

Pegasus Care Limited

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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 was unannounced and took place on the 27 November and the 2 and 7 December 2015.

Pegasus Care Limited provides personal care and support to older people who need care in their own homes. The service is run from an office in Chesterfield and provides care to people in North Derbyshire. We carried out this inspection at the provider's office on 27 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. There

were 77 people receiving personal care in their own homes from Pegasus Care Limited. We visited and spoke with five people in their own homes and also four of their relatives on 2 December 2015. We also spoke with three people and two relatives by telephone on 7 December 2015.

There is a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in November 2013 people were not fully protected from risks associated with unsafe medicines practices. This was because the provider had not always ensured the safe administration and recording of people's medicines. People were also not fully protected from receiving inappropriate care. This was because the provider's records did not always show whether the Mental Capacity Act (MCA) 2005 had been followed to obtain people's consent or appropriate authorisation for their care. These were respective breaches of Regulations 13 and 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, which correspond with regulations 12 and 11 of the of the HSCA 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

People received safe care and support and the provider's arrangements helped to protect people from the risk of harm and abuse. Known risks to people's safety associated with their care, medicines and support needs were safely managed.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The provider's management arrangements for staff recruitment and deployment helped to make sure that staff were fit to work at the service and provide peoples' care.

Staff understood and followed the MCA, to obtain people's consent for their care or determine care to be provided in their best interests. The provider's training arrangements and policy guidance supported this. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood people's personal care needs and associated health conditions. People's planned care was shared with them, recorded when given and regularly reviewed to check its effectiveness.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices

People were satisfied with their care and they were appropriately informed and involved in planning and agreeing this.

People received the care they needed from staff who were kind and caring and consistently trained and supported to perform their roles and responsibilities.

The provider's management arrangements helped to inform and determine service improvements and staff development and training needs.

Staff considered people's needs and wishes and they supported people in a personalised way. Staff demonstrated they understood the provider's aims and values, which helped to ensure people's rights and involvement in their care.

The provider regularly sought and listened to people's views about their care. People knew how and were confident to make a complaint if they needed to.

The provider's arrangements helped to ensure that learning took place from people's concerns, comments and complaints and used to improve people's care experience.

The service was well managed and staff understood their roles and responsibilities for people's care and their expected conduct in this. The provider's operational measures helped to promote this and determined clear arrangements for the management and day to day running of the service.

Regular checks were made of the quality and safety of people's care, which helped to inform and plan service improvements.

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

Improvements were made to ensure that people's medicines were safely managed.

The provider's arrangements helped to protect people from the risk of harm and abuse and to ensure that their care and support needs were safely managed.

Staff understood their responsibilities in relation to people's safety needs.

Good



Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act 2005 to obtain people's consent and ensure their best interests for the care they provided.

People received care that met their needs from staff that were consistently trained and supported.

People were appropriately supported to manage their meals and nutrition when required.

Good



Is the service caring?

The service was caring.

People felt appropriately involved and informed in planning and agreeing their care, which was provided by kind and caring staff.

Staff considered people's needs in a personalised way and helped to ensure that people's rights were promoted in their care.

Good



Is the service responsive?

The service was responsive.

People received personalised care from staff who understood and responded to their needs, wishes and preferences.

People's were involved in making decision about their care and their views were regularly sought and used to make service changes to improve people's care experience.

Further service improvements were planned to make sure that people were fully consulted and involved in a way that met their diverse needs.

Good



Is the service well-led?

The service was well managed.

The quality and safety of people's care, was regularly checked and used to inform service improvements, which were made when required.

Staff understood their roles and responsibilities and they were informed, motivated and supported to undertake this in a consistent manner.

Good



Pegasus Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the provider's office on 27 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition, we visited and spoke with five people in their own homes and also four relatives there on 2 December 2015. We also spoke with three people and two relatives by telephone on 7 December 2015.

Before this 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 spoke with local authority care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about. We also received written feedback about the service from a sample of people, relatives and community professionals with an interest, from our survey questionnaires.

We spoke with the registered manager and seven care staff, including one senior. We also looked at eight people's care records and other records relating to how the service was managed. For example, medicines records and staff training and recruitment records, meeting minutes and the provider's checks of quality and safety.

Is the service safe?

Our findings

At our last inspection in November 2013 we found that people were not always protected against the risks associated with the unsafe management of their medicines. This was because the provider had not always ensured the safe administration and recording of people's medicines. This was a breach of Regulation 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

People's medicines were safely managed and they received them when they needed them. One person told us, "Staff are very good, they remind me to take my medicines because I sometimes forget." Another person said, "Staff always help me take my medicines; I couldn't manage without them."

The registered manager told us about the action they had taken from their checks of people's medicines, which found some recording errors in relation to their administration. Action from this included staff retraining to a more advanced level and relevant to the provision of people's care within the community setting. It also included a review of people's medicines care plan instructions for staff to follow and the provider's risk management and policy arrangements for managing people's medicines. This helped to mitigate the risk to people from unsafe medicines practices.

Records were kept of medicines received into each person's home and when they were administered to people. The medication administration records (MARs) we looked at were completed accurately and any reasons for people not having their medicines were recorded. Staff administered people's medicines in line with the provider's policy for their safe administration. This included staff reporting any anomalies with medicines administration record (MAR) charts to managers for appropriate investigation. The registered manager participated in a local authority working group for the safe management of people's medicines. Learning from this and the provider's checks, which included a review of their medicines policy and checks of staff practice, helped to make sure that people's medicines were safely managed.

Information we received before our inspection, told us that staff did not consistently use personal protective equipment (PPE) when needed for people's personal care. For example, disposable gloves and aprons. This increased the risk to people from acquiring a health related infection through cross contamination. At our inspection we found that the provider's checks had also identified this. The registered manager told us about the action they had taken to address this, which included staff instruction and disciplinary measures, together with on-going practice checks. This helped to protect people from the risk of infection through cross contamination.

People and relatives told us that staff always used personal protective equipment when needed for people's personal care, which we also observed when we visited two people in their own homes. Staff understood their roles and responsibilities in relation to infection prevention and control. They all said they were provided with the training and equipment they needed to undertake this. We saw that a written compliment had recently been received from one person's relative in which, they described staff's safe care practice as "commendable" in relation to their infection control and prevention. This meant that the provider took risks to people's safety seriously and that they had acted to promote safe care practice.

The provider's arrangements helped to make sure that people were protected from harm or abuse. Safeguarding concerns were managed in a transparent way and relevant procedures were usually followed. However, one allegation had not been referred promptly to all of the relevant local authorities stated in the provider's procedures. The registered manager explained this was an oversight and records showed that a discussion had subsequently taken place with the relevant authority. We saw that the registered manager had investigated the allegation, which resulted in appropriate action to protect people receiving care. This included staff disciplinary and refresher training and instruction to all staff. The provider's safeguarding policy was up to date. It provided clear information about the procedure that staff needed to follow in the event of their witnessed or suspected abuse of any adult or child through their care contact.

People and their relatives knew how and were confident to report any personal safety concerns. People felt they were safely supported by sufficient care staff and they were also confident that their homes and personal possessions were

Is the service safe?

safe when staff were present. Relatives' comments also reflected this view. One person said, "I have no concerns; the care staff are consistently good." A relative told us, "There are always two staff to help her move; I am confident she is in safe hands."

Staff understood how to recognise and respond to any allegations of or suspected abuse through the provider's procedures. Staff also understood the provider's procedures for handling people's personal monies. For example, when they supported people to shop for personal items. We saw that staff made records of related financial transactions and receipts of purchases were retained. Management also carried out checks of this. This helped to protect people from harm or abuse.

The provider's arrangements helped to make sure that care staff employed were suitable, sufficient and fit to work with people who received care from the service. For example, relevant and required employment checks were carried out before care staff provided people's care.

People's care records identified risks to people's safety. They also showed the actions that care staff needed to follow to support people safely and help minimise risks, which staff understood and followed. For example, they provided clear instructions about how to support people safely when they accessed their local community and how

to support people who sometimes behaved in a way that may challenge others. One person told us, "Staff know how to help me feel calmer, when I get anxious and worried." This helped to minimise related risks to people and others.

We saw that staff supported people safely. For example, some people required care staff to use specialist equipment to help them to mobilise. We observed that two staff used specialist equipment to support one person in this way. This was carried out in a correct and safe manner and staff gave the person clear information about what they need to do to support their safe movement.

Procedures were in place for checking people's care equipment and for care staff to follow in the event of any accidents, incidents or other concerns about people's safety relating to sudden changes in their health needs. One care staff told us how they had recently followed one of the provider's safety procedures, to report the electrical operational failure of a person's specialist mattress equipment. The staff member explained it was important that the person's mattress was maintained at the correct setting, to protect them from skin damage. Records showed that prompt action was taken to report the failure and to secure an appropriate engineer to rectify this within four hours. This showed that that staff understood their roles and responsibilities for people's care and safety needs.

Is the service effective?

Our findings

At our last inspection of the service in November 2013 we found that people were not fully protected from receiving inappropriate care because the provider's records did not always show whether the Mental Capacity Act 2005 had been followed to obtain people's consent or appropriate authorisation for their care. This was a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

Staff understood and followed the Mental Capacity Act 2005, to obtain people's consent for their care or to determine appropriate care to be provided in their best interests. 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's care plans showed that two people were not always able to consent to their care because of their health conditions. People's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests. Staff received training and information about the MCA and further training was planned to support staff requests for this. This helped to inform and support staff to understand and follow the MCA.

People, their relatives and local care commissioners told us that staff provided the care people needed and they understood people's personal care needs associated with their health conditions. All of the people we spoke with and their relatives said they would recommend Pegasus to their friends and family. One person said, "Staff know how to support me, it makes life a bit easier." Another person's relative told us, "Staff have a consistent approach, which is really important; they understand his condition and provide the support we agreed."

One person's relative told us about the person's complex mental health and associated behavioural care needs. They praised the staff for the consistent way they provided the person's care and support and felt this helped to maintain the person's health and wellbeing. The person's care plans showed how they and others with an interest in their care were consulted and involved.

Staff understood people's personal care and support needs associated with their health conditions. People's care plans were regularly reviewed and provided key information for staff about people's health conditions and their related personal care needs and requirements. For example, relating to their mobility or skin care needs, which staff were able to describe.

One person's care records showed that they sometimes demonstrated behaviours that may challenge others. Their respective care plans gave general guidance for staff about how to support the person in such circumstances, which they understood. However, they did not show any person specific information that may assist staff to help the person. For example, known personal triggers and care interventions that were known to help the person. We discussed this with the registered manager and they agreed to take action to address this, which helped to mitigate the risk of the person receiving inappropriate or ineffective care.

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. One staff told us, "The training is really good here."

All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Staff told us they could also request additional training. For example, two staff had felt they may benefit from additional and more in depth training in dealing with behaviours that challenged and end of life personal care and support. The provider's service development plan considered this and showed related service development proposals.

Care staff were supported to achieve a recognised vocational qualification in Health and Social Care and the Care Certificate was introduced, which staff completed as part of their induction to their care role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social

Is the service effective?

care workers should consistently adhere to. This helped to provide staff with the consistent skills, knowledge and behaviours to provide compassionate, safe and high quality care. A community training professional told us, "Pegasus are very proactive when it comes to training and supporting care staff to meet the new Care Certificate." This showed that staff were supported to understand people's health needs and provide their agreed personal care and support requirements.

Some people's agreed care included support for their meals and nutrition. Related care plans that we looked at showed information for staff to follow about people's food preferences and needs. One person told us, "They (staff)

know what I like to eat and drink and how and when I like it; they follow the menu; they're very good." Another person told us, "Staff help me with my shopping, meals and menus."

Staff told us about one person who required emotional support and encouragement, to eat a healthy diet, relating to their health condition. The person's care plan showed their related care requirements and the person told us, "It's not an easy thing for me to do, but they are helping me." This showed that people were supported to manage their individual nutritional needs in a way that met with their needs and choices.

Is the service caring?

Our findings

People and their relatives said that staff were helpful, kind and caring and felt they had good relationships with them. One person said, “Staff treat me well; they are lovely.” Another person’s relative told us they were very happy with staff who they described as, “Thoughtful and understanding.”

People and their relatives said that staff treated them with respect. They all spoke positively about staff attitude and approach towards them. People also confirmed that staff were mindful of their dignity and privacy when they provided care. For example, one person’s relative said, “Staff are careful and considerate, I would recommend the service.” Another person said, “They are always polite and helpful; my main carer is wonderful, she takes a real interest in me as a person; we always have a good chat and a laugh and a joke.”

With their permission, we visited a few people in their own homes when either staff or relatives were present. We observed that staff knew people well and that they chatted with them in a warm and relaxed manner while they organised their care. They took time to ask people how they were and to check their choices and preferences. For example, in relation to their food choices and a planned shopping trip. We saw that staff took time with one person to check they were completely comfortable when they helped the person to move to their chair. Staff asked another person if they would like their hat, because they knew they liked to wear this. This showed that staff considered people’s needs and wishes in a personalised way.

All of the staff we spoke with were knowledgeable and enthusiastic about the nature and responsibilities of their role and showed their caring attitude. One staff member

said, “It’s important to make sure people are happy and that we respect their rights and wishes.” Another staff member told us, “It’s their home; we are there to give care in a way that is correct and suits them.”

We found that promoting people’s rights in their care was a fundamental part of their staff induction and training programme and their stated aims of care. This included promoting anti-discriminatory practice and ensuring confidentiality in relation to protecting people’s personal information. Staff we spoke with understood this. We also found that the service had achieved a recognised local authority award for ensuring people’s dignity in care, known as ‘The Dignity Award.’

We observed how staff maintained one person’s privacy and dignity when they carried out their personal care. They ensured that the door was closed when needed for the person’s privacy and that their clothing was properly adjusted. This showed that staff were caring and that they understood and promoted people’s rights when they provided care.

One person’s care plan showed the emotional and practical support they needed in order to carry out their routine household and daily living tasks, such as meal preparation, shopping, tidying and budgeting. We observed that the staff member prompted the person in a patient and sensitive manner when needed, which helped the person to concentrate and make decisions in relation to the order and completion of their tasks. This helped to promote the person’s autonomy and independence.

We saw people who were able to, had signed their support plans and that they and their supporting relative had contributed to the information in them. The registered manager told us that people’s care plans could be provided in pictorial or large print format if required to aid peoples’ understanding. People also held copies of their care plans in their own homes and they were regularly reviewed with them. This showed that people were appropriately informed and involved in planning and agreeing their care.

Is the service responsive?

Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided and that the care agency acted on their instructions and advice. One person said, “Staff always talk with me and we agree my care.” Another person’s relative said in relation to the person receiving care, “They do what she wants in the way she wants it; any issues are always sorted.”

At the time of our inspection the provider had circulated a written survey to people and their relatives to obtain their views and experiences of their care. One person was completing this with their relative when we visited. They said, “Staff are so good, communication is good to and from the office; couldn’t wish for better.” We saw a number of written compliments received from people or their relatives, which included, “Carers are very good; right times, do what they should; no complaints,” and “Thank you to staff for acting promptly and alerting emergency services promptly and with professionalism.”

All of the people we spoke with at our inspection said that staff attended at and for the duration of their agreed call times. One person said, “The staff are on time and leave on time.” Another person said, “They arrive when they should and do their job.”

Planned service improvements to support people’s diverse and changing needs, included the introduction of alternative information and communication methods to support people’s involvement in their care. For example, through the use of easy read formats or pictures to aid people’s participation in the assessment and review of their care when needed. This showed that the provider sought to tailor aspects of their service to meet people’s changing needs

Details of any complaints received by the provider were thoroughly recorded. They showed the actions taken for their investigation and any changes or improvements that we made as a result. For example, records of the provider’s checks following a concern raised with them found that a

few people had experienced delayed care calls or that staff had rushed them and not stayed for the agreed duration of their care call. The registered manager told us about the action they had taken to address this and for the on going monitoring of staff practice. This included a review of telephone log systems to monitor the duration of staff care calls and also management spot checks of staff visiting times. The provider’s records also showed that this issue had been raised directly with staff through relevant channels, such as meetings held with them. This showed that the provider sought, listened to and acted on people’s views’ about their care.

Most people felt that the care staff and service responded well to any concerns or complaints they raised. For example, through regular review meetings held with them and from complaints and compliments received by the service. People and their relatives knew how to make a complaint and they were provided with written information, which informed them how to do so.

One person’s relative said they were regularly consulted and confident to raise any concerns or issues about their person’s care. They said, “The manager is very good, I can raise anything and it’s acted on without the need for a complaint.” This relative told us that this consultative approach had helped to ensure a consistent approach by staff to support the person’s complex emotional care needs associated with their personal care requirements. The provider’s complaints records reflected this and showed that complaints were usually dealt with in a timely manner and to people’s satisfaction.

Another person’s relative told us about a complaint, which they initially felt was not being taken seriously by the service. However, they confirmed that this was subsequently addressed to their satisfaction. The provider’s records showed this and the action taken to prevent any reoccurrence. Records also showed that the complainant had subsequently made a written compliment about the person’s care and improvements made. The provider’s arrangements helped to ensure that learning took place from people’s views, concerns and complaints, which was used to improve people’s care experience.

Is the service well-led?

Our findings

People, their relatives and staff were all positive about the management of the service. We received many positive comments about the open, supportive and approachable manner of the registered manager and senior staff who co-ordinated people's care, staffing arrangements and support. One person said, "I am kept well informed and don't hesitate to go to them if I need to discuss anything at all; always helpful." Another person's relative said, "Staff understand what's expected of them and management check that things are going ok."

A staff member told us, "The manager is always approachable; she listens and has time for you." Another staff member said, "The manager is firm, kind and supportive; you know the standard that is expected."

The registered manager led and was supported by a team of senior care staff members. Additional leadership, management support and guidance was also provided by the registered provider. Records showed that the provider used a range of operational measures to inform and support staff to carry out their role and responsibilities. This included stated aims and objectives for people's care, staff performance and development measures, communication and reporting procedures and a range of personnel policies and procedures for staff to follow. For example, a uniform policy and staff conduct code and procedures for reporting accidents or serious incidents.

Staff understood their roles responsibilities and were confident and knew how to raise any concerns they may have about people's care. This meant there were clear arrangements in place for the management and operation of the service.

Records relating to people's care the management and running of the service were accurately maintained and safely stored. The registered manager sent us notifications about important events which occurred at the service when they needed to. For example, notification of any suspected abuse of a person receiving care.

The registered manager told us that they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. Checks of accidents, incidents and complaints were monitored and analysed to identify any trends or patterns. This helped to determine any changes that may be needed to improve people's care experience.

Since our last inspection some improvements had been made to the quality and safety of people's care. This included their arrangements for people's medicines and to ensure that the Mental Capacity Act was being followed for people's care. Other improvements were made in relation to staff practice for the prevention and control of infection and care call time keeping, which were subject to on-going checks by the registered manager.

A number of service improvements were also planned. This included the use of specific aids to support people with diverse communication needs, to have greater involvement in their care. There were also plans to introduce an independent staff survey to gain their views about the quality of management and support, to help identify improvements that may be needed. This showed that the provider sought to continuously improve their service and people's care experience.