

Pegasus Care Homes Limited

Pegasus Care Homes Limited - Harden

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pegasus Care Homes Limited-Harden is a residential care home providing personal care and accommodation for up to six people with learning disability. On the day of the inspection, three people were receiving support on a permanent basis and two people were receiving support on a short-term basis (respite support).

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received support that was safe. The manager ensured people were safe and staff knew how to keep them safe from harm. Recruitment systems were in place to ensure only appropriate staff could support people. Where people needed support with medicines there was a risk this would not be carried out as it was prescribed. Staff supported people using appropriate equipment to ensure infection control procedures were followed. Systems were in place so monitoring of trends could take place where accidents or incidents had happened.

People received effective care. 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. Staff were supported so they had the skills to meet people's needs. People decided what they had to eat and drink and staff supported them to maintain a balanced diet. Staff could access healthcare as required with the support from staff.

People received support that was caring and kind. People were supported how they wanted and staff promoted people's privacy, dignity and independence.

People received support that was responsive to their needs. Care plans were in place to identify how people wanted to be supported. The provider had a complaints process in place, so people could share any concerns they had.

The service was not consistently well led. The culture in the service was open, empowering and inclusive. Communication standards encouraged people to share their views and spot checks and audits took place but were not effective in identifying concerns. We found concerns with how people's medicines were recorded on the medicine administration record, which could potentially have led to people not receiving their medicines as it was prescribed.

Rating at last inspection:

This service was registered with us on 20/07/2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Pegasus Care Homes Limited-Harden is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service should have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had not yet registered with the Care Quality Commission but was going through the process to register as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account

when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

During the inspection-

During the inspection we found only one person could speak with us. We spoke with two relatives, two staff members, senior care assistant, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and all the medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

- We found concerns with how medicines were stored, stocks checked and how staff completed the Medicines Administration Record (MAR) chart. Where people received medicines that needed to be stored at a temperature we found this was not being done appropriately or safely and there was a potential risk the medicines may not work the way they should.
- The manager acted to rectify all the concerns we had identified before the end of the inspection. On the second day of the inspection an appropriate medicines fridge was bought to ensure the temperature could be monitored to reduce any potential risk to people. The manager also changed the MAR chart and decided to change the current pharmacy they were using so all MAR charts could be pre-printed with people's prescribed medicines and make it less likely there would be errors in future. They also put in place the appropriate measures to record medicine stocks.
- We found from the concerns identified that no one was harmed as a result.
- Where people received medicines 'as and when required' guidance was in place to ensure these medicines was administered consistently by all staff.
- Relatives told us that they had no concerns with how their relatives were supported with their medicines. Staff told us they had received training to administer medicines safely and their competence was checked. We confirmed this from the records we saw.

Systems and processes to safeguard people from the risk of abuse

- The provider knew how to keep people safe from the risk of harm. A person said, "Yes I am safe". A relative said, "He [person receiving service] is safe, if I thought he was not safe he would not be there". Staff understood how to keep people safe and we found they had received the appropriate training to do so.
- Staff also demonstrated a knowledge of abuse and could give examples of abuse. We saw evidence to show the training had taken place.

Assessing risk, safety monitoring and management

- We found risks where identified and actions taken to reduce them. The provider had risk assessments in place. These documents assessed risks and staff could explain risks to people they supported and how they ensured people were supported safely.
- Where people used a wheel chair and needed assistance to move, staff had the necessary equipment in place to do this safely. A staff member said, "We have all had hoist training".
- Where people had specific risks for example, a risk of choking we saw this this was identified so staff would know how to support people safely. Risk assessments were reviewed to ensure risks were being managed as they should.
- Where a PEEP was required to ensure people could reach an ultimate place of safety in an emergency we

saw that these were in place. A PEEP is Personal Emergency Evacuation Plan and is a bespoke escape plan to aid people get to a place of safety within a satisfactory period in the event of any emergency.

Staffing and recruitment

- There were enough staff to support people safely. The provider ensured staff recruited were appropriately checked to ensure they were suitable to work with people.
- A staff member said, "I did complete a DBS check and provided two references". A DBS check was carried out to ensure the provider had employed suitable staff to support people.

Preventing and controlling infection

- There were good infection control processes in place and the home was well presented. A relative said, "The home is always clean and tidy and never smells"
- Staff told us they had access to Personal Protective Equipment (PPE) and received training in infection control. We confirmed this from the records and our observations.

Learning lessons when things go wrong

- The manager showed us the systems they had in place to monitor trends whenever there was an accident or incident within the home.
- We found accidents and incidents were logged and staff told us care plans were reviewed to ensure people would be safe after an incident or accident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider to ensure they could support people how they wanted. A relative said, "I was involved in the assessment process".
- Staff told us they had access to assessment records and we confirmed this from the records we saw. The manager told us they were currently changing the care records to a better system.
- We found that people's diverse needs were identified as part of the assessment and care planning process. We observed where people had specific cultural and religious needs or a disability that these were clearly shown and staff knew this information. A staff member said, "We have had equality training". We confirmed this from the training records.

Staff support: induction, training, skills and experience

- Staff told us they received regular supervision and staff meetings. A staff member said, "I do feel supported in my job I really like working here".
- We found that staff were required to take part in an induction process, which included the care certificate. The certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- We found from the training records that staff completed training to ensure they had the skills and knowledge required to support people. Where people had specific support needs for example, diabetes or epilepsy this training was also provided.

Supporting people to eat and drink enough to maintain a balanced diet

- We found that people could eat and drink what they wanted. Where people had specific cultural requirements', these were also being met. A relative told us that their relative was provided with meals that was specific to their cultural need.
- Care staff showed a good understanding of people's dietary requirements and demonstrated an understanding of the importance of people eating a well-maintained diet. For example, eating fruit, having fresh cooked meals and not eating too many unhealthy meals. A staff member said, "I have had training in food hygiene and nutrition". We were able to confirm this from the training records.
- Where fluid, food and drink intake charts were required to monitor what people were eating we saw these being used.

Staff working with other agencies to provide consistent, effective, timely care

- We found that staff worked with other agencies as part of ensuring people received consistent support. Care records showed the information recorded and where staff needed to take any actions, this was noted.

Adapting service, design, decoration to meet people's needs

- We saw evidence of the provider ensuring the design of the environment where people lived was appropriate to their support needs. Where found specific designs input and decoration of people's bedrooms being adapted to ensure people were supported in a responsive way.

Supporting people to live healthier lives, access healthcare services and support

- We found where people needed support from other health professionals for example, dietician, Speech and Language Therapist (SALT), dentist, optician that these were made available and records showed this in people's care records.
- We found hospital passports were in use to identify people's health concerns to other health professionals when people had to visit a hospital. We also found well persons checks taking place to ensure people's health was checked annually.

Ensuring consent to care and treatment in line with law 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- We found the MCA was being met. People gave consent before they were supported and their liberty was not being restricted. A relative said, "My relative can give consent and staff do seek is consent as he would not do nothing he did not want to do. We observed staff seeking people's consent.
- Staff told us they received training in the MCA and DoLS and could explain the implications for how people were supported. We confirmed this from the training records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people and staff interacting and we found staff were considerate and caring towards people. A relative said, "The staff are lovely and caring".
- We found people responded to staff in a trusting and calm manner. People showed they were relaxed and calm around the staff.

Supporting people to express their views and be involved in making decisions about their care

- People were observed making decisions as to how they were supported. This showed that people decided. Relatives told us that people made their own decisions as to their support.
- Staff asked open ended questions, so people could give a response. Staff were seen constantly asking people what they wanted and were not seen making decisions or judgements on behalf of people. We saw a person asked if they wanted to go out and they replied 'No' and staff respected their decision.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy, dignity and independence. Relatives told us that while they did not observe personal care type tasks, they observed staff ensuring people had privacy and independence.
- A staff member said, "We would always knock bedroom doors before entering and ensure people did what they could". Our observations of staff demonstrated what staff told us. This meant that people's privacy, dignity and independence was promoted in how they were supported.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were used to illustrate how people wanted to be supported, how people's choices were identified and their preferences and what was important to how they were supported.
- We found information about people's family and information important to how they were supported. Where people were on respite we found information related to this.
- Care plans were reviewed and information updated as required. Reviews involved people and their relatives. A relative said, "I do attend reviews and I am kept informed about [person receiving service name] care".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found that people were communicated with in line with the expectations of the AIS legislation. We observed staff using different forms of communications to enable people to understand what was being shared with them or being said. Where an advocate was required people could access this service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We found people's interest, likes, dislikes, hobbies and preferences were identified and staff showed a good understanding of people's preferences.
- Relatives told us that people were actively involved in socialising and taking part in activities.
- We saw that each person had an activity planner which illustrated the sorts of things they wanted to do, when and how frequent. This meant that people were able to take part in activities that interested them.

Improving care quality in response to complaints or concerns

- Relatives told us they could complain if needed to but had never had to complain. We found that the provider had a complaints log in place so where complaints were received they could monitor for trends.

End of life care and support

- The provider had a policy in place for end of life care and we saw that staff had received training in this area.
- We found no one was receiving end of life care at the time of the inspection. However, the manager told us that they could support someone on end of life care if required and could seek support from other

professionals.

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.

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

- We found the manager and provider carried out spot checks and audits on the quality of the service on a consistent basis. The provider told us in their provider information return (PIR) that they carried out regular audits and spot checks on the service. Staff we spoke with confirmed this and that competency checks took place. However, we found concerns with the medicines audit/checking process which meant the process could not have been effective in identifying concerns. We found the Medicines Administration Records (MAR) were not effectively checked as concerns with the dosage of a person's medicines were found. There was a potential risk the person could have been overdosed on their medicine due to inaccurate recording.
- The provider's medicines procedures were not followed as a second member of staff should have checked the written information. This was not identified by the audit/checking process. The manager took immediate action to rectify the concerns we found.
- The manager showed they understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- Staff told us there was a whistle blowing policy and could explain its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- The manager and staff showed they understood and could explain the vision of the service, which was about ensuring people were supported how they wanted.

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

- People were supported in an environment that was open, inclusive and empowering.
- The support people received was person centred and where people needed two staff to support due to their support needs we found this was done.
- People were happy and comfortable around staff that supported them.

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

- We found that the manager and staff were open and honest with people and their relatives and ensured relatives were communicated with regularly, which is an integral part of the duty of candour requirements. A relative said, "Communication is good and I am always kept informed by the staff about [person's name]."

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

- The provider told us in the PIR that engagement with people took place regularly to gather their views on what they would like to change or improve within the service. The manager also told us a questionnaire was about to be sent out to gather views on the service as the service had only started supporting people from January 2019.
- The Equality Act was integral to how people were supported and this was evidenced through the care records we saw. The manager and staff could explain how people were supported in line with their preferences and the requirements of the equality act.

Continuous learning and improving care

- The manager told us systems were in place to aid staff learning. For example, they worked closely with the NHS Clinical Commissioning Group (CCG), local authority and mental health services. Staff also attended external training to support their learning where the support or guidance changed in how people were supported.

Working in partnership with others

- The manager told us they worked closely with other partners to ensure the support people received was to the highest quality. We saw records where advice and information were sought to support staff to meet people's needs. We found that people could access services within the community as part of the close partnership working there was with the home.