives this included those using the residential and supported living aspects of the service. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with three support workers, three team leaders, a senior team leader, the manager and nominated individual.

We looked at the care records of eight people who used the residential and supported living service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included two staff files, training records, incident reports, medicines administration records and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were safe from harm and abuse. One person said, "I'm safe here". A relative told us, "We have no concerns [person's name] is happy and we are happy."
- Staff in both the residential and supported living parts of the service could recognise abuse and describe the procedures for reporting any safeguarding incidents. One staff member said, "We have had training in how to recognise abuse and the procedures to follow."
- The manager described where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

Assessing risk, safety monitoring and management:

- People were supported to manage risks to their safety. One relative told us, "The staff understand when [person's name] mood changes and they intervene quickly to prevent any issues."
- People had their risks assessed, monitored and there was clear guidance in place for staff on how to reduce the risks for people.
- One person was at risk of harm due to a health condition. There was a clear assessment of the risks and a plan in place to manage and reduce the risk
- The staff followed the person's risk assessment and there were records in place to show how the person had received their support to manage the risk.
- Risks assessments and plans were reviewed and where needed other professionals had been involved in planning how to manage risks to people's safety.
- Staff had a detailed knowledge of the risks associated with people's care and could describe how they supported people with managing them. For example, some people were at risk due to behaviours that challenged and staff could describe the detailed plans in place to manage this and keep people safe.

Using medicines safely:

- People received their medicines as prescribed. Guidance was in place for staff including specific guidance on when to give medicines which had been prescribed on an 'as required' basis.
- We saw people receive their medicines in line with the guidance and this was done accurately and on time.
- Medicines were stored safely and stock checks were carried to ensure people had an adequate supply of their medicines.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs.
- People told us there were always staff around to support them. One person told us, "There's always staff around." Relatives also confirmed there were sufficient staff available to meet people's needs.
- Staff told us there was enough staff to support people safely both in the residential unit and the supported

living service. We saw people did not have to wait for their care and support in the residential home.

- The manager told us they made sure there was enough staff to meet people's needs in both aspects of the service and they had agreed the staffing hours based on people's needs.

Preventing and controlling infection:

- The residential home was found to be clean and fresh. We saw there were cleaning schedules in place which guided staff to keep the home clean and the homes of the people in supported living.
- Staff in both aspects of the service had received training in preventing the risk of cross infection.
- We saw staff used protective clothing when supporting people and followed handwashing procedures.

Learning lessons when things go wrong:

- There were systems in place to learn when things went wrong in the residential and supported living aspects of the service.
- The manager told us when incidents occurred these were logged and reviewed to look for trends and learn lessons.
- For example, where incidents of behaviours that challenge had occurred these had been analysed to see if there were adjustments required to care plans to reduce people's anxiety and prevent incidents.

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.

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 had their needs assessed and plans put in place to meet them. The provider had an electronic system in place to carry out assessments and develop care plans.
- Staff told us the system was good in helping them understand people's needs. We saw care records were regularly updated and staff recorded how people's needs had been met in the system.
- People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion, disability and sexuality.
- Advice from other professionals had been included in the guidance on managing specific health conditions for people.

Staff skills, knowledge and experience:

- People were supported by staff that had the required skills and knowledge.
- Staff confirmed they received an induction and had updates to their training on a regular basis. We saw staff used these skills to support people safely and effectively.
- Staff told us they felt confident in using the skills they had been shown. For example, staff were confident in the administration of medicines.
- Regular meetings took place and staff received regular supervisions which helped them to feel supported in their role.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they enjoyed their food and could choose what they had to eat and drink. One person said, "The foods good I can choose from a range of cereals for breakfast, we have eggs and, bacon once a week as well." Another person told us, "We eat healthy like bananas, apples, oranges, tangerines, and pears." Another person told us, "I get asked what I want to eat off the menu."
- People were supported to maintain their independence with meals. One person told us, "I can cook my own meals."
- Staff understood risks associated with people's food and drink intake. They could describe the risks and how to minimise them.
- Where people required specialist input into their diet this was sought and the advice followed and where needed monitoring was in place of food and fluid intake.

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

- There were systems in place to ensure staff worked as a team and shared information. This helped to ensure people received consistent support.
- Staff told us there were handover meetings in place at the start and end of each shift to support them to

stay up to date about any changes to people's needs.

- There were clear communication systems in place to record input from other professionals.

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

- The residential aspect of the service had adaptations in place to meet people's needs.
- For example, there was a lift in place to access all floors. A sensory room was available for people to use. There was an accessible garden area with patio for people to go outside.
- People could personalise their bedrooms and were involved in discussions about the homes environment. One person told us, "I've got a nice bedroom its comfortable. I bought my own cupboard and wardrobe and I have my own key."

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

- People had access to support with their health and wellbeing. One person told us, "I've got an optician appointment today." Another person told us, "I go to the GP that is close". Another person said, "I go to the chiropodist every three months and the staff go with me."
- We saw people had prompt referral to other professionals where needed, advice had been used to inform care plans and we could see staff were following the advice.
- Peoples health conditions were understood by staff who could describe how they supported people to manage their health and maintain wellbeing.

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

- 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 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 care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Where people did not have capacity to make decisions, they 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.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA. Where needed people had an assessment of capacity and decisions were taken in their best interests.
- When a person needed to be deprived of their liberty, the service had applied for the appropriate authority to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us they were happy at the service and got on well with the staff. One relative told us, "The staff are really lovely and very good with [person's name]. If we weren't happy we would move them"
- Staff told us they had good relationships with people and knew them well. Staff could describe people to us in detail and understood their needs and preferences.
- We saw kind and caring interactions between people and staff. Staff were observed communicating with people using their preferred methods and people responded warmly to these interactions.

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

- People could make their own decisions and choose for themselves. One person told us, "I only go out once a week, I stop in the rest of the week it's my choice." One relative told us, "[Person's name] gets to choose what they do every day. They go out shopping and buy what they want for example."
- People told us and our observations confirmed they could choose their own meals, where to go and what to do during the day and how they spent their time.
- Staff in the residential and supported living service could give examples of how people had been supported to make decisions based on their individual needs and preferences.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were respected by staff. One person told us, "My room is comfy and I have my own key, I am quite happy here."
- Staff in the residential unit spoke to people with respect, they made sure people's privacy and dignity was maintained. Staff in the supported living service told us they understood how to ensure people were supported with dignity and gave us examples.
- People were supported to maintain their independence. One person was observed making their own breakfast in the kitchen. Another person was observed hanging their washing up to dry.
- Staff told us people were encouraged to live independent lives doing as much for themselves as they were able. Care plans supported what we were told.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans included information about people's preferences and their life history. For example, information about likes, dislikes and what was important to people.
- People's assessments and care plans took account of their protected characteristics. Information about people's preferences relating to culture, religion and sexuality had been considered.
- Staff could give examples of how they supported people using the information in people's assessments.
- Staff knew people well and used their knowledge of people and their interests to have meaningful conversations with people. One staff member told us, "We do all sorts, last year I supported two people to go on holiday abroad for the first time, they loved it."
- People told us about the things they enjoyed and how they could follow their interests. One person told us, "I like watching the soaps at night and I listen to music in the day." Another person told us, "I went to Blackpool last year for three nights with two other people we had a nice time." A relative told us, "[Person's name] gets to do so many different things and they tell us they enjoy what they do."
- People had plans in place to support them with their communication. Staff understood these and could describe how they used the information to communicate with people effectively.

Improving care quality in response to complaints or concerns:

- People told us they understood how to make a complaint. Relatives also confirmed they felt able to raise complaints if needed. One relative said, "We did have a concern and this was dealt with straight away."
- There was a complaints policy in place. Where complaints had been received these had been investigated and responded to by the provider in line with their policy.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care so this has not been considered during this inspection.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found the providers systems for monitoring and improving the quality of the service were not consistently effective. At this inspection we found the provider had made the required improvements.
- The manager had systems in place to check the quality of the service in the residential unit and supported living service. There were checks in place to make sure people had their medicines as prescribed. We saw these checks were effective in driving improvement.
- We saw checks were carried out by the provider on other areas including checks on the building, cleanliness and care plans. There were regular spot checks carried out on staff which were effective in driving improvements.
- Accidents and incidents were analysed to identify any actions needed to prevent reoccurrence. The manager had a learning process in place to check for areas of improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider told us the vision for the service was to empower and enable people to live independent lives.
- Staff confirmed their ethos was to provide people with the support they needed to make choices and live a happy life.
- The manager and provider understood their responsibilities and acted on the duty of candour. Relatives confirmed they were kept informed of any concerns regarding their relatives care and support.
- The provider understood their legal responsibility for notifying the Care Quality Commission about significant events that had occurred within the home.
- The rating from the last inspection was on display in the home.

Engaging and involving people using the service, the public and staff:

- People were involved in reviewing the quality of the service and making suggestions. They gave the example of discussing changes to the menu in regular meetings.
- One relative told us, "We have surveys to complete from time to time to share our views about the service." Records we saw supported this.
- Staff told us they had regular opportunities to meet and discuss the service. The staff felt involved in the service. We saw staff had regular meetings and supervisions.

Continuous learning and improving care:

- The provider told us in the PIR there were systems in place to continuously learn and improve the quality of the care. For example, provider forums, external seminars and external training
- The manager told us information was sought to keep abreast of new research, guidance and development.

Working in partnership with others:

- The provider told us in the PIR they worked in partnership with other agencies and sought advice about people's care from health professionals.
- The manager told us they worked closely with the local health specialists to ensure people had the right help and support.
- Staff told us and records confirmed there were other health professionals involved in people's care plans.