

Pulse Healthcare Limited

Pulse - Birmingham

Inspection report

7th Floor, Lombard House
145 Great Charles Street
Birmingham
West Midlands
B3 3LP

Tel: 01216781100
Website: www.pulsejobs.com

Date of inspection visit:
07 October 2016
10 October 2016

Date of publication:
02 December 2016

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

This inspection took place on 6 and 10 October 2016 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. At last inspection carried out on 29 October 2015. We found the provider was not meeting the requirements of the regulations inspected. At this inspection we found that improvement had been made and the provider was meeting the requirements of the regulation inspection.

Pules (Birmingham) is a domiciliary care agency registered to provide personal care to people living in their own homes. All care support is provided by staff that have set hours over a 24 hour period so staff and some staff would live in the person own home for the duration of their support

At the time of our inspection there was no registered manager in post this is a requirement of the organisation registration with us. There was an acting manager in post with a view to submitting an application to us to become the registered manager to ensure staff had leadership and someone to discuss issues or seek advice from when needed. 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.

The provider had processes and systems in place that kept people safe and protected them from the risk of harm. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm.

People had been involved in the planning of their care, make choices about their care and were with their medication when required and were involved in the care and support they received. The provider knew what appropriate action should be taken to protect people's legal rights.

Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. Where appropriate people were supported to access health and social care professionals.

Staff was caring and treated people with dignity and respect and people felt they could speak with the provider about their worries or concerns and felt they would be listened to.

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service is safe

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to assist them and their consent was sought before they received care and support.

People were supported by staff with healthy meals where appropriate and received medical support when it was required.

Is the service caring?

Good ●

The service was caring

People were supported by staff that was kind and respectful and people's privacy, dignity and independence was maintained.

Is the service responsive?

Good ●

The service was responsive

People received individualised care and support that met their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

Good ●

The service was well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a good quality service.

People were encouraged to provide feedback on the quality of the service they received and were happy with the quality of the service provided.

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 checked 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 6 and 10 October 2016 and was announced and was carried out by one inspector. We gave the provider 48 hours' notice before the inspection to ensure that a manager was available during our inspection. We spoke with five staff during our visit this included the acting manager, operation manger, three case managers, the recruitment officer and a member of the care team. Follow our visit we spoke with five staff and six people who used the service on the telephone to obtain their views about the service provided. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. However the provider had not returned the PIR because the time scale in which the provider was to return the PIR had not expired. We took this into account when we inspected the service and made the judgements in this report.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. At the time of our inspection, the service was providing support for seven people who lived in the Birmingham area. We reviewed a range of records about people's care and how the service was managed. These included care records, medicine administration record (MAR) sheets, staff training, support and employment records, and quality assurance audits that the provider used to monitor the service provided.

Is the service safe?

Our findings

People and relatives spoken with told us that they felt safe with the staff that supported them. One person told us, "It makes me feel safe to know that there is always someone around even at night because I have care twenty four hours a day." One relative told us, "I have no doubt at all that [person's name] is safe with the staff. We have used this service for many years, and at no point have I ever been worried." One person who used the service told us, "The fact that everything just works and that I've never had anything to worry about is of great relief to me. The staff support me over a twenty four hour period so someone is always here. I know who is coming, they turn up on time, do their jobs well." Another person told us, "I have confidence in what they do; they are great; top marks and I feel that they help me to stay safe." A relative told us, "The quality of care gives me reassurance that [named person] is safe and we trust the staff, who responds very quickly to any issues."

People were kept safe because the provider had ensured that risks were identified and management plans put in place to keep people safe. This meant staff had the information so they knew how to reduce the risks to people when supporting them. A relative told us, "There are very clear risk assessments and care plans in place for [named person] which they [staff] update regularly, and staff have been trained in [named person] specific care needs."

Staff spoken with was able to describe what action they would take if they suspected any form of potential abuse and confirmed they had received training. All staff spoken with said they would report to the manager if they suspected abuse or external agencies. For example Care Quality Commission or the police. All staff were clear about what action they would take if they suspected potential abuse. One staff member told us, "It's better to report and be wrong, so people are protected, rather than not report and be right."

The acting manager told us that staffing levels were determined by the number of people using the service and their needs, which were continuously reviewed. Staff told us that they supported people on an individual basis and were assigned to the individual so that the person had continuity of care. The acting manager told us that before a care package was accepted they ensured that they had the staff to support the person who had the relevant training. All care packages were with people who had complex care needs. They told us that on some occasions they had recruited and trained staff specifically to meet an individual's care needs. One person told us, "I had to wait before I came out of hospital so they could employ and train a couple of staff to support me. I now have had them for a year, and I am very pleased with the service; it was worth the wait."

People spoken with told us they had never experienced a missed call. One person who used the service told us, "It would be extremely rare for a carer of mine to arrive any more than ten minutes later than their due time."

People told us when staff supported them with their medicines checks were completed to ensure that staff gave the medication as prescribed. One person told us, "They [staff] have spot checks, someone from the office supervises them to make sure they know what they [staff] are doing." We looked at how the service

managed people's medicines and found that suitable arrangements were in place to ensure people received their medicines as prescribed. People had assessments completed with regard to the levels of support needed. We found there were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff confirmed they had received training on supporting people with their medicines and regular checks were undertaken by qualified nursing staff to ensure staff were competent to administer medicines safely.

Is the service effective?

Our findings

People spoken with told us that care staff were well trained and competent in their role. Some people told us that care staff were always prepared to do extra to effectively meet their needs. One person who used the service told us, "Staff have been trained to meet my particular needs and I know they are assessed by a nurse to make sure that they are competent. Another person told us, "There is no doubt in my mind that staff are trained because they would not be able to support me as well as they do without having been trained to do so" We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found training was comprehensive and effectively organised to meet the individual needs of staff, which ensured people received effective care and support. All staff spoken with told us that there was excellent training available and felt that this supported them to ensure people's care needs were met the way they preferred.

Staff told us they completed an induction programme tailored to their individual needs and based on their previous experiences of care. Staff told us they had completed an induction which included all the training they needed to support people's individual care needs. Staff told us this helped to equip them with the knowledge required to support people in their own homes. Staff told us training was then provided on an on-going basis to ensure their skills were updated regularly. We looked at supervision records and spoke with staff about the supervision they received. Staff confirmed they received regular supervision so they could discuss any concerns they had about people and ensured that where required training was identified. We saw that the systems that is used as part of training will not allow staff to support people unless they relevant training had been completed. This ensured that staff skills are updated regularly.

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. One member of staff told us, "I always ensure they agree. You get to know the clients and know how they communicate." Another member of staff said, "I always give people options and seek their consent before doing anything with them.

People who were supported with their meals told us that staff ensured that they prepared what they wanted. One person told us, "She [staff member] is a good cook." Another person told us, "No problems with my grub I have what I want and when I want [staff member] makes sure I am well fed." Records we looked at showed that people's dietary requirements were assessed and appropriate care plans and risk assessments were in place. One person told us, "My carer always asks me what I would like to eat for my breakfast and never minds making me cereal or something on toast."

People told us that they were supported to access healthcare professionals to make sure they received medical attention when needed. One family member told us, "My relative was having problems and staff let me know so [named person] was referred to doctor."

Is the service caring?

Our findings

People we spoke with told us, they were treated with kindness and compassion by the staff that supported them. One person told us, "The staff are very professional, dedicated and willing to go the extra mile if needed." Another person told us, "The same care staff have been coming to me for a while and I could not ask for better staff, they are very considerate kind and very caring towards me." A third person told us, "They are all lovely, they are just like members of the family now and I don't know what I'd do without them." One relative told, us "They have matched staff so well with my relative. They are really good and friendly and genuinely caring." A staff member told us we know the people we support and the little details about them so we can make sure they lead as normal life as possible. People I support have complex care needs and it helps them if I don't just concentrate on the disability. I know the smaller things that people appreciate help with. For example how they like their hair done, or what aftershave they like."

People spoken with told us they were able to make choices about their care and were actively involved in determining the care and support they received. One person told us, "I was asked what time I wanted the carers to come and if I preferred male or female carers. I also know that if I ever have a carer that I don't really get on with, I can ask for them to be changed." Another person told us, "I'm always asked by my carer which way round I would like to do things, such as if I'd like breakfast before my wash or just a cup of tea first."

People spoken with gave positive comments in relation to the service. One person told us, "I am as independent as I can be and without staff I don't think I would be able to do as much as I do, they are very supportive. They respect my privacy and maintain my dignity, by involving me in my care."

Staff told us that people's independence was promoted as much as possible and gave us examples of how they did this. One staff member explained, "[Person's name] has limited mobility but I always try to encourage them to do what they can." People we spoke with told us staff supported them to make day to day decisions about their care and support.

People we spoke with told us that staff 'always' treated them with dignity and respect. One person told us, "The girls are very respectful, they do their best to maintain my dignity." One staff member told us, "We all want some dignity in our lives, we know from experience for example if we go into hospital this goes out of the window for most of us, so I feel that respecting people's choices and encouraging independence gives people that dignity. I feel I do this when I support someone." Another staff member told us "It is part of the support we provide to people that privacy, dignity and independence is part of their care."

Is the service responsive?

Our findings

People told us they felt the service was responsive to their or their family member's needs. One person told us, "They [staff] are very responsive and always willing to help. If I have any concerns I will ring the office and they are very helpful. I really think they [staff] put themselves out to help you." A relative told us, "I don't have any problem with any of the staff who come, they are all very good at what they do, and respectful, to both [name person] and myself."

People's care and support was planned in full consultation with them. Each person had support plans in place which provided guidance for staff about how best to meet each person's needs. We saw that care plans were detailed and written to reflect people's individuality. . Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. Care plans included information on people's medication, personal care needs, dietary and mobility requirements. Care plans were located at each person's home and an electronic record held at the agency office. Care records seen were developed to meet each person's specific needs and were very detailed and would enable staff to provide person centred care. We saw that care records were reviewed regularly or when changes were required.

People told us that information about how to complain was given to them when they started to use the service. Staff told us that if people wanted to make a complaint they would support them to do so by contacting the manager. One person told us, "The staff will listen if you are worried about anything at all, even little things, they are all very good." All the people spoken with told us they had no concerns and had not made any complaint about the service they received. Records seen showed that there were processes for dealing with complaints and responding to them. We saw that where complaints had been made action had been taken and the complaints were fully investigated.

Is the service well-led?

Our findings

People told us that the service they received was good. One person told us, "I could not ask for better care and attention I am very happy. Absolutely well managed, I would have changed the service if I wasn't happy, so yes I am very happy." Another person told us, "Yes they are professional, well managed and organised to ensure that I have the support I need."

The provider had clear visions and values that were person-centred and that ensured people who used the service received a good service. Staff were encouraged to update their skills for their own personal development and felt that the management were supportive and open to suggestions.

Staff told us meetings took place so they could say where improvements could be made and action was taken where possible. One staff member told us, "We do make suggestions and if they can be done then they are. I think we work together as a team cause we all want what is best for the people we look after."

All the people spoken with told us that the staff asked them how they felt about the service provided at the review of their care. Records showed regular reviews of people's care had taken place and that people were able to give feedback on the quality of the service at each review meeting. We saw that feedback on the quality of the service people received was analysed for trends and learning. Staff were clear about their roles and responsibilities and told us the acting manager was open and accessible to them if they had any concerns or needed advice.

At the time of our inspection there was no registered manager in post. There was an acting manager in post with a view to submitting an application to us to become the registered manager to ensure staff had leadership and someone to discuss issues or seek advice from when needed. 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 saw that there were systems in place to monitor the service which ensured that it was delivered as planned. We saw that various processes were in place for internal monitoring, which included auditing and monitoring of care records, medication records, staff time sheets and spot checks on staff. Spot checks were completed to ensure staff were working to the required standard so people's needs were met as they preferred.

All the records we saw were in good order, up to date and demonstrated that people received a service that was monitored and reviewed so changes could be made if identified. Staff we spoke with told us they felt the service was open and transparent and management were supportive. Staff told us the management were approachable and listened if they had any concerns or needed advice. Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. These are called notification. The provider notified us of events in a timely way to enable us to assess the information as part of our monitoring of the service.

