Pulse Healthcare Limited

Pulse - Norfolk

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

At the time of this announced comprehensive inspection of 5 July 2018, there were 22 people who used the service. The provider was given a days' notice because it is a domiciliary service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We then contacted people using the service, staff and involved professionals by phone and email up till 16 July 2018.

This service is a domiciliary care agency. The area currently covered is Norfolk and Suffolk, but also extends to Cambridge, Peterborough and South Lincolnshire if needed. It provides personal care and/or treatment of disease, disorder or injury to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. Care and support is usually commissioned by health and social care statutory bodies. People who use this service can have complex heath needs such as spinal injuries, use a ventilator, have a tracheostomy or have an acquired brain injury.

At the previous comprehensive inspection on 11 August 2017 we had rated the service Requires Improvement and were in breach of the regulation for receiving and acting upon complaints. At this inspection we found matters had greatly improved.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Safe to at least a rating of good. At this inspection, we found that complaints were listened to, responded to in a timely way and in line with their own policies and procedures. This service is now rated as good overall.

There was a registered manager in place who was present throughout our inspection visit. 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.'

This service provides a bespoke service to adults, children and their families to enable them to live within their community. Most of what they do is highly complex and therefore based upon detailed assessments and provided by highly skilled staff. We found a service that was diligent in ensuring the care, support and health interventions were based upon up to date assessments and detailed care plans and that staff were only supplied to people if they had the appropriate skills to complete the tasks required to keep the person healthy and safe whilst in their care.

The oversight of this service was key to ensuring staff were up to date in their skills and current best practice. Systems in place for reviewing care needs and making adjustments and changes to treatment and referring to other health professionals was of a high and meticulous standard, completed by appropriately qualified clinicians. Staff were trained and their competencies tested and then appropriately supported to ensure the outcomes for people were in line with their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Procedures and guidance in relation to the Mental Capacity Act were followed which included steps that the provider should take to comply with legal requirements.

People consistently fed back to us that this was a good service that provided them with the support they required. People told us they felt safe. They told us that staff were kind and caring and responded to their needs. The only one comment made about areas of improvement was that people did not like the on-call system being answered in another part of the country by people they did not know, people told us, that previously, the out of hours service was triaged and brought back to the on-call system more locally.

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 was safe

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of staff who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Care workers had received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Processes were in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, potential learning and continual improvements in safety.

Is the service effective?

Good

The service was effective.

Care workers received supervision and comprehensive training to support them to perform their role.

The service worked with other professionals to provide people with a consistent service.

Where required, people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided. Staff understood what capacity to consent meant and worked within the required legislation.

Is the service caring?

Good

The service was caring.

Care workers were kind and considerate, respected people's preferences and treated them with dignity.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and encouraged.

Is the service responsive?

Good

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed by competent clinicians and amended to meet changing needs.

People's wishes including end of life decisions were known and respected.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and had a visible presence in the service.

Care workers were encouraged to professionally develop and understood their roles and responsibilities.

Effective systems were in place to monitor and improve the quality and safety of the service provided.

The service worked in partnership with other agencies.

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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 announced comprehensive inspection on 5 July 2018, was carried out by one inspector.

The provider was given one days' notice because it is a domiciliary service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection.

As part of our inspection planning, we requested that the provider 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

Inspection activity started on 5 July 2018 and ended 16 July 2018. The inspector visited the office location on 5 July 2018. We spoke with the registered manager, head of quality and governance and seven staff of differing levels of responsibility at the agency. This included case managers, branch nurses and care workers. We reviewed the care records of three people to check they were receiving their care as planned. We spoke to three people in receipt of a service and three professionals who had commissioned the service. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

At the previous inspection of 7 and 12 June 2017 we rated safe as Requires Improvement because although improving, there were not always sufficient staff with the right skills to fulfil people's care visits. Systems for managing and auditing medicines were not always sufficiently robust in ensuring people received their medicines as the prescriber intended and to address shortfalls. At this inspection we found matters had improved and we have rated safe as Good.

There were sufficient numbers of care workers to meet the needs of people. One person told us they were happy with the staff supplied to them. When asked why they told us, "They are consistent and always turn up on time." Another person said, "I get well looked after. Next best thing to heroism." The same person told us of occasions when staff phoned in sick at the last minute. We looked into this and found that on five occasions in the last six months the regular staff had not turned up due to ill health, but the agency had arranged their care at the last minute. They were provided with the skilled care and support they required that day, but for a shorter period of time that ensured needs were met. On all other occasions the person had their contracted time, levels of care and support by staff who were trained and knew them well.

We found that there were clear agreements and expectations that were followed by staff. The first agreement was that every person would have a contingency plan in place to ensure their needs were met and that they were safe if in the event of staff not being able to attend. We found such arrangements in place for the three people we case tracked. Secondly. this agency did not take on care packages that they could not fulfil. An example of this was a recent request from a commissioner who wanted a person to have regular night care and also care during the day. The agency recruited staff and trained them with the specialist techniques needed to keep the person safe. The agency was clear they could cover the night time but not the day time until more suitable staff had been recruited and trained. Therefore, the expectations of the commissioner and the person in receipt of the service were not raised as the agency delivered what they promised.

We examined how the electronic system rostered staffing for people each day. Where staff needed specific skills, training and their competency checked the system would not allow unskilled staff to be rostered. Therefore, only appropriate staff were supplied, even those supplied at short notice.

Records showed that the service's recruitment and selection procedures were robust. Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Gaps in an applicant's employment history had been explored during the interview process. The management team told us about the short-listing process used to identify applicants they wished to interview. Currently this consisted of a skype interview with 10 pre-recorded questions. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working in care. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to

work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, and reading information about people using the service, including how identified risks were safely managed.

People received their medicines safely. One person told us, "They give me my medicines every morning. They do the ordering and make sure I'm stocked. No mistakes are made. Good at managing my medicines." Another person said, "Staff order and do medicines. They never run out. Yes, they give my meds on time and they never make mistakes."

Staff were trained to give medicines and their competency checked. Assessments were made of the support and intervention people needed with their medicines. A specific care plan for medicines was then developed clearly stating how and when the medicines required to be administered. Staff were trained with specific techniques if required. The management team audited people's medicine administration records (MAR) to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required. In addition, the service was developing medicines champions. They received additional training and studied data to look at ways of improving medicines management within each care package. This had resulted in a lessening of missed signatures on MAR charts.

People told us that they felt safe using the service and enjoyed being in the company of their care workers. One person said, "I feel safe and I trust them as they do a very good job."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding adults and children from the risk of abuse. They understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Outcomes from safeguarding incidents and investigations had been used to improve the service with additional training to support care workers when learning needs had been identified or as an outcome of following the provider's disciplinary procedures.

Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, nutrition, accessing the community and risks that may arise in the environment of people's homes. People who were vulnerable because of specific medical conditions such as epilepsy, spinal injuries, used ventilators or had equipment such as tracheostomy to assist with breathing, had clear plans in place guiding care workers as to the appropriate actions to take in the event they became unwell. These risk assessments were under continuous review by clinical practitioners. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of spread of infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that gloves and aprons were readily available for them to use. There was a system in place to have protective equipment delivered directly to peoples own home. The branch nurse was able to tell us about best practice initiatives relating to latest CQUIN guidance (Commissioning for Quality and Innovation) Workshops relating to oral health and infection along with a recent 'gloves off' campaign that included hand washing training had ensured staff were up to date with current thinking and best practice.

Good

Is the service effective?

Our findings

At the previous inspection of 7 and 12 June 2017 we rated effective as Good. The service continues to be rated Good.

People's care needs continued to be assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and these were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People and relatives confirmed that the care workers had the skills and knowledge to provide them with the care and support they needed. One person commented, "All the girls I have are nice. I'm happy with them all because they are very well trained. Of the three agencies I have used they are the best because their training is so good." Another person said, "The staff know me well. When a new person starts they do a couple of shadow shifts to understand how to do things for me." A relative was able to describe how staff were observed and supported through clinical interventions to ensure they were able to perform tasks to a good standard.

One staff member told us, "We have excellent training. The specialist training is very good. I have done training to support people with spinal injury, management of a traci and vent. I know about administration of oxygen and how to manage PEG feeds." Another staff member told us how detailed their medicines training was specific to the person and how that was managed with their Percutaneous Endoscopic Gastrostomy PEG (a tube inserted into the stomach to feed people that cannot swallow food) They told us, "The feed is stopped at 6pm. Medicines at 8pm so they do not interfere and are timed. We always flush through meds." The same staff member went on to say, "We are observed. We have competency training on everything to make sure we do it right. We are given more time if needed."

The agency had trained a case manager as a trainer to deliver training on a regular basis for medicines management, moving and handling, first aid that covered both adults and children and equality and diversity that covered people's human rights and potential discrimination. Specialist training was delivered by clinicians who showed care staff how to perform tasks and then observed their ability to complete tasks safely before signing off their competency to perform.

Staff were well supported with regular supervision and annual appraisals. Technology was used to bring dispersed groups of staff together by using conference calls for some staff groups. Staff confirmed and we saw minutes of these staff meetings. A senior staff member had attended a two-day course entitled Mental First Aid. This enabled them to be better placed to support staff with their mental wellbeing.

Where people required assistance, they were supported to eat and drink and maintain a balanced diet. Where care staff identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance.

Where guidance had been provided relating to people's dietary needs, care staff recorded this in people's care records to ensure staff were aware of how to reduce and manage risks.

Peoples health was monitored and kept under review by clinicians if needed as part of their care package. Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken by staff, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing. One person told us. "My health and general care is well looked after. If I'm very constipated they have asked GP for more meds. They also refer to the district nurse if I need them."

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. We checked if the service was working within the MCA principles.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available to staff through an technology on their smart telephone and such devices. Staff had access to the agencies policies and procedures to guide them through any situation they needed to check upon not just MCA.

People had signed their care records to show that they had consented to their planned care and terms and conditions of using the service. In one case we saw that staff had raised the question about someone's ability to understand the risk of choking if they ate. A referral was made to the appropriate authorities and a capacity assessment was completed. Staff were then informed through the care planning process and able to support the person. The person was assessed to have the capacity to make unwise decisions in relation to eating. The care plan and risk assessments linked to eating provided staff with clear guidance to follow.

Good

Is the service caring?

Our findings

At the previous inspection of 7 and 12 June 2017 we rated caring as Good. The service continues to be rated Good.

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "The girls treat me with respect. Here to take care of me and they never abuse the situation." Another person said, "My regular staff are brilliant. We get on really well."

Feedback from relatives about the approach of the care workers was equally favourable. One relative of a small child commented, "Yes the staff are kind and caring. They cuddle and play with my child".

Care workers continued to know about people's individual needs and preferences and spoke about people in a caring and affectionate way. Everyone, from the service including the management and staff based in the office, spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. Staff spoke with compassion and understanding about people's conditions and disabilities. One staff member explained why they had the appropriate skills and experience to deal with peoples care packages. They told us. "I've seen first-hand the impact of situations on them and people's family. People have conditions for the rest of their lives and deserve a first-class service from us." A relative told us. "They do listen and say the right things."

People's care records continued to identify their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

Relatives told us that the support provided by the care workers helped people to be as independent as possible. One person described how staff enabled them to use their exercise machine and access the community in their vehicle. Another person who had not visited a local city for 10 years was supported by staff to go shopping by train. The trip was well planned and the person felt a sense of achievement in regaining their independence.

Good

Is the service responsive?

Our findings

At the previous inspection of 7 and 12 June 2017 we rated responsive as Requires Improvement. They were in breach of the regulation for receiving and acting upon complaints. People had concerns and complaints were not always investigated and responded to in a timely way, or in line with the provider's own complaints management process. At this inspection we found matters improved, and rated responsive as Good

People and relatives told us that they knew how to make a complaint and that information about how they could raise complaints had been provided. One person described how if they were not satisfied with the care they would not be afraid to let the management know. Another said they had no complaints about anything. One person did tell us, and this was fed back to the registered manager, that they disliked the on call system being answered in another part of the country by people they did not know, previously it was triaged and brought back to the on-call system more locally.

Improved systems have been put in place to ensure that all complaints were logged, responded to and lessons learnt. A staff member told us, "100% things are done properly now. There are weekly update calls with the wider organisation. There are full investigations. Apologies are made. Honestly can say what we will do differently now." The weekly call with managers in the organisation was to ensure matters were resolved as soon as possible and that care records are accurate and up to date. The registered manager was confident that this was an improved way of dealing with any concerns raised. The PIR showed us that issues were responded to and actions taken to prevent a reoccurrence such as supervision of staff and discussion at team meetings. In the case of complaints about the recruitment process the PIR told us the format had been changed as a result of this being raised.

People were provided with care and support which was responsive to their needs. One person told us, "They did a very thorough assessment with me. Now I have a monthly review. They ask me if I'm still happy with everything."

People and their relatives where agreed, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate. One person told us, "They visited us at home and completed the assessments. The plan had not been signed it off until it got back from clinical governance." This mirrored what we were told by the service in terms of assessments forming the basis of all care plans and risk assessments. Where clinical interventions were part of the care plan then this was agreed by the clinical governance team, the registered manager and then the person themselves or those acting for them.

Frequency of reviews and those of clinical interventions depended upon the risks and changes for the person. However, people assessed to be at higher risk had care plans reviewed as frequently as every two weeks. The PIR told us that at the start of a care package, reviews of the care package happened within 48 hours and again within seven days of a service commencing. The PIR went on to tell us 'Social reviews are completed on a monthly basis and our clinical reviews are completed on a two or four weekly basis

depending on the clinical needs of the client.' This showed us that plans were initially reviewed quickly at the start of a care package then routinely thereafter. Plans were electronic and therefore could be amended and sent to people easily. Plans were then printed off if needed for people to see and sign.

Care planning covered many aspects of people's lives including end of life plans. Care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these decisions were kept under review. Where appropriate people had records about their future wishes and priorities for care. An example of this was a decision a person had made not to have an admission to hospital. The decision had been made by the person, involving their family and appropriate records were in place.

Staff were planning to attend end of life training days after our inspection. There were close links with the local hospital and palliative care nursing team.

Good

Is the service well-led?

Our findings

At the previous inspection of 7 and 12 June 2017 we rated Well Led as Good. The service continues to be rated Good.

Feedback from people, relatives, care workers and professional stakeholders was positive about the leadership arrangements in the service. The registered manager was hands on in the service and acted when errors were identified to make improvements. The registered manager were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved.

The registered manager had established an open and inclusive culture. One staff member said, "I feel valued and respected. We are trusted to make the right decisions. The manager has a quiet confidence in us." The management team and care workers were clear of their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt the service was well-led and that the registered manager was a visible presence in the service. One staff member said, "It is so much better now. We do things properly now. Incidents get investigated and looked at. They are taken out of branch. We have back up of managers. Listened to and ideas taken on board. The structural changes are positive such as senior managers. It is now stable. The culture is positive." A different staff member said of the registered manager, "She never looks stressed. Being calm and in control is good for us to see. I feel confident in that. She is there and will help immediately when we ask."

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A care worker shared with us, "We are a close-knit group. Relaxed. Feels comfortable raising anything and I'm listened to." Another staff member said, "They are open to change. Small changes can easily be made and are welcomed." The minutes of meetings showed that suggestions from care workers, for example, how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

Improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. Audits and checks were carried out on all aspects of the service, this included safe management of medicines and care records. The registered manager monitored and analysed incidents, accidents, complaints and completion of care visits. The reporting of this supported the management team to identify any trends and patterns and to act accordingly to reduce further risks, such as taking disciplinary action where needed. In addition, the registered manager used the outcomes and actions from their reporting tool to feed into a development plan for the service.

The management team showed us their plans which identified the areas that had been prioritised following the last inspection to ensure people received a safe quality service. For example, the development of the medicines champions and positive support to staff not to fall asleep on night shift. the PIR stated 'We provide specialist days for our Registered Managers, Case Managers and Nurses to ensure we are up to date

with legislation, processes and policies. CQC requirements, company expectations.' We were told about how initiatives were welcomed and how the management team were working on initiatives in line with our key lines of enquiries.

People were regularly asked for their views about the service and their feedback was used to make improvements. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people shared their views about the service, anonymously if they chose to. The PIR told us, 'Case Managers complete regular 'Catch up calls' with both staff and clients. Calls are made to clients at the beginning and end of each week. Call are made to staff while on shift with clients to ensure everything is going well.' During our visit we saw these calls happen. One person we called told us they had just received their satisfaction questionnaire and had yet to fill it in. They also confirmed they had been asked regularly in the past for their views.

Where relevant, the management team submitted appropriate notifications to inform CQC of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high-quality service. We had positive feedback from commissioners who stated that the agency tended to take complex cases and managed to provide services when other agencies would withdraw their services. They told us positive relationships were maintained and assessments completed promptly. We saw evidence demonstrating that staff at the agency tried hard to work with others to promote positive outcomes for the people they supported. Another healthcare professional told us "The case is very complex, this involves working in conjunction with another agency. The managers have been proactive in promoting team work despite the challenges of working with another agency, to ensure the package can run as smooth as possible for the client and family."