

Pegasus Care Homes Limited

Pegasus Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pegasus Care home is a residential care home providing accommodation and personal care for up to 12 people with a learning disability, mental health needs and autistic people. At the time of the inspection 11 people were living at the care home.

The provider is also registered to provide a supported living service. At the time of the inspection 7 people were supported to live independently in their own homes. Some of these people lived with other people in 'shared homes' and received 24 hour staff support.

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

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 supported people with their medicines, however records needed improving to ensure the number of medicines at the care home was recorded accurately and checked to confirm people had their medicines when they needed them. Risks to people were not always properly assessed and recorded to explain why people may not be able to use certain parts of the home for their safety. People were supported by staff who knew them well and understood their needs. However, care plans and risk assessments were not always detailed and reflected people's aspirations, goals and development of life skills. The registered manager was responsive to our feedback and took action to address the issues identified.

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.

Pegasus Care home does not fully meet the current guidance on small, ordinary homes forming part of a local community. However Pegasus Care home was close to local amenities and people regularly accessed local facilities.

Right Care:

Staff protected and respected people's privacy and dignity. 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. Staff promoted equality and diversity in their

support for people. They understood people's cultural needs and provided culturally appropriate care.

Right Culture:

Improvements were needed to the current systems to make them more effective to monitor the quality of the service and drive improvement. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People and those important to them, including advocates, were involved in planning their care. The registered manager was open and transparent throughout our inspection and demonstrated a commitment to delivering improvements and achieving best outcomes for people. They acted on queries and our feedback throughout the inspection.

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

Rating at last inspection and update. The last rating for this service was good. (Published 17 April 2019.)

Why we inspected

The inspection was prompted in part due to concerns received about unexplained bruising. As a result, 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 good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led Key question of this full report.

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

Enforcement

We have identified breaches in relation to the management of risk and how the provider monitors the service provided.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 (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 in the care home. 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 undertaken by 2 inspectors 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 personal care as a single package under one contractual agreement dependent on their registration with us. Pegasus care home does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pegasus care home also provides care and support to people living in 4 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.

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 28 September 2023 and ended on 18 October 2023 when formal feedback was provided. We visited the service on 28 September 2023. Phone calls to relatives and people's representatives were undertaken on 04, 10 and 12 October 2023.

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 spoke with 13 people who used the service and 4 relatives, this included people living in the care home and those supported to live independently.

We spoke with 7 staff which included team leaders, support staff, and the registered manager.

We reviewed and sampled a range of documents and records including the care and medicine records for 11 people, and 3 staff recruitment files. We also looked at records 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The management of medicines in the care home were not always effective to ensure people received their medicines as prescribed.
- Records we reviewed had been signed stating people had received their medicines. However, when we checked the stock balance of medicines these were not always accurate with what had been administered. There were a lack of records stating what the overall stock balance should be. Therefore, we could not be assured people had received their medicines as required.
- We found some topical creams and liquid medicines had not been dated when they were opened. This meant there was a risk these could be used after their expiry date.

The provider had not ensured systems were in place for the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were supported to live independently received their medicines when they needed them.
- Guidance was in place in both services to support staff when to administer as 'required medicines'. One person told us, "When I don't feel well staff give me some tablet for the pain."

Assessing risk, safety monitoring and management

- Risks to people had not always been individually assessed and managed effectively.
- The kitchen door was locked when not in use and although there was a risk assessment explaining the rationale for this, we found individual risk assessments had not been completed to record the impact and how this risk had been reduced for each person.
- Care plans did not always contain accurate information about people's risks. For example, where risks were identified relating to eating and drinking, some risk assessments lacked detail about what special equipment people needed or how staff should monitor and respond to concerns.

The provider had not ensured effective systems were in place to assess and manage risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff in both the care home and supported living service had a good awareness of risks associated with individuals care and could describe how to support people to manage them, despite the lack of some detailed guidance being in place. One relative told us, "The staff know [person] well and when they become

upset, they know how to reassure them."

- Action was taken by the provider and manager to address the above shortfalls following our inspection.

Systems and processes to safeguard people from the risk of abuse

- Concerns had been shared with CQC about unexplained bruising. Safeguarding procedures had been followed to review these concerns. Where needed lessons had been learnt to improve the procedures in place. On our inspection we found systems were in place to record and escalate any unexplained bruising staff may have observed.
- Safeguarding procedures were in place, and these were followed as required. One person told us, "I feel safe here and with the staff."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "If I had any concerns, I would report these to the management or to external agencies if I needed to."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Most people and staff said there was enough staff on duty to meet people's needs in both the care home and supported living service. One person said, "There is always staff around and I sometimes go out shopping."
- One relative told us, "There appears to be enough staff in the care home, and I know [person] is supported to go out to the shops, or for a meal."
- The registered manager told us they monitored the staffing levels, and the staffing hours were based on people's assessed needs. A dependency tool was not used by the provider.
- The provider operated safe recruitment process.

Preventing and controlling infection

- We were not always assured the provider was promoting safety through the layout and hygiene practices of the premises. We saw some areas of the care home and some supported living houses where the integrity was compromised due to wear and tear. This would impact the providers ability to prevent infections. 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.

Visiting in care homes

- People were able to receive visitors without restriction in line with best practice.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Systems were in place in both services to record and learn from incidents or accidents. The registered

manager reviewed incidents and accidents to assess whether immediate action was needed and to identify themes and trends.

- Staff recorded any use of restrictions on people's freedom, and the registered manager reviewed all records where interventions such as restraint was used. These were analysed to ensure they were proportionate and in accordance with people's support plans.
- Staff told us learning from incidents was shared in staff meetings and via internal memos.

Is consent to care and treatment always sought in line with legislation and guidance?

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty both in the care home and for those people supported to live independently. Any conditions related to DoLS authorisations were being met.
- People told us staff sought their consent before delivering care. Our observations of interactions supported this.
- People's decisions in the way they chose to live their life were respected by staff. Even when their life choices may not be in their best interests.
- Staff in both services had completed MCA training. Staff were aware of the principles and the importance of prompting people's human rights.

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 good. At this inspection the rating has changed to requires improvement. 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;

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- The provider had several audits in place but these required improvement to make them more robust. For example, medicines audits were ineffective as they did not identify stock count inaccuracies.
- Kitchen audits and cleaning schedules did not identify rust in the microwave.
- The provider used an electronic care plan system to devise people's care plans. However, we found across both services some of these were not always person centred. Some people's care plans did not contain detailed information about their goals, aspirations, and development of life skills.
- Some of the daily records did not always clearly detail what de-escalation methods were used before medication and other interventions were used when supporting people when they were emotionally distressed.
- Systems were but not always in place to monitor the use of medicines, when administered in response to people becoming anxious.

Systems and processes needed to be further improved and embedded to ensure effective oversight of the service was maintained. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was taken by the provider and registered manager in response to the above shortfalls. A new medication audit was devised, and a new microwave was purchased. Support plans were also being reviewed and updated.

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

- There was a positive and open culture at the service.
- Systems were in place to monitor daily records and where some staff had not used positive language when describing people's anxieties these were addressed and learning and training provided.
- People and relatives in both services told us they felt able to talk to staff and knew key staff involved in their care. One person said, "I can talk to my staff and tell them anything, I feel comfortable with them." One relative told us, "We know all the staff that support [person] which is good and means communication is

good and we can speak openly."

- The management team worked directly with people and led by example.
- Staff felt respected, supported and valued by the management team.

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 provider understood their responsibilities under the duty of candour.
- When needed the management team apologised to people, and those important to them, when things went wrong.

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

- People and staff were involved in the running of the services and fully understood and took into account people's protected characteristics
- Systems were in place to gain feedback from people, and those important to them. This included meetings, surveys, reviews, and informal discussions. Although action plans had not been shared with us, we were advised these were being developed in response to some of the recommendations shared. This included, increasing social engagement opportunities and for staff increased communication.
- Relatives shared positive feedback about both services One relative said, "The care home is managed well, and we are kept up to date with [persons] needs. We are happy with the care provided the staff do a great job." Another relative told us, "The staff who support [person] to live independently are very approachable, kind and they keep me updated with how [person] is doing, we are happy."
- Staff confirmed meetings were held and information was shared. One staff member said, "We have regular meetings where we discuss both services, receive updates, any improvements needed, and lessons learnt. We also have supervision where we can discuss the services and any issues on an individual basis."

Continuous learning and improving care

- Throughout the inspection we found the registered manager to be honest, open and transparent about any issues we brought to their attention. They were receptive to our feedback and demonstrated their commitment to making any required improvements. For example, strengthening audits in place, and updating records.

Working in partnership with others

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured systems were in place for the safe management of medicines. The provider had not ensured effective systems were in place to assess and manage risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Systems and processes needed to be further improved and embedded to ensure effective oversight of the service was maintained.