

Pegasus Care Homes Limited

Pegasus Care Homes Limited - Harden

Inspection report

284 Harden Road
Walsall
West Midlands
WS3 1RQ

Tel: 0121553290
Website: www.pegasuscare.com

Date of inspection visit:
14 March 2023
21 March 2023

Date of publication:
24 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pegasus is a residential care home providing accommodation and personal care for up to 6 people with a learning disability and autism. At the time of the inspection 4 people were living at the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. People were able to personalise their rooms. Relatives told us they felt their loved ones were safe at the home. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

Some systems required improving to ensure records were person centred and audits were effective to drive improvements in all areas. The provider had an improvement plan in place which was updated to include the feedback we shared during and following our inspection. The registered manager and nominated individual demonstrated a commitment to delivering improvements and achieving best outcomes for people. People and those important to them, including advocates, were involved in planning of their care. Staff ensured risks of a closed culture were minimised so that people received support based on

transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was requires improvement (published 13 August 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. We have found evidence that the provider needs to make some improvements. Please see the well led section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pegasus Care Homes Limited - Harden on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Pegasus Care Homes Limited - Harden

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Pegasus care limited – Harden is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pegasus care limited – Harden is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 March and ended on 29 March 2023 when formal feedback was provided. On 20, and 21 March 2023 we spoke with relatives by telephone.

What we did before the inspection

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

During the inspection

We met and spent some time with all 4 people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 2 relatives and social care professional about the experience of the care provided over the telephone.

We spoke with 6 staff which included the team leader, support staff, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed and sampled a range of documents and records including the care and medicine records for 2 people, and 3 staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found concerns with the storage of certain medicines and records for the stock and administration of medicines. At this inspection we found these issues had been addressed.
- Following discussions, during the inspection the registered manager made further improvements and implemented additional records for monitoring the stock of nutritional drinks and body maps to indicate where people were supported with their insulin. Controlled drugs storage was also made more secure.
- People and their relatives confirmed they received their medicines when they needed them. One person said, "Yes the staff give my tablets to me they never forget." A relative told us, "[Person] is so complex but the staff know what they are doing and make sure [person] has their medicines on time and as needed."
- Some people required medication on an 'as required basis'. Staff did not always have clear guidance on when to give this 'as needed' medicine. This was actioned by the registered manager during the inspection.
- Staff told us, and records confirmed staff had received appropriate training and an assessment of their competency to ensure they administered medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Staffing and recruitment

- Recruitment checks were undertaken to ensure staff were suitable to work at the home. However, some of the procedures followed required some improvement to ensure all required information was obtained prior to staff working in the home. For example, we found some gaps in the employment history for 3 staff which had not been explored to ensure the staff were suitable for their role. This was addressed during the inspection.
- People were supported by enough staff. This included for one-to-one and two-to-one support for people to take part in activities and visits when they wanted.
- A person told us, "The staff are nice, and they help me do the things I want to do. I am happy here." A relative said, "[Person] receives the support they need to live a meaningful life and do the things they enjoy."
- People's care records included a profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.
- Staff had the required skills and knowledge to support people's needs. An 'awareness board' had been developed to increase staff knowledge and understanding about Oliver McGowan and the new training requirements. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the new standardised training that was developed by the government and is recommended training for health and

social care staff to undertake.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Observations of people with staff indicated they appeared comfortable and had positive working relationships with the staff. We observed people use positive hand gestures with staff and smiling when in their company. One person told us, "I feel safe here the staff are kind."
- Relatives told us they had no concerns about their loved one's safety. One relative said, "The staff know [person] well they keep them safe. I would not let [person] live there if I had any concerns." Another relative told us, "I have no concerns I would know if anything untoward was going on but [person] is happy and safe there."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "I would report any concerns straight away. I wouldn't brush it under the carpet."
- The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks were identified and there was a corresponding care plan to inform staff on how to support people to keep them safe. These plans covered a variety of areas such as, personal safety, going out, and medical needs.
- A person told us, "Staff know me well and what to do if I am unwell or feel anxious." A relative said, "[Person] is in safe hands, the staff are knowledgeable about [person] risks and how to manage these safely."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. A staff member told us, "We know people well and when they are becoming unsettled, so we try and support, reassure and distract before they become more anxious."
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed some wear and tear around the home. An action plan was in place to address these.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors without any restrictions.

Learning lessons when things go wrong

- Systems were in place to record and learn from incidents or accidents. Incidents and accidents were reviewed by the registered manager to see if any immediate action was needed to mitigate the risk. They were analysed monthly by both the registered manager and provider for patterns and trends. Any learning was shared with staff through team meetings, and memos.
- Staff recorded any use of restrictions on people's freedom, and the registered manager reviewed use of restrictions to look for ways to reduce them.
- When things went wrong, such as medicine errors action was taken to learn from these and reduce their occurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- At our last inspection we found audits of medicines were not robust. At this inspection, although improvements had been made, further improvements were required to strengthen these audits and identify any shortfalls.
- Procedures and systems in place for staff recruitment had not always been effective. We found not all information had been obtained before some staff had been employed. This included gaps in employment, and we also found some inaccuracies within staff files. This included dates when staff commenced employment and dates when Disclosure and Barring Service (DBS) checks had been requested. Where staff had commenced employment before the return of their DBS risk assessments were in place to reduce risks. During the inspection action was taken to address identified discrepancies and the recruitment policy was updated.
- The provider used an electronic care plan system to devise people's care plans. However, we found in some areas these were not always person centred, and not everyone's care plan contained detailed information about their goals and aspirations. An action plan had been developed to address this and to modify the system in place to allow for more detailed information to be added.
- Audits were completed by both the registered manager and the nominated individual in a variety of areas including the environment, health and safety and the completion of care records. Where shortfalls were found actions and timescales were recorded and these were monitored for progress.
- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents in accordance with their legal responsibilities.
- The registered manager was not based permanently at this home; however, a management team was in place to maintain oversight of the support provided. Both the registered manager and team leader demonstrated they had the skills and knowledge for their role and understood people's needs.

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

- Relatives knew key staff involved in their loved one's care and support and who the management team were. One relative said, "I am happy with the support provided and the way the home is managed. Communication is good and I am kept updated and involved." Another relative told us, "The home is managed well, and we are kept up to date with [persons] needs. We are happy with the support provided."
- The management team worked to instil a culture where staff valued and promoted people's individuality and protected their rights.

- Staff felt respected, supported, and valued by the registered manager and management team. A staff member told us, "The manager comes weekly and checks in on us and is supportive. They are only a phone call away if needed. We all work well together it is a rewarding place to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation. The registered manager told us, "It's about being open and honest and holding your hands up when things may have gone wrong."
- Where needed contact had been made with people's representatives following any incidents or any medicines errors that had occurred.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Feedback was captured through meetings, surveys, informal discussions, and observations.
- A person said, "I am asked what I think about living here and we sometimes have meetings." A relative told us, "We have regular discussions and reviews, so we share our feedback then. I know I can raise anything at any time with the staff or the management team."
- Systems were in place to gain feedback from staff through annual surveys and regular team meetings. A staff member said, "We meet regularly as a team to discuss people's support needs, the house, and developments. I feel listened to and able to share any ideas."
- In response to comments made in the last staff survey a new communal kitchen had been fitted for everyone to use in the home.
- We observed staff involving people to make daily choices throughout our inspection. Staff used various methods to communicate with people such as Makaton, verbal speech and pictures.

Continuous learning and improving care

- The registered manager and nominated individual were receptive to the feedback shared during the inspection and immediate action was taken to address any shortfalls we found. For example, improvement to medicine and recruitment records. An action plan was developed and implemented to support other ongoing improvements.
- The registered manager and nominated individual had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and to improve their wellbeing.