

Options for Life

Pegasus House

Inspection report

17 Elder Grove
Wombourne
Wolverhampton
WV5 0EN
Tel: 01215446611
Website: www.example.com

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2014
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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?

Requires Improvement 

Overall summary

This inspection was announced and took place on 19 November and 6 December 2014. We gave the provider notice of our inspection to make sure that people would be available to speak with us as the weekend breaks do not take place every week.

Pegasus House provides themed weekend breaks for up to eight people with a learning disability. People are supported to take part in a range of experiences both in

and out of the service, develop new skills and spend time with friends and to make new friends. All the people who use the service at weekends are known to the provider through attending their day service provision.

At the last inspection on 16 January 2014 we asked the provider to take action to make improvements in the checking of the safety of the building. The provider sent us an action plan telling us how they would improve. On this inspection we saw that the provider had made the required improvements.

Summary of findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's checks on the quality of the service could be improved. The checks had not picked up for example that care records contained limited information and some medicine protocols were not recorded.

Risks to people were identified and appropriate plans were in place and acted upon. People received their medicines as it was prescribed by their GP.

People were supported by staff who were trained to meet people's needs. There were sufficient staff on duty to provide people's support. Staff were matched to the people who attended the weekend breaks. This meant that they knew people well and people received personalised care that met their needs.

Staff acted in accordance with the provisions of the Mental Capacity Act 2005. People were assumed to be able to make their own decisions. Where people could not, staff were aware of the need to act in their best interest. This meant that people's rights were upheld and decisions were taken in their best interest.

People had sufficient to eat and drink and chose the meals they wanted to eat. They went with staff to buy the

food for their weekend stays. Some people that used the service had specialist diets. A relative we spoke with confirmed that their family member's specialist needs were met.

Some people needed support to manage their health care needs. We saw this was done appropriately. We saw that contact details were available in the event of a health emergency.

People told us they really enjoyed their weekend breaks. They said that they chose to come and got on well with the other people and with the staff. People were consulted about what they wanted to do and contributed to the arrangements for future weekend breaks.

People were treated in a caring and compassionate way. Care staff spoke respectfully with people and support was provided in a relaxed way. Some people shared a bedroom but this was done with their agreement. Some people were friends and enjoyed sharing a bedroom.

People and relatives' feedback was sought following each weekend break. We saw that these were overwhelmingly positive but that when issues were raised these were acted upon.

People were supported by care staff who were encouraged to develop their skills and knowledge and who were aware of their responsibilities. They told us they would have no hesitation in reporting poor practice and were confident that the registered manager and the provider would act upon concerns promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were trained in safeguarding people and understood how to act when people were at risk of abuse. This helped to keep people safe.

People's needs were taken into account when deciding on the number of staff. This meant there were sufficient staff to provide people with appropriate care.

Medication was stored and administered correctly. This meant that people were supported to have their medicines as they were prescribed.

Good



Is the service effective?

The service was effective.

People were supported by care staff that had the necessary training to meet their needs.

People chose the food and drink they wanted and were involved in preparing their meals. People's health care needs were acted upon.

Staff acted in accordance with the provisions of the Mental Capacity Act 2005. This meant that people's rights were upheld and decisions were taken in their best interest.

Good



Is the service caring?

The service was caring.

Care staff treated people in a caring and compassionate way. There was a relaxed and friendly atmosphere where staff and people got on well together.

People were supported to express their views and they were involved in deciding on the content of the activity weekends.

People were treated with respect and their dignity was promoted.

Good



Is the service responsive?

The service was responsive.

Care staff knew people well and supported people to have care that met their needs.

People were involved in making decisions about the weekend breaks. They took part in things they wanted to do.

The provider acted upon concerns and complaints to improve the service.

Good



Is the service well-led?

The service was not consistently well led.

Requires Improvement



Summary of findings

The provider had some systems in place to monitor and evaluate the quality of the service. Some improvement could be made to make sure areas for improvement were identified and acted upon.

The service had an open and empowering culture where people could try new activities in a friendly and safe environment.

Pegasus House

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.

This inspection took place over two days; the 19 November and 6 December 2014. We gave the provider a short notice period because the location provides a service over a number of weekends throughout the year and we needed to be sure it was operating when we visited. We went to the office of the organisation to talk with the manager and staff who may not have been available when we visited the service.

The inspection was completed by one inspector.

Prior to the inspection we looked at information we held about the service. This included looking at the last inspection report and notifications the provider had sent us. Notifications are sent to us by the provider to inform us about incidents that occur at the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people using the service, two relatives, five support staff and the registered manager. We completed a short observation period, reviewed two care records and looked at other records relating to running the service. These included three staff files, quality audits and health and safety documents.

Is the service safe?

Our findings

When we completed our previous inspection in January 2014 the provider was not compliant with Regulation 10- assessing and monitoring quality. The provider was not making health and safety checks at the service to make sure the premises and equipment were kept safe. The provider had sent us an action plan to tell us how they would improve the service. On this inspection we saw that the provider had taken the necessary action.

Systems were now in place to ensure that the environment was kept safe. We saw that a fire risk assessment had been completed and that at the start of every activity weekend a fire test and drill were completed. This was confirmed by two people who told us the fire procedures and where the fire meeting point was. They showed us that fire safety notices were completed in a pictorial format so they knew the actions they needed to take. We saw evidence that the staff completed a full environmental check of the premises on a quarterly basis. There was evidence that all electrical equipment had been fully checked. There had not been any accidents or incidents at the service. However the organisation had a robust system in place for reviewing and acting upon these concerns. The registered manager was able to tell us the action they had taken to improve the service when an accident had occurred in the day services.

The provider had put in place arrangements to support people to keep as safe as possible. We saw that some people who used the service need support to move safely. The records confirmed that these risks were assessed and plans were in place to make sure that staff knew how to move people safely. A relative of one person that needed to be moved using a hoist told us that they were happy with the care provided. They said; “They are doing a brilliant job”. Discussions with staff confirmed they were fully aware of each person’s individual needs including any risks to their welfare.

Discussions with people that used the service and relatives confirmed that people felt safe and had no concerns over their support when they were using the service. . One person told us; “I love it here. I will tell staff if I’m not

happy”. One relative said; “I am not worried about [person’s name] when they are away. They know [person’s name] well”. Care staff told us they were trained in safeguarding adults. This was confirmed in records we saw. Staff were able to tell us about the different types of abuse and signs they may see that could indicate someone was being abused. They were clear of their responsibilities to protect people and to act upon any concerns. Our observation of staff and people together showed there to be a relaxed atmosphere where people felt free to express their views.

The care and support needs of people attending each activity weekend were taken into account when the staffing for each weekend was decided. For example when people with more complex needs attend, there was a higher ratio of staff provided. On the weekend we visited there were three staff supporting eight people. Our observations and discussions with staff and with the people on the weekend confirmed this was sufficient staff to meet these people’s needs. The provider had put in place a reserve staff member who could be called upon at any time to either provide additional support or to cover for ill-health. Care staff told us and records confirmed that the organisation had an effective recruitment process in place. This ensured that the necessary checks were completed before staff started supporting people.

We looked at how the provider managed people’s medicines. One person told us about the medicines they took and said; “The staff give me my medicines”. This was also confirmed by a relative who was satisfied that their relative was supported to have their medicines correctly. We saw that the staff completed checks of each person’s medicines before the weekend. The provider had a system in place for storing medicines but this did not make sure that medicines were stored securely. A discussion with a staff member confirmed they were aware of the correct manner to administer medicines. A check on the records showed there were no gaps in the record. Some people had medicines on an ‘as required’ basis. As the staff knew people well this did not affect people but a written record would ensure that if care staff changed people would still receive their medicines in the same way.

Is the service effective?

Our findings

Relatives told us they were impressed with the quality of the staff. They told us that the staff knew how to provide their relative with the care they needed and had no concerns about their welfare when they were at the service. Care staff were trained and supported to be able to meet people's needs. Our observations of staff confirmed they knew people well and understood how to support them. For example we saw care staff communicating with people in an open and clear way. We also spoke with one care staff who could describe how to support someone that needed feeding through a tube into their stomach. Another care staff member explained the correct way to respond when a person had a seizure.

Care staff we spoke with were aware of the provisions of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. People were assumed to have capacity to make decisions. When we visited everyone had the capacity to make their own decisions although some people who use the service at other times were not able to give their consent. Staff explained to us how decisions were made in the best interest of people, for example, to support people to have their medicines. This was also the view of the relatives we spoke with. They told us that they were involved in decisions about their family member's care. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS). This is a provision of the MCA which authorises restrictions to be placed upon people if this is the least restrictive way of their receiving care and treatment they require. Due to the nature of this service there was no one subject to a DoLS authorisation.

All the care staff we spoke with told us that they sought the consent of people using the service. They described how some people who could not provide verbal consent

indicated their wishes in other ways. For example one care staff described how one person used facial expressions to show if they liked something. Staff said that by getting to know people well they knew if they were agreeing to their care. During the inspection we observed that people were consulted about their care and support. For example we saw people being provided with choices about what they ate and drank and the activities they wanted to take part in. All the people we spoke with confirmed that they had chosen to come for the activity weekend and happily joined in with all the activities taking place.

People were supported to eat and drink sufficient amounts. People said they liked the food on the activity weekends. We saw there was a choice of meals at breakfast. One person said; "The food is lovely". Another person told us about the choice of cereals there were available. One person we spoke with confirmed that the group sat down together to decide on the meals they wanted. We saw that this took account of people's individual preferences. As part of the weekend activity everyone was going to the supermarket to choose the food for the rest of the weekend. We also observed that people helped to prepare and serve the food. Sometimes people that attend the weekends had special diets. Care staff we spoke with were able to tell us how they made sure that the food and drink met their needs. This was confirmed by a relative we spoke with. They confirmed that the staff knew their relative's diet and that this was provided for correctly.

People were supported to have their healthcare needs met. One person told us; "I know if I was poorly they would call a doctor". Another person told us they needed specific health care support at night and confirmed this was provided. A relative told us; "[Relative's name] gets the health care support they need. The staff support [relative's name] with this". Care staff knew people well and were aware of people's individual health care needs. We saw that the records contained information about people's health care needs and any contact details for health care support was present.

Is the service caring?

Our findings

People were treated in a caring and compassionate manner. People told us that they liked the staff. One said; “The staff are lovely”. A relative told us; “The staff really care. They make sure the little things are taken care of”. We completed two short observations. We saw staff supporting people to complete independent living activities including washing and tidying up. Staff spoke with people in a respectful way and gave people the support they needed in a gently and caring manner. We observed that there was a relaxed and friendly atmosphere where staff and people joked and laughed together.

People were supported to express their views and to be involved in making decisions about their care. We saw evidence that the activities that took part during the weekends were the result of consultation with people. A relative said; “They do the things [relative’s name] likes to do. [Relative’s name] thoroughly enjoys the weekend”. People were asked about the things they wanted to do. We saw that people’s wishes were listened to and acted upon. For example we observed people discussing the food

choices and deciding on what they were going to eat. Some people shared a bedroom and the registered manager told us this was agreed with the people concerned. We spoke with four people and they told us they were happy to share a room and that the person they were sharing with was a friend.

People were treated with respect and their dignity was promoted. People told us that staff treated them in a kind way. They said that staff did not come into their bedroom without permission. One person told us that they received their personal care from their preferred staff member. The registered manager confirmed that they tried to match care staff with the people that attended the weekend breaks. This meant that people knew the care staff member that provided their care. Care staff described how they made sure that people’s dignity was promoted. For example, one care staff described that care was provided with the person’s agreement and how they made sure people were covered up when providing personal care. Another care staff told us they made sure people were called by their preferred name and that people were supported to be as independent as possible.

Is the service responsive?

Our findings

Care staff we spoke with knew people well and provided care that met their individual needs. One staff member told us; “We look at what the participants want and take into account their preferences”. Staff could tell us about the support each person needed. For example they were able to tell us about the routines of people including any support they needed with their personal care. One relative told us; “I am very happy with the service. They know [relative’s name] well as [relative’s name] goes to day services. [Relative’s name] thoroughly enjoys it”. Another relative said; “I know [relative’s name] had a good time by the grin on [relative’s names] face”.

People told us they enjoyed coming to Pegasus for the weekend activity breaks. They said that they had a good time and enjoyed doing the activities each weekend offered. One person said; “I’ve been lots of times and really enjoy the things we do”. A relative said; “They do the things [person’s name] likes to do”. The themes of the weekends were based around the wishes of the people who attended. For example the PIR told us that the bonfire themed weekend was suggested by someone who had attended a previous weekend. People told us and we saw records to

show that people were consulted about the contents of the weekend breaks. One staff member told us; “We look at what the participants want and take into account their preferences. The weekends provided people with the opportunity to undertake new experiences and to develop skills in a friendly and relaxed atmosphere. People were taking part in a ‘cooking and crafts’ weekend when we completed this inspection. This meant that the weekend breaks were taking into account the wishes of the people that attended.

The provider listened to and acted upon people’s views and concerns. One person we spoke said; “If I am sad I will tell [staff’s name]”. Relatives we spoke with said they would have no hesitation in talking to the staff about any concerns. They were confident that issues would be acted upon. The provider had a complaints procedure. There had not been any complaints about the service. We saw evidence that when complaints were received about other areas of the organisation these were investigated and responded to appropriately. The provider told us in the PIR that they intended to actively promote their ‘Comments, Complaints and Compliments’ procedure and were adding the information both to their booking and feedback form.

Is the service well-led?

Our findings

The provider had put in some checks to make sure that the service was operating effectively and people received a safe service. We saw that there was scope to improve this aspect of the service. Discussions with the registered manager confirmed that no senior staff member routinely visited the weekend service to make checks on the care and support provided. Senior staff were available to staff if needed. This meant that some areas of care were not monitored or checked. For example there was an absence of some information about people's care needs and the lack of some medication protocols had not been identified. We also saw that the storage of medication had not taken into account the medicine needs of people who may attend future weekends. These shortfalls had not affected the safety of the people attending the weekend we inspected.

We saw that checks were made on health and safety issues and on the environment. We saw that two staff always completed medicines as a way of ensuring that this was done correctly. Following our inspection, the registered manager identified that it would be appropriate to have more of a presence at the weekend breaks. This would allow them to have a better understanding of the service and to review and evaluate the service first hand.

People and their relatives were involved in developing the service. People that attended and their relatives were asked for their views about the service following every weekend. We saw a sample of these surveys and they were positive. Where issues were raised they were acted upon. For example one person had stated that the beds were uncomfortable and the provider had addressed this. We also saw that the providers took account of people's views to plan future weekend breaks. For example a 'Ladies

weekend' was suggested by a group of friends and this was arranged. Care staff were also asked for their views after every weekend. They considered what worked well and areas that did not work so well. These views were considered by the provider's 'short breaks' working group that reviewed how weekend breaks went, and considered ways to improve the service.

We observed that there was a positive, open and empowering culture at the service. For example we saw relaxed and friendly relationships between staff and the people attending the weekend. People were encouraged and supported to make decisions and to have control over their lives. One care staff member told us that the staff supported people to develop new skills and to make new friends in a safe and caring environment. Care staff we spoke with told us they were encouraged to develop their knowledge and skills and were aware of their responsibilities towards people. One care staff member said; "I am encouraged to develop and improve". They told us they would have no hesitation in reporting poor practice and were confident that the registered manager would always take action.

All the staff we spoke with were positive about the management of the organisation. One staff member told us 'The service is well led. If I had a problem I would go to the manager'. Staff knew the manager and told us the manager was visible at the day service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. Although there had been no notifications received the registered manager of the service was aware of their responsibilities to report significant events in a timely way. This meant we could check that appropriate action had been taken if incidents occurred.