

Pulse Healthcare Limited

Pulse - Birmingham

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 29 October 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. The last inspection carried out on 12 May 2014. We found the provider was meeting the requirements of the regulations inspected.

Pules (Birmingham) is a domiciliary care agency registered to provide personal care to people living in their own homes. Staff support people on a daily basis by living in their home with them. All support is provided by means of set hours. For example 9 till 5 each day and then

another member of staff would stay overnight to support them. People told us they normally had the same member of staff during the day, but the night time care staff arrangement were undertaken on a rota basis which meant that this was not always the same staff, so people may not know who would be coming until they had received their rota.

There was no registered manager in post. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The acting manager told us that an application would be submitted to us for consideration for registration.

All staff spoken with knew how to keep people safe from abuse and harm because they had received training and knew the signs to look out for.

People were protected because management plans were in place to manage risks based on people's individual assessed care needs.

There was enough trained staff that were suitably recruited and received specialised training to meet people's individual care needs.

People were supported with their medication and staff had been trained so that people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

Staff were caring and treated people with dignity and respect. People's independence was respected and promoted and staff responded to people's support needs.

People told us that they were not always listened to when they raised issues with the management so action could be taken to minimise reoccurrences.

People were supported with their healthcare needs because the agency involved family members if concerns were identified.

Processes were in place to monitor the quality of the service provided and on-going monitoring for Improvements had been acknowledged and action plans implemented.

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 felt safe with the staff that supported them and risk management plans were in place to keep people safe. Staff were recruited safely to ensure that they were suitable to work with people in their own homes. Staff supported people to take their medicine when it was part of their support needs.

Good



Is the service effective?

The service was effective.

Staff were aware of people rights and choice and knew what to do in the event of people who were not able to make decision for themselves. People told us their care needs were being met and that staff had the skills and knowledge to support them.

Good



Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them and were fully involved in their care and how they wanted to be supported. People were able to make informed decisions about their care and support, and their privacy, dignity and independence was respected and promoted.

Good



Is the service responsive?

The service was not consistently responsive.

People told us they were involved in all decisions about their care and that the care they received met their individual needs. People were able to raise concerns and there were clear procedures in place to respond to people's concerns however people felt that the service did not listen to their complaints.

Requires improvement



Is the service well-led?

The service was not consistently well led

Quality assurance processes were in place to monitor the service to ensure people received a quality service but these were not always effective. People were encouraged to provide feedback on the quality of the service they received. But when they did they felt their views were not always responded to.

Requires improvement



Pulse – Birmingham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 October 2015 and was announced. The inspection was conducted by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

We spoke with five people who used the service and five staff. We looked at three people's care records, the recruitment records of three care staff, minutes of staff meetings, quality assurance records, complaints and compliments. We reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people. We looked at records relating to the management of the service and a selection of the service's policies and procedures, to check if people received a quality service

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff entered their homes and supported them with their care needs. One person told us, “The staff are excellent; they know what they are doing. The only way I can move is via a hoist and they move me very safely. I feel comfortable.” Another person told us, “I am happy and feel safe with [staff name]”. One person told us, “My carer makes sure I am safe when I do things. She puts things away so I don’t trip, she makes sure when I cook that the cooker is off and I have not left anything on. I am very happy with the staff that come, they look after me really well.” The provider ensured that risk assessments were completed to minimise risk within the home so that the environment was safe for the person who lived there and staff.

Staff told us that any concerns they had about a person’s, equipment, or the environment was reported to the office so action could be taken to make the situation safe. Staff told us that because they supported the same people all of the time they had built up a relationship with them and got to know them well. Staff told us they would be able to quickly identify any concerns. One staff member told us, “You just know if something is wrong you can spot it straight away even if people cannot tell you. We have the information in people’s risk assessments which can be added to if required.” Records looked at confirmed this and we saw that risk assessments were reviewed regularly. All staff knew the procedures for reporting new risks and all confirmed that when new risks were reported, prompt review was undertaken to ensure the person using the service was safe.

People who used the service told us they were involved in the risk assessments completed by the provider. One person told us, “Yes they [the provider] have done a risk assessment but it is around what I want to do, for example where I want to go, when I go out, and how I want the staff to support me to that.”

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from

harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff understood how to report concerns and felt confident action would be taken to protect people from harm. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. Records we held showed us that the acting manager reported concerns and appropriate referrals were made to the appropriate authority.

We asked staff what action they would take if they witnessed for example, a person fall. All staff spoken with were able to tell us what the process was. One staff member told us, “If they [the person] had fallen, I would check them for injury, and call 999, then report to the office to tell the relatives.” Another staff member said, “I would check the person is comfortable and not in any more danger, then call for an ambulance and contact the office.” We saw the provider had an accident and incident policy in place to support staff through the process to help keep people safe in the event of an accident.

Staff we spoke with said there was currently enough staff to meet people’s needs. One staff member told us, “When I go on holiday, the office arrange for another staff to cover for me.” Staff told us that there was enough flexibility in the team to allow for sickness and annual leave. Staff told us that before they started employment they had checks such as police checks and a full induction that covered policies, procedures and training so they felt confident to carry out their role. One person said, “I think there is enough staff. I have two regular carers, if one can’t make it; they always send emergency cover.”

Two of the people we spoke with required assistance with their medicines and told us they received help to take their medicines as prescribed. Staff told us they provided assistance to people to take their medicine if it was part of their care needs. All staff had received training so people would be supported to take their medication safely if required.

Is the service effective?

Our findings

People told us they felt that the staff that provided them with care and support had the skills and knowledge that met their needs. One person said, “[Staff name] is smashing, always makes sure I have everything I need.”

People told us they felt the care they were receiving was consistent and staff that supported them had the correct training and knowledge to meet their needs. One person said, “I think the staff are trained in what they do.” Staff were able to explain to us about people’s needs and how they supported them. Staff told us they received training based on people’s care needs, this included training in epilepsy, challenging behaviour, risks to people’s health. One staff member told us, “They [the provider] is very good at making sure we are trained in the areas we need to be.” We saw from the provider’s training records additional training for staff had been scheduled throughout the year. The acting manager told us that before they provide a package of care an assessment is completed and training is provided based on the people’s medical conditions. So when the support commences staff have already received the training to support the individual. The acting manager told us that the service provided is based on matching staff and training staff, to the person’s specific care needs. Various spot checks were completed and staff were supervised. Staff told us that they felt supported ‘now’, as the acting manager had commenced supervision and staff meetings since the registered manager had left the organisation.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires domiciliary care providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of

their liberty through the Court of protection. Where it is indicated that people lacked the capacity to make informed decisions about their care and support. The acting manager said that no one using the service lacked the capacity to make decisions about their care, and records sampled confirmed this. Staff told us if they had any concerns about a person they would report to the office.

People we spoke with said staff would always ask them for consent before carrying out any support and personal care. People told us that they were fully involved in the assessment of their needs before the service was provided. Care files looked at set out details of what staff should be supporting people with and how this was to be done. All the people that were supported by staff had full autonomy about their care. Staff were clear about what they would do in the event of person not being able to make decisions about their care.

People we spoke with told us they did not require assistance from the staff with their nutritional diet. This was because they either maintained it themselves or their relatives supported them. However, the staff told us they did sometimes support people with their food preparation, and assisted them with shopping. One person told us, “Although I cook myself staff are there to support me. For example picking the pan up of the stove, making sure I have turned things off, it enables me to be independent as I have always liked cooking.”

Staff told us they would ‘sometimes’ make doctor appointments for people on their behalf. One person said, “[Staff name] makes my appointments for me as my family are not always here to help.” We saw from care records that other health and social care professionals were involved and staff understood the need to seek emergency help where people needed this.

Is the service caring?

Our findings

Everyone we spoke to were complimentary about the quality of the care and support from the staff. People gave various comments about the staff that supported them which included. "They are marvellous." "Brilliant staff." "Nothing wrong with the staff they do an excellent job for me."

People who used the service told us the staff were caring and kind and that they received the help and support they needed. People who used who used the service told us staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "[Staff name] is wonderful." Another person told us, "[Staff name] is lovely, always asks me what I want to do and is more of a friend, they are smashing."

People told us they were involved in planning the care they received from staff and that the staff listened to them. One

person told us, "They [staff] do what is expected, they let me do things for myself and help me when it suits me, they treat me with respect." Another person told us "The staff are always very polite and very respectful when they come." Another person said, "They [staff] never just come in without making themselves known to me first." People said that staff were very discreet and they felt assured their personal information was not shared with other people on the service. Staff were able to give us examples of how they ensured a person's dignity and privacy was maintained. For example, always making sure curtains and doors were closed and, where appropriate, politely asking family members to leave the room before carrying out any personal care.

Staff told us that people's independence was promoted when they assisted with personal care and gave us examples how they did this. For example, staff told us if people were able to wash themselves or get dressed themselves this was encouraged. People told us their privacy and dignity was respected.

Is the service responsive?

Our findings

People who used the service told us that information about how to complain was given to them when they started to use the service. However all the people spoken with told us that the communication was not good. If they contacted the office with any issues they were told someone would get back to them but they never did. One person told us, “I have made a complaint so many times asking for information of who would be coming to me. We are supposed to have a rota of the staff names. I have complained about not having a rota sent to me. I have even complained to the chief executive officer who told me this would be sorted weeks ago. They just don’t listen”. Another person told us, “They don’t listen when you raise issues with the office it goes on deaf ears.” For example I have told them that they don’t answer their telephone. I can go through staff who come to me because they do listen. However I might not want staff to know all my business they should answer the telephone I have no problems with staff. The office needs to get it together.” Although some complaints had been recorded and action taken to resolve them. The complaints people told us about were not recorded so no action had been taken. One person told us that they had told the new acting manager who again promised to resolve their concern about not having a rota and they were still having the same problem.

People who used the service spoken with said they were involved in planning their care when they started to use the service and staff discussed peoples care them their when they supported them. Care records looked at confirmed people’s involvement in assessing and planning their care so staff had the information they needed. People who used the service spoken with told us that staff asked at each visit what they would like help with. They told us that they were always asked their views about the service they had. One person told us, “When staff come they ask me if everything is all right, do I need anything. I have no problems with my care or the staff who come.” Staff spoken with told us they always discussed the care with people. One person told us, “They [staff] take time to find out what I like. I never feel as if they don’t care what I think. I am still in control.” Another person told us, “You only have to ask and the staff do their best.”

All the people that we spoke with told us they were happy with the care and the way staff supported them. Care records looked at showed people’s preferences of how they would like to be supported had been recorded. Records showed that reviews took place when people’s care needs changed so staff had up to date information about people’s changing care needs.

Is the service well-led?

Our findings

A registered manager was not in post; however the acting manager told us that an application will be submitted to us to consider her registration.

There was a mixture of responses with regard to the management team. Staff told us they felt that they were not always supported and gave example that staff meetings, supervisions and spot checks did not always take place and communication needed to improve. Information received from commissioners also confirmed that communication required improvement. For example, some care packages had not been covered with the original care staff which left some people using the service with not knowing who would be attending their calls because rotas were not sent out to people so they would have the information.

All staff spoken with told us that there were excellent training prospects and felt that this was one positive aspect of working for the organisation along with the continuity of working and supporting the same people of a daily basis. One staff member who had worked for the organisation for long period of time told us, "Pules are good employers , I think they are just in a bit of a dip at the moment, but one thing for certain is that people are well looked after by

staff." People spoken with confirmed that there were no concerns about how staff supported them. One person told us, "it's not the staff It's the office that needs to improve and the communication. "

People who used the service told us that they felt the management did not listen to them and take action when they brought concerns to their attention. One person told us they had raised concerns with the management but told us that they did not feel listened to. The issue that they raised had not been responded to effectively and as a result of this they had lost their trust in the management. Records looked at showed where people had given feedback an analysis of the information had not always been used so learning could take place to improve the service. The provider had recognised that there were areas for improvement and a comprehensive action plan and audit had taken place which clearly sets out the action required and the time scale for improvement to be made.

We saw that some actions identified had been implemented. For example seeking people's views about the service and clinical reviews every two weeks by a trained nurse who assessed people's medical needs. From the records we hold incidents, accidents and safeguarding's were reported as necessary to the relevant agencies. We were notified of events that affected the service as required as part of the provider registration.