

Pulse Healthcare Limited

Pulse - Manchester Adults

Inspection report

57, Spring Gardens
Manchester
Greater Manchester
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Date of inspection visit:
08 January 2019
09 January 2019
15 January 2019
16 January 2019
18 January 2019

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20 February 2019

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?

Good ●

Summary of findings

Overall summary

Inspection site visit activity for this inspection started on 8 January 2019 and ended on 18 January 2019. It included home visits, with permission, to meet people and their relatives supported by Pulse – Manchester Adults (Pulse) and telephone calls to relatives and staff. We visited the office location on 8 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

We announced the inspection 24 hours in advance so the manager could ensure there were staff available at the office to assist us with the inspection.

Pulse supports people with complex healthcare needs and people with autism or a learning disability who have complex behaviours. The support was based on people's assessed needs, with some people requiring more than one member of staff to be with them at all times.

Pulse – Manchester Adults is the registered office for the North of England packages of support. This covers the North West (Manchester, Liverpool and Lancashire), Yorkshire and the North East (Newcastle, South Shields and Durham). At the time of our inspection Pulse were supporting 33 people.

A new senior manager had been appointed in September 2018 and they were in the process of registering with the Care Quality Commission (CQC). This was a newly created role. A registered manager is a person who has registered with the CQC 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Comprehensive risk assessments and care plans were in place, giving detailed guidance for staff in how to meet people's assessed needs.

Detailed positive behaviour support plans were used to identify people's complex behaviours and the strategies and distraction techniques required to reduce their anxieties. Any physical intervention techniques that could be used were specified in the positive behavioural support plans.

These were reviewed fortnightly or monthly, depending on the complexity of people's needs.

Most people had a stable staff team and shifts were covered. However, we were told of three packages in the North West where there had been issues in recruiting staff, which had resulted in agency staff being used and a few shifts not being able to be covered by Pulse. Contingency arrangements, often with people's

family supporting people, had been implemented on these occasions.

New care co-ordinators had been recruited to cover all rotas and enable the case managers to spend more time monitoring people's support and supporting the staff teams.

Everyone we spoke with said the training was excellent and bespoke to the specific needs of the person staff were supporting. Staff said they enjoyed working for Pulse and felt well supported by the case managers and nurses. They said there was always someone available to contact.

People and relatives were positive about the staff teams, saying they were safe and were treated with kindness, dignity and respect. Staff knew people's needs well and we observed positive interactions during our home visits.

Where required communication aids were used, for example flash cards and pictorial boards.

People received their medicines as prescribed.

Each person had a health action plan in place and was supported to maintain their health. Where it was part of the support package people were supported so their nutritional needs were being met.

People's rights were protected. The senior manager and staff were knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were involved and supported to make decisions about their care, support and activities they wanted to do. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

A robust quality assurance system was in place. The senior manager had introduced weekly branch meetings and had reviewed incidents and accidents with the managerial team to try to reduce future incidents.

The service sought feedback from people relatives and staff to look at ways improvements could be made through annual surveys.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Pulse - Manchester Adults

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 was a comprehensive, announced inspection. We gave the service 24 hours notice of the inspection visit to ensure the manager would be available. The inspection started on 8 January 2019 and ended on 18 January 2019. One inspector visited the registered office in Manchester on the 8 January 2019 and completed a home visit and telephone calls to members of staff and relatives the following day. Three inspectors visited people in Yorkshire and the North East. Two further inspectors made telephone calls to members of staff. An expert by experience made telephone calls to relatives and members of staff. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for people with health needs and learning disabilities.

Before our inspection the provider completed a provider information return (PIR). The PIR 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.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted seven local authority commissioning teams in the areas where Pulse have support packages. No concerns were raised, further details of the feedback we received is contained within this report.

During the inspection we spoke with six people who used the service, six relatives, 28 members of care staff, one case manager, two senior nurses, the new operations manager, the senior manager and the Nominated Individual. A Nominated Individual has responsibility for supervising the management of the regulated activity.

We looked at records relating to the management of the service including five care files, policies, incident and accident records, five staff recruitment documents, training records, meeting minutes and auditing systems.

Is the service safe?

Our findings

People and relatives continued to say they felt safe being supported by Pulse staff. One relative said, "He's safe in their care; they're a great lot of lasses." One person told us, "Oh yes, I do feel safe."

The majority of people and relatives were happy with the staff team supporting them.

Most people, relatives and members of staff told us they had a regular staff team and any vacant shifts were often covered by the staff team. Where required regular agency staff, with the necessary level of training to meet people's assessed needs, were used. Local authority commissioners said that they had had few issues with rotas not being covered. Relatives said, "There can be short term absence or sickness but I'm satisfied with the response (by Pulse); sometimes they have to go to another agency for the night-time support but the agency know what they are doing and [name] is well looked after" and "There's no missed visits and there's always someone with him." One person told us, "I always know which staff are coming to support me. They do the rota a week in front."

Three staff, all from the north west, working in two separate support packages, said that their rotas needed a lot of cover and staff were under pressure to work additional shifts. Two relatives also said that agency staff were often used, shifts were not covered until the last minute or they were asked to support their relative as staff cover could not be found. However, one of the staff added, "My experience with Pulse has been really positive and also positive for [name of person being supported]." One of the relatives also added that, "Pulse are, by a country mile, the best agency we have had."

We asked the senior manager about how they ensured consistent staffing for the geographically dispersed support packages. They said that there were a couple of packages where recruitment had been ongoing for some time and whenever staff left the service there was a period where cover was needed whilst staff recruitment took place. The covering of shifts was monitored at Pulse Manchester and also at a national level. Contingency plans were in place for the procedure to be followed if staff cover could not be found to ensure people were safe.

A new position of care co-ordinator had been introduced in October 2018. Their role was to compile the rotas and ensure that any vacant shifts were covered. Additional care co-ordinators were being recruited at the time of our inspection. We were told that this had meant that the case managers were able to spend more time monitoring the care packages as they were not having to cover shifts and there had been fewer uncovered shifts since they had been in post.

Staff had received training in safeguarding vulnerable adults and knew how to report any concerns they had. Most staff said that they reported any concerns to the case managers or nurses and they were acted upon. However; one relative told us the concerns they had raised had taken a long time to be investigated and they had not been satisfied with the results. They were continuing to liaise with Pulse and the local authority over their concerns. We discussed this with the senior manager, who had relooked at the issues, which predated their appointment, and had arranged to meet the relative to discuss their findings and actions taken.

People continued to receive their medicines as prescribed. Guidance was in place for staff to follow when medicines not routinely administered may be needed, for example pain relief. The Pulse nurses checked all medicine administration records (MARs) at each clinical review of the support package; which was either fortnightly or monthly depending on the complexity of the support required.

Risks people may face were identified and clear guidance provided to manage the known risks. People with complex needs were supported to take positive risks, for example to go on holiday, music festivals and night clubs, when they had expressed a wish to do so.

People who had complex behaviours had detailed positive behavioural support plans in place. Any physical restraint that had been agreed through a multi-disciplinary team, was clearly recorded and staff training specific to each individual had been commissioned. We saw the number of occasions where physical restraint had been used with one person had significantly reduced over a 12-month period Pulse supported.

People with complex behaviours were also supported to be part of their local community whenever possible. Risk assessments for each activity were written, with guidance for staff to minimise any known risks and plans in place if the person became agitated. One relative said, "Staff can manage [name's] behaviour; I don't get calls when they go out like I used to with other agencies so I am more relaxed when he goes out."

An environmental check was made for each house where Pulse staff members worked, which was reviewed annually.

Accidents and incidents were recorded and electronically logged centrally. The management team reviewed all incidents to identify possible patterns. The medicines administration records had been changed following a review of medicine incidents to reduce further occurrences.

Staff continued to be safely recruited, with all pre-employment checks being made by a central recruitment team.

Any equipment people required, for example for moving and handling or medical needs, was recorded in people's care plans and clear guidance provided for staff members on how to use the equipment. A list of who, or which company, was responsible for servicing the equipment, and when this was due, was kept in people's care plans.

Is the service effective?

Our findings

Everyone we spoke with was very positive about the staff training available at Pulse. New staff completed training Pulse considered as mandatory, including health and safety, infection control and moving and handling. Specific training was also provided to meet the needs of the person the staff member would be working with, for example spinal injury care, epilepsy or tracheostomy care. Staff were not able to be allocated to a support package until they had completed the training identified for that person. Staff competencies were observed annually. One relative said, "Staff training is 100% spot on; it's the best training for carers I've ever seen."

Commissioners also told us that Pulse had provided patient specific training to meet people's complex needs.

Staff members completed shadow shifts with existing staff and were introduced to people before working on the rota themselves.

Staff members said they felt well supported by Pulse. Staff said they could contact the case manager or nurse for the package if they had any queries. Staff told us, "The management is very good; they're always available if there is a problem" and another said, "Communication (with management) is very good, we're always kept up to date if there are any issues." Two staff said they did not often see the case managers or nurse as they were not on shift, or were out, when they visited, however they said the case managers always answered any emails or phone calls.

Staff had supervisions both with the case managers and nurse every six months.

Pulse completed a thorough initial assessment of people's needs prior to supporting them. This detailed any specialists involved in the person's care, any equipment they would need and identified the specific additional training the staff members would need to have completed before being able to support the person. Staff were introduced to people and got to know them before a new package was due to start.

The service continued to work within the principles of the Mental Capacity Act (MCA). People's capacity for making decisions was assessed. Where people lacked the capacity to make decisions and did not live in their own home applications for Deprivation of Liberty Safeguards (DoLS) were made. Best interest meetings were held and recorded for specific decisions that had to be made. Staff were knowledgeable about involving people in making decisions about their life and how they could do this.

People were supported to maintain their health. Each person had a health action plan in place detailing the support they needed to maintain their health. This included detailed guidance provided for staff where people required specific equipment or techniques to be used to maintain their health, for example a suction machine or cough assist procedure.

People were supported to attend health and specialist appointments where this was part of the agreed

support package. One relative told us, "Their (Pulse's) care has avoided lots of hospital admissions as a result of their early interventions."

Where required, specialists were involved in people's on-going care, with regular reviews being held.

Where assessed as being part of the support people needed, staff prepared people's meals. Food and fluid intake and output was monitored where required. One relative told us the staff had supported their relative to lose a stone in weight by helping them to eat healthier meals.

Is the service caring?

Our findings

The people we visited and their relatives all spoke very highly of the Pulse care staff. They said they were all kind and caring. People told us, "I've never had anyone who isn't kind, they always listen and have time for me" and "The staff are very kind and if I have any problems Pulse deal with it straightaway, the staff always listen to me." A relative said, "All the staff I've met have been good; with a professional, caring attitude."

From our home visits it was clear the staff teams knew people and their needs well. One relative said, "They (the staff) know him like the back of their hand; they know he is unwell before he is and they notice very subtle things." Care plans detailed people's preferences and preferred routines, for example one person prayed before having his meals and staff were informed to provide them with the space and time to do this before supporting them to eat their meal.

Care plans also included information about people's life, hobbies, family, jobs and their likes and dislikes.

The staff we spoke with and the observations we made showed that people were at the heart of their care and staff worked in line with their needs and choices. People and their relatives said the staff supported people to maintain their dignity and treated them with respect. Staff could clearly explain how they did this for the person they supported. One person said, "They always give me respect, they asked me if I want something and they go into a separate room if I want privacy." A relative told us, "They've (Pulse staff) given [name] dignity and good health for a whole year; they've had an immeasurable impact."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service enabled placement workers and providers to capture information to ensure people from different groups received the help and support they needed, which met their individual cultural needs and promoted their independence.

People's communication needs were assessed and supported. Where applicable communication aids were used, for example flash cards and pictorial boards so people knew what they would be doing each day.

People were supported to maintain their independence. Care plans specified where people would tell staff what support they wanted. One person told us how they had been supported by staff to make their own tea at the day centre. They told us, "I made mince and dumplings."

Is the service responsive?

Our findings

Each person had a detailed person-centred care plan in place. This gave clear information about their daily routines, support needs, how staff were to meet these identified needs and any equipment that was needed.

Relatives told us they had regular reviews with their allocated nurse or case manager. The reviews were held either fortnightly or monthly by the clinical nurse for the package, case manager, people and their relatives depending on the complexity of the person's support needs. One person told us, "Yes, I've seen my care plan and yes, I've been involved in it." One relative said, "We went through the care plans at the beginning; it's a real team and we feel involved in [name's] care."

Relatives and staff said they were able to contact their nurse / case manager if they needed to and felt their concerns were responded to appropriately.

Updates were made to the care plans when people's needs changed. However staff in one package said that it sometimes took a few weeks for the updated information to be sent through to them to use. For example, the epilepsy rescue procedure for one person had been changed by the epilepsy specialist but the epilepsy care plan had not been updated until two weeks later. The regular staff knew the new procedure, but any agency staff would follow what was in the care plan. All other care plans we viewed had been updated in a timely manner. One staff member told us, "Staff are involved in putting the care plans together. [Case manager name] checks them. We update [case manager name] about any changes. I feel there is enough information in the care records for new staff."

Daily logs were written by staff to detail the support that had been provided and what people had done during the shift. A handover was also provided between staff at the start of their shifts so staff were aware of any changes in the person's health or wellbeing.

People were supported to take part in activities of their choice. Staff knew people well and were able to plan activities and assess any potential risks so that people's complex needs were met. A staff member told us they had supported one person to go to Blackpool, Harry Potter World and a concert. One person had been supported to attend a music festival, which had been one of his life ambitions. Another staff member confidently explained how they planned the activities and managed the person's anxieties when they were accessing the local community.

The service had a formal complaints policy in place. Complaints that had been received since our last inspection, whether formal or informal, had been considered and responded to by the registered manager. The majority of the relatives and people we spoke with were happy with how any concerns had been dealt with. One relative said they had had cause to raise some low-level concerns in the past, but felt strongly that these had been responded to positively and resolved by Pulse.

At the time of our inspection no one currently supported by Pulse was at the end of their life. We were shown evidence of the comprehensive end of life support provided for one person which enabled them to stay at

home at the end of their life. The service liaised with other community professionals, for example Macmillan nurses, community and district nurses to provide the palliative support required.

Is the service well-led?

Our findings

The Pulse central quality assurance department had carried out an in-depth review of Pulse Manchester in August 2018, including all care plans, policies and staffing. This followed a re-organisation of the national Pulse departments, with the company re-focusing on supporting people with complex clinical needs or with learning disabilities or autism who had complex behaviours. A detailed action plan was written, which was in the process of being implemented.

Pulse had appointed a senior registered manager in September 2018, who was in the process of registering with the Care Quality Commission. They had responsibility for all support packages in the North region. They were supported by two senior nurses and a new operations manager who managed the case managers. Each package of support had an allocated clinical lead nurse and case manager. The nurse reviewed any clinical needs and the case manager looked at the person's social support needs. The senior manager told us Pulse were in the process of recruiting another specialist learning disability nurse to oversee the support packages for people with a learning disability or autism.

A care co-ordinator role had been introduced to manage the rotas and find cover for any vacant shifts. The case managers and staff said that this had improved the consistency of staff cover for the rota and enabled the case managers to have more time to review the care packages and meet members of staff as they no longer had to spend time covering the vacant shifts.

The new senior manager had introduced weekly branch meetings for all nurses, case managers and care co-ordinators to either attend in person or access remotely. Any issues with any of the support packages were discussed as well as providing any company updates.

The case managers and senior nurses we spoke with were all positive about the changes that had been made and felt well supported by their colleagues and managers. Most staff also spoke positively about the nurses and case managers and said they were able to contact them if they needed to. Two members of staff said they did not see their case manager or nurse often as they were not usually on shift when they usually visited, however they could contact them via phone or email.

The staff we spoke with were positive about working for Pulse, especially the training and the support they received from their line managers. A typical comment was that the case managers and nurses were always available and would support the staff whenever staff contacted them.

A range of quality assurance tools were used by the service, including monitoring that reviews had been held, reviewing all accidents and incidents (including any shifts that had not been covered) for patterns and lessons that could be learnt across the whole service, staff file audits, care plan, medicines and finance checks. A new bound monthly pack for all paperwork had been introduced so that all records for the month were easily accessible and easier to review. There had been some initial issues with the paperwork not being delivered on time to some packages, which was being monitored by the senior manager.

The national Pulse re-organisation had set up central quality assurance and complaints teams. These monitored all incidents, safeguardings, complaints and audits across the whole Pulse organisation. A clinical governance forum had been set up for all nurses across the country to meet to discuss clinical best practice and share experiences.

Staff told us that they had team meetings when they were required. They felt that regular meetings were not required as they were small teams of staff who were able to communicate between themselves and the case manager or nurse if people's needs changed or if there were any issues. Staff felt able to contact their managers if they needed, with one saying, "Yes, I always know that somebody is at the end of the phone. The management team are very approachable and yes, they get back to you straightaway."

The service gained feedback from people and their relatives through the fortnightly or monthly reviews and annual surveys. A staff survey was also completed annually, with the results for the latest survey being analysed centrally at the time of our inspection. A report would be written from the survey results, with action points for each Pulse branch.