

Pegasus Care Homes Limited

Pegasus Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection took place on the 9 and 13 July 2015 and was unannounced.

Pegasus Care Home is registered to provide accommodation and support to 12 people with a learning disability, a mental health condition, physical disability, and sensory impairment. A further four people are supported with personal care within the community who lived in a supported living complex.

There was a registered manager in post responsible for the home and the services delivered within the community. 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.

We found concerns in July 2014 with the standard of records which were not robust enough to meet regulation 20. We asked the provider to send us an action plan

Summary of findings

outlining how they would make improvements and we considered this when carrying out this inspection. We found that sufficient action had been taken to improve the standard of records to meet the requirements.

While people told us they felt safe, we found that staff competency was not being checked to ensure they were able to administer medicines safely.

Concerns were raised as to there not being sufficient staff working at weekends when there was an increase in people on the respite service. Whilst we saw no evidence of this the manager confirmed they would implement a staffing tool to ensure they had the right levels of staff working to meet people's needs.

The staff we spoke with told us they were able to get the support they needed to be able to enable them to support people appropriately.

We saw people's consent being sought before support was given.

Staff we spoke with while they had an understanding of the MCA they had not all had training. It was clear that while training was available not all staff had completed

the MCA training and DoLS training. Where concerns were identified that people were at risk of being restricted the provider had sought advice and authorisation from the local authority.

People and relatives we spoke with told us that staff were caring, nice and friendly.

People told us their independence, privacy and dignity was respected and we saw evidence to confirm this.

We saw that people were able to go to work, take part in social interests and live their lives how they wanted to. Staff we spoke with were able to demonstrate a good understanding of people's needs and their likes and dislikes.

People and relatives we spoke with told us they knew how to complain, but advised that they had no complaints.

The provider had a system in place to monitor the quality of the service people received and we were told by people and relatives that a questionnaire was received and completed by them.

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.

People told us they felt safe within the service.

People told us they were happy with how staff administered their medicines.

Staff told us before they were appointed an appropriate check was carried out to ensure their suitability to the role.

Good



Is the service effective?

The service was effective.

Staff were able to gain support when needed to ensure they supported people appropriately.

People's consent was sought before any support was given.

Where people lacked capacity the provider ensured that people's human rights were not being restricted as is required to meet the Mental Capacity Act (2005).

Good



Is the service caring?

The service was caring.

Care staff were caring and friendly towards people in how they supported them.

People's independence, privacy and dignity was respected.

Where people were unable to share their views an advocate was made available to support people to do so

Good



Is the service responsive?

The service was responsive.

The service responded to people's support needs in a way that ensured they were able to be supported how they wanted.

The provider had a complaints process in place so people were able to raise any concerns they had.

Good



Is the service well-led?

The service was not always well led.

Whilst we found the provider had taken action since our last inspection to ensure their records were appropriate we found that the checks and audits carried out were not sufficiently effective to ensure the quality of the service.

Requires Improvement



Summary of findings

An appropriate competency check was not in place to ensure staff were competent to administer medicines.

People and relatives told us they were able to share their views by way of completing a provider questionnaire.

Pegasus Care Home

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.

Our inspection took place on 9 and 13 July 2015 and was unannounced. The inspection was conducted by one inspector.

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. The provider delivered a domiciliary service to a number of people living in their own home, a residential service to people who were unable to live independently and a respite service for when people or their relatives needed a break. We reviewed

information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We contacted other organisations such as the Community Mental Health Team (CMHT), community nurses and the behaviour support team for information about the service that was being inspected.

On the day of our inspection there were nine people living in the home and four people receiving support within their own home as part of a domiciliary service. We spoke with five people who were able to share their views with us, three members of staff, the registered manager and their deputy. We looked at the care records for three people, the recruitment and training records for staff and records used for the management of the service; including staff duty rosters, accident records and records used for auditing the quality of the service. We undertook telephone calls to two relatives after the inspection.

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.

Is the service safe?

Our findings

The people we spoke with all told us they felt safe. One person said, “I do feel safe here”. While a relative told us, “[Person’s name] is very safe”. Staff we spoke with were able to explain how people were kept safe and the action they would take where people were at risk of harm. For example, report it to the manager or the police. All the staff we spoke with were able to give examples of a range of situations where people could be at risk of abuse. They all told us they had received the appropriate training to keep people safe. We saw evidence to confirm the training staff received and the provider had procedures in place to give staff the appropriate guidance as to what to do to ensure people were safe from harm.

Concerns had been identified through a safeguarding alert being raised with the local authority. The registered manager was able to update us on the alert and explain the circumstances behind the situation. The registered manager also confirmed the action taken and that the local authority had carried out an investigation.

Staff we spoke with were able to show an understanding of the potential risks they were aware of and the impact they could have on how people were supported. We were able to see that there were the appropriate risk assessments in place which identified the risks to people and the actions staff were expected to take to ensure the risks were managed appropriately. For people who lived in the supported living complex or spent time in the home on respite we saw that the same documentation was in place to aid staff to support people appropriately. For example, manual handling risk assessments, risk assessments for wheel chair users and managing risks where people were using public transport. These were all being reviewed as part of the monthly reviewing process.

The provider had a procedure in place to guide staff on the process to follow where there was an accident or incident. Staff we spoke with all had a good understanding of the process and the actions they would take. One member of staff told us, “I would complete the appropriate accident form and record it on the person’s file”. They went onto say they would also make sure the person was okay and if needed contact the emergency services. We saw from recent staff meeting minutes that this was a topic on the agenda reminding staff of the processes to follow.

A person we spoke with said, “Staff do give me my medicines when I need them and if I am in pain I can get tablets”. One relative told us, “Generally medicines seem okay”. Staff we spoke with told us they were unable to administer any medicines unless they had gone through training first. We found that for the people who lived in a supported living complex appropriate processes were in place to guide staff regarding safe medication management.

The provider had a medicines procedure in place to guide staff on administering medicines. We found that when medicine was administered this was clearly recorded by two staff on a Medicines Administration Record (MAR). We found that medicines were stored appropriately in each person’s bedroom and only authorised trained staff had access to the medicines. We saw evidence that where people had medicines ‘as required’ there was a protocol on each person’s record to guide staff appropriately. Our observations of medicines being administered was that staff knew what they were doing and followed the provider’s medicines procedure guidelines appropriately. Where this was not done the staff concerned were suspended from administering medicines until they were able to be re-trained and show they were competent to administer medication. We discussed with the registered manager that regular competency checks would help to detect where staff were not administering medicines appropriately.

A person we spoke with said, “Yes, definitely there is enough staff”. The relatives we spoke with felt there was enough staff within the home. Staff we spoke with told us there was enough staff but concerns were raised about there not being enough staff at weekends. From our observations we found that there was sufficient staff to support people and also ensure the appropriate support levels were available where people were out of the home on an activity. However, over a weekend when more people were in the home due to the respite service there was no indication that staffing levels were being adjusted based upon people’s needs. We saw that a staffing rota was being used to identify how many staff were working on each shift. We discussed the concerns raised about weekend staffing levels with the registered manager. There was no assessment of dependency being used to determine the right level of staffing based upon people’s needs. The manager told us a dependency assessment tool was not

Is the service safe?

being used but one would be implemented. The registered manager did not feel there was a shortage of staff at weekends but confirmed they would look into the concerns raised.

The staff we spoke with all told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure that staff were able to work with people and they would not be put

at risk of harm. We found from the evidence we looked at that the provider had a robust recruitment process in place which included references being sought from previous employers. We also found that new staff recruited were able to shadow more experience staff as part of an induction process and their experiences, skills and knowledge were checked before an appointment was made. All the staff we spoke with confirmed they had been employed through the same recruitment process.

Is the service effective?

Our findings

One relative said, “Staff seem to have the skills to support [person’s name]”. Whilst another relative told us that staff were caring.

The staff we spoke with told us they were able to get support when needed. Staff told us they were provided with an induction and had the opportunity to shadow more experienced staff when they had started work in the service. We saw evidence of the induction process used and documents to verify that staff received supervision, appraisals and training to support their skills and knowledge. Staff we spoke with confirmed this. We saw where people had specific support needs to eat and drink or they had health conditions like epilepsy that support was available for staff through training. Staff we spoke with were able to explain how they would support people who were having a seizure.

We saw staff seek people’s consent to ensure people were happy for them to support them and where people could not give verbal consent, their facial expressions and hand gestures were being used to show consent. Staff we spoke with were able to explain this to us and showed a good understanding of the people they were supporting. One person said, “Staff never support me without me giving my consent”. Where a relative we spoke with said, “[Person’s name] would tell me if they [staff] were forcing them to do things they did not want to do”. We found where people went out of the home on a daily basis staff promoted their independence. Staff ensured that the support people needed to live independently was in place. People we spoke with confirmed this.

We found that the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being implemented appropriately where there were concerns about people’s human rights being deprived due to their lack of capacity the provider had sought advice and authorisation from the local authority. Staff we spoke with

while they had an understanding of the MCA they had not all had training. It was clear that while training was available not all staff had completed the MCA training and DoLS training was in the process of being delivered.

People decided for themselves what they had to eat and drink. One person said, “The meal I eat is what I buy myself”. We found that a number of people living independently and in the supported living complex were supported by staff to buy and prepare their own meals. The support provided to individual people by staff varied in accordance with the skills and abilities of people to undertake tasks independently. One person said, “Staff do support me to cut up my food if I need help”. Where people had less independence we saw that a menu was being used to show the choices of food available and people decided what meals went onto the menu. We saw that people had access to snacks and hot and cold drinks when they wanted. We saw evidence that the appropriate monitoring of people’s nutrition was taking place and where there was input from other professionals like a Speech and Language Therapist (SALT) or a dietician, this advice was being sought and followed.

People told us where they lived more independently that they were able to see a doctor when needed. One person said, “A chiropodist visits regularly”. Where people had less independence we saw evidence to show that people were able to access health care professionals as well. A relative told us that their family member was able to see their doctor whenever they needed and they had no concerns about their healthcare needs being met. Where people saw an optician, doctor or dentist this was documented as were future appointments. The information given to us by the provider as part of our planning for this inspection identified that people were able to access health care provision of their choice. We saw health action plans were being used to highlight people’s health care needs and where there were specific health concerns this was being identified and the action to be taken. People were able to have wellbeing checks this showed that their general health was being monitored.

Is the service caring?

Our findings

People we spoke with told us the staff were caring and they liked them. One person said, “I do like the staff”, and another person told us the staff were caring, nice and friendly. One relative we spoke with told us while the majority of staff were kind and welcoming, they mentioned one member of staff in particular who they wanted us to know was a “Credit to the home”, and then went on to use the word “Fantastic” to describe the member of staff. We saw from our observations that staff were supporting people in a way that showed they were compassionate, caring and listened to what people told them.

People we spoke with told us that they were being supported the way they wanted to be and that staff were kind and caring. One person said, “I do not need much help from staff, but if I do staff will support me”. Staff listened to people and displayed an understanding of people’s support needs. During our inspection we saw someone who was upset and tearful, staff showed compassion to them and offered a listening ear. Other people were seen sitting in the lounge while other people were being supported to go out. We saw one person who lived in a supported living complex being supported by staff to use public transport to get to their place of work.

We saw people returning to the home having spent the day out working or taking part in a particular activities and being welcomed back by staff. Staff were also seen to show interest as to how people’s day was and generally offering them support. People were observed smiling and their

body language suggested they were happy and responded to staff positively. One person we spoke with who had recently returned off their holiday told us they were happy in the home and that the staff were good. A professional we spoke with told us the staff listened to their advice and always followed their instructions to ensure people were supported appropriately.

People we spoke with told us they were able to share any concerns they had about the support they received. We found that where people needed support to share their views that an advocate was made available to support people to share their views. Where people had relatives they would also supported them. One person said, “I am able to share my views about how I am supported”. A relative we spoke with told us that they were able to attend reviews where they discussed the care and support for their relative.

One person said, “I am able to go out when I want”. While another person told us they were able to go to their bedroom whenever they wanted and another person said, “I have my own key to my room”. A member of staff we spoke with told us that they did respect people’s privacy and dignity. They said, “I would always ensure people were covered over appropriately when doing personal care”. Another member of staff told us they would always knock people’s bedroom door before entering. We saw people going to and from their bedrooms, going outside and just sitting in the lounge. People told us that their privacy and dignity was respected by staff.

Is the service responsive?

Our findings

People told us that they were involved in their original assessment and the drafting of their care plan. One person told us their care plan was discussed at their reviews. While a relative we spoke with said, “I have seen [person’s name] care plan”. Another relative told us they were invited to reviews regularly to discuss the changes and updates to the care plan.

We saw that people’s support needs were centred on their assessed needs. Some people who were living independently in the home or in the supported living complex were going to work on a daily basis with minimal support from staff, while other people were being supported when they requested staff to support them with personal care or just moving around the home. One person said, “I am living independently so I can get my own flat”. Staff we spoke with were able to explain different people’s support needs and highlight to us which people were being supported with rehabilitation, on respite or just living in the home due to complex support needs. Staff also told us they were able to access people’s care records when needed to update information or just check whether there were any changes to how people were supported. We saw that staff had access to equality and diversity training to ensure they had the skills, knowledge and understanding to ensure people received their support how they expected.

Where people expressed behaviour which impacted on how they were supported we saw that behaviour management support plans were in place to support staff

and guide them as to the appropriate actions to take. Mental health professionals we spoke with confirmed that staff would always seek advice from them when needed and they confirmed that staff always responded appropriately when these situations arose.

One person said, “I go to guitar lessons” and demonstrated their skills by playing the guitar to us, while another person told us they had swimming lessons. We found that people were able to have their preferences, likes and dislikes met in the way they wanted. We saw that people were happy; one person who had just returned from their holiday told us how they enjoyed their time and was able to take part in activities of their choice whenever they wanted.

People told us if they had a complaint they would speak with the manager or member of staff. One person said, “I would complain to the staff if I was unhappy about anything, but I have never had to complain”. A relative told us, “I would know how to complain, I do remember being given a copy of the complaints process”. Staff we spoke with were not all sure as to how they would deal with a complaint. One staff member said, “I have never been told what to do about a complaint”, while another member of staff said, “I do know how to deal with a complaint, if I couldn’t deal with it within my role I would pass it onto the manager to deal with”. We found that the provider had a complaints process in place. This allowed for complaints to be logged and once dealt with trends were monitored to ensure the service people received could be improved as a result of any complaint.

Is the service well-led?

Our findings

We last inspected this service in July 2014. We found that the standard of records were not robust enough to meet Regulation 20 of the Health and Social Care Act 2008. We asked the provider to send us an action plan outlining how they would make improvements. We found that sufficient action had been taken to improve the standard of records to meet the requirements.

We saw evidence that showed the provider visited the home to carry out our regular checks on the quality of service being provided to people. We saw documents of meetings with the registered manager where targets were set with timescales for action as part of improvements agreed upon. There was also evidence to show the registered manager carried out checks on service quality. However, we saw evidence that some of these checks were not effective. Cleaning rotas were not being regularly monitored and checked and as a result we saw areas of the home which had not been regularly dusted and cobwebs had gathered. There were bathrooms where there were no bins and tissue and used personal care gloves were just left on the floor after being used and food debris just left on the lounge floor leaving the presentation of the home not sufficiently clean. We saw no evidence that medicines checks were being carried out to ensure the management arrangements for medicines were sufficient or that staff competency was being checked.

One member of staff said, “The manager checked my competency when I completed my training, but I have not had my competency checked since”. Another member of the staff told us they had not had their competency checked in over 12 months. We found that while staff competency was checked as part of their initial training, their competency to administer medicines on an on going basis was not being checked. The documentation was in place but was not being used. The registered manager acknowledged that staff competency was not being checked regularly and told us this would be implemented immediately.

People and the relatives we spoke with were all happy with the support given. They all knew who the registered manager was and told us they were available when needed. We found the atmosphere in the home to be

homely, warm and welcoming. People all seemed relaxed, one relative said, “The home is like a home from home”. We were told by people, relatives and staff that the home was well led.

We found that arrangements were in place to cover the manager when they were unavailable or on holiday. People told us the manager was available if needed and relatives told us they were made to feel welcome when they visited the home. Staff we spoke with told us if they needed support from the registered manager this was available.

We found that the home had a CCTV system in place around the home. The registered manager told us the system was used only in the public areas like the lounge and was not available in private areas like the bathroom or bedrooms. The registered manager confirmed the system was used only to clarify situations of concern where there was a complaint or they needed evidence to substantiate an allegation. We were told all recordings were deleted after a specific timeline and that relatives had all agreed to the CCTV being used. We discussed with the registered manager about the concerns shared with us that they spent little or no time on the floor and relied on the CCTV to know what was happen. The registered manager told us they were always available to support staff and did not rely only on the CCTV to monitor what was happening in the lounge area or home, but would also walk the floor and check on how people were being supported by staff.

We saw evidence that staff meetings were taking place and the minutes showed where staff had been reminded of their job roles and expectations, the importance for two staff to administer medicines to ensure they were supporting people appropriately and the general expectations of staff.

Information we received from the provider referred to regular house meetings taking place where people were able to share concerns. People and staff did not mention these meetings to us and we saw no evidence to show whether they took place or not.

The registered manager understood the notification system and their role in ensuring we were notified of all deaths, incidents and safeguarding alerts.

Staff we spoke with were able to confirm that they knew about the provider’s whistleblowing policy and its intended use. Staff knew circumstances in which the policy would be used.

Is the service well-led?

People we spoke with told us they were able to complete a questionnaire to share their views on the service. One relative told us they had never had a questionnaire where another told us they had received a questionnaire. We saw evidence to show that questionnaires were being used to

gather the views of people and relatives. One person said, "I have had a questionnaire that I completed". The information gathered was being analysed to improve the service people received.