

# Pulse Healthcare Limited

## Pulse – Norfolk

### Inspection report

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Date of inspection visit: 10 June 2015

Date of publication: 31/07/2015

### 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 

### Overall summary

Pulse Norfolk is registered to provide personal care to people who live in their own homes. There were 23 people using the service when we visited. The inspection took place on 10 June 2015 and was announced. This was the first inspection since the agency had re-registered on 14 October 2014 due to changing the address of the location. Therefore this is the first inspection of this service under its current registration.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (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.

Staff were knowledgeable about reporting any harm. There were a sufficient number of staff to provide people with care safely and recruitment procedures ensured that only suitable staff were employed. Risk assessments were

# Summary of findings

in place and actions were taken to reduce identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

Staff were supported and trained to do their job and additional training was provided for people with specific care needs to be fully met. Staff received training regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure that people's freedoms are not restricted.

The staff were in contact with a range of health care professionals to ensure that people's health care and support was well co-ordinated. Risk assessments were in place to ensure that people's care and support was safely provided.

People told us that their privacy and dignity were respected and that their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to. People were able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

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# 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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were supported with their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

The provider had ensured that a programme of regular training for staff was in place to ensure people received safe care.

Staff were supported by the provider to carry out the expected care for people.

People's health and nutritional needs were met.

Good



### Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Good



### Is the service responsive?

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported by staff to access the local community or be involved in it.

People were aware of the complaints procedure and were able to raise their concerns with the management staff.

Good



### Is the service well-led?

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and were enabled to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

Good



# Pulse – Norfolk

## 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 inspection took place on 10 June 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the agency's office, spoke with five people and two relatives. We also spoke with the registered manager, quality assurance manager, office based staff and four care staff. We also spoke with healthcare professionals who commissioned care from the agency. We looked at five people's care records and records in relation to the management of the service and the management of staff.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “The care staff give me essential and vital support and they are first class.” A relative told us that, “I feel that [family member] is in safe hands and staff are careful when providing the care.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and said they would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed in the agency’s office. Staff we spoke with were aware of the safeguarding reporting procedures. One staff member said “I have had safeguarding training and I would always report any incident of abuse without hesitation”.

Staff were aware of the agency’s whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, “I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did.” This showed us that people were kept safe as much as possible. The provider was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included manual handling assessments, assessments of any environmental risks and risks regarding the administration of medicines.

There were guidelines for staff regarding the administration of medicines. There was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the administration of people’s medicines. Samples of medicine administration records we looked at had been completed accurately by staff where required. Any changes in medicines were recorded and reviewed by a member of the agency’s management team. Staff told us that they had attended annual training in administering medicines and that one of the nursing staff carried out regular competency check to ensure their practice was monitored. The training records we saw confirmed that satisfactory competency checks had been made.

Records showed the provider had identified how many staff were required to carry out each task safely. This was especially regarding safe manual handling requirements. People and their relatives told us that there were sufficient numbers of staff to safely provide the required care and support. However, one person told us that there had been a number of new care staff and they were not sure if all of these staff were fully aware of the care that they were to provide.

One care professional did express some concerns regarding the turnover of staff and the lateness of some care visits that had been reported to them. People we spoke with told us that staff were usually on time for their care visits. However, one person told us that “The staff are usually on time but that there have been some occasions when staff have been late and I have not always been contacted by the office.” Staff told us that they had to contact the office based staff if they were running late to inform the person of any lateness. People that we spoke with said that the agency had not missed any of their care calls. People we spoke with told us that they knew which staff would be visiting but two people said that they were not always told in advance which staff would be providing their care.

We saw that recruitment procedures were in place to ensure that only staff who were suitable to work with people were employed. Personnel records of three members of care staff demonstrated that satisfactory recruitment checks had been carried out and included evidence of completed application forms, satisfactory work references, proof of identity, and a satisfactory criminal records check. The registered manager told us that any gaps in employment were pursued during the prospective employee’s interview. The registered manager also confirmed that all recruitment checks were completed before care staff commenced working with people and provided them with care. Staff received a hand book which outlined the agency’s policies so that were aware of their role and responsibilities. This was confirmed to be the case by staff we spoke with.

New care staff told us they received a detailed induction and training prior to commencing work with people. New staff shadowed more experienced staff before working confidently on their own to ensure people’s safety. One member of staff told us that their recruitment and induction had been very good and that they had received a range of training before they commenced working.

# Is the service effective?

## Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The carers are good and professional and help me with what I need.” Another person told us that, “The carers are cheerful and they make sure everything has been done before they leave”. We spoke with two relatives of people receiving care from the agency and they felt that the care and support provided by care staff met their relative’s needs. A relative told us that, “The staff are very good in letting me know how things are and they are always good at keeping me informed.”

There was training in place for staff regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the local authority’s contact details regarding further information about this area. The registered manager informed us that no one currently using the service was being deprived of their liberty.

The registered manager told us that there was a programme in place to ensure that staff training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, dementia awareness and administration of medicines. Each person using the service had a profile recorded which detailed the required knowledge and competencies that staff must have before they were allowed to provide people with their care.

Specific training was in place regarding people’s physical care needs. Examples included; tracheostomy care,

catheter care, spinal injuries, brain injury and the use of nebuliser and ventilator equipment. Where people required specific care staff had completed ongoing training and this was confirmed in a sample of staff training records.

Training was monitored by a member of office based staff and the registered manager in conjunction with the organisation’s training department to ensure that staff remained up to date. This was confirmed by staff we spoke with and in their training records. Staff told us they had received regular supervision and an annual appraisal.

We found that assessments of people’s nutrition and any dietary needs and food preferences had been completed as part of their assessment of their care needs. People told us that where meals were provided, the staff had always asked them about their individual preferences. We saw that where people received food via a peg feed (a means of feeding when oral intake of food is not appropriate) staff had received ongoing training to ensure that they were safe to support people with this specialised feeding practice.

Health care professionals we spoke with told us that they had received good quality information from the registered manager and coordinators when people had health care issues and staff acted on any advice that they had given. Health care professionals we spoke with made positive comments about the contact they had with the agency. They stated that communication and information was of a good standard.

We spoke with local authority care managers and contract officers who had contact with the agency. They told us that they found the service was responsive to requests and they had received positive feedback from people and their relatives about the care that was provided.

# Is the service caring?

## Our findings

People who used the service and relatives we spoke with on the phone confirmed that the staff were caring and respectful. For example, one person said, “They help me with what I need and ask me if there is anything else I want before they leave - they are very kind.” Another person said, “They look after me very well and never rush me.” A relative said, “The staff are lovely and always make sure my [family member] is comfortable before they leave.”

All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing their care. People told us that they usually had the same care workers providing care and support and usually knew in advance which staff would be visiting them.

We saw that the registered manager had taken steps to ensure, as much as possible, to meet people’s individual preferences regarding whether they wished to be supported by male or female staff. People’s preferred names were recorded. This showed us that people’s diversity was considered and acted upon. We were told by the registered manager and office staff that care plans were drawn up to ensure that each person was encouraged to maintain as much of their independence as possible. People we spoke with confirmed that this was correct.

We observed phone calls being made by staff with people using the agency and they demonstrated a professional, positive and caring attitude towards people.

One person told us that they had a regular team of staff who knew what was important to them and, “Always provide my care in a respectful way.” Another person said that, “The care is first class and I know who to speak to regarding any concerns that I may have.”

People said they were able to choose the care workers they preferred as much as possible, their preferred time of care and what was important to them. One person said, “The staff are very good and are usually on time and they let me know if they are running late.” The registered manager told us that they provided care only where the staff had the required competencies to ensure people’s needs were met. This was confirmed by healthcare professionals who commissioned care from the agency

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them.

However, the care plans we saw were task based and we discussed with the registered manager that a more person centred style would be more beneficial. The registered manager and the quality assurance manager told us that care plans were being redeveloped to provide a more person centred approach.

The staff we spoke with displayed a great deal of enthusiasm and affection about their work and the care they provided for people. One member of staff said, “I really enjoy my work and I provide a mixture of personal care and also assist people to be involved in going out to sport and personal shopping”. Another member of staff said, “I love my job and working with people with a variety of care needs.”



# Is the service responsive?

## Our findings

People we spoke with and their relatives told us they had been involved in the planning and reviewing of their care and were able to make changes where required. For example, one relative said, “My family member’s care is regularly reviewed and any changes to calls are made as necessary.”

Assessments of people’s needs had been carried out to ensure that the agency could provide people with their assessed needs before they used the service. People’s preferences were recorded regarding their preferred name and a life history to aid staff in the understanding of each person. These were used to formulate the care plan and outline the care which was to be provided at each visit. We saw that care plans and health and safety risk assessments were audited monthly by the management team.

The nurse regularly completed clinical audits. The timescales for these were based on the level of medical interventions required as part of their clinical care plan. People with complex needs had their care subjected to more frequent audits. People’s care records were checked for accuracy on a regular basis. People and their relatives told us that they had the opportunity to discuss any changes to their care every month with a member of the agency’s management team. We saw evidence of the monthly review meetings held with.

In people’s care plans there were guidelines in place for staff regarding the care and support that was to be provided. We saw details in place regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Examples of care and support that people received included assistance with physical care needs, personal care, preparation of meals and drinks, assistance with medicine, household chores, shopping and social and welfare calls.

However, some of the care plans we saw were not written in sufficient step by step detail to fully describe the care that was to be given during each visit. We discussed this with the manager who told us that the care plans would be reviewed to ensure that there were detailed step by step guidelines regarding each care visit for staff to follow to provide people with safe and person centred care.

Agreements were in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with gave examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medicines.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the agency’s office.

We saw that management staff had regularly recorded reviews of care plans with people and their relatives where necessary. The relative of one person said that, “They know [my family member] really well and I am very happy with the care they give.”

People and their relatives told us that staff had been responsive in reviewing care and changes were made to people’s care and support needs.

People and their relatives were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I have any concerns the managers in the office are good at sorting it out for me.” People that we spoke with told us that their concerns and complaints were dealt with in a timely and professional manner. People we spoke with were felt able to raise and discuss their concerns with care workers and members of the management team at any time. A copy of the agency’s complaints procedure was included in people’s information pack. The complaints policy and procedure included expected time scales for response and guidelines for people on how to complain. The registered manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible.

All complaints were recorded and we saw samples of recent correspondence which to resolve people’s concerns. One person said, “I feel confident that when I raise any concerns or a problem it will be dealt with properly.” A relative told us that, “The manager and office staff had dealt with any issues or concerns quickly and efficiently.” However, one person we spoke with felt that their concerns had not always been fully dealt with. We discussed this with the registered manager and they told us that they would meet with the person to resolve their concerns.



# Is the service well-led?

## Our findings

People and their relatives told us that they had regular contact with members of the agency's management team. One person commented, "I can speak to the manager and staff at any time." Relatives confirmed that any concerns they raised were properly dealt with. One person said "They [office staff] meet with me to check things are alright." However, one person we spoke with did comment that communication with the office based staff could be better as they felt that they had often not had their calls responded to in a timely manner. We discussed this with the registered manager and they stated that this would be followed up with the person. Surveys were sent to people who used the agency to gain their opinions regarding the care provided. People told us that they had completed surveys and received courtesy calls from members of the agency's management team. The results were audited by head office staff. We saw the 2014 Quality Assurance report compiled from surveys received from people using the agency. These contained positive comments about the care and support that was being provided. Any actions for improvement were identified and an action plan was formulated to improve the service. Examples included better communication with the office and greater consistency with care staff.

The registered manager and office based management staff we spoke with demonstrated that they understood their roles and responsibilities well. Staff told us that they felt the agency was well managed. They said they felt supported and that they were able to raise issues and concerns at any time including during out of business hours. They told us their views and opinions were respected, listened to, valued and acted upon.

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. All the staff we spoke with were aware of their role in reporting any incidents they had witnessed in accordance with the service's whistleblowing policy. Staff said they felt confident in raising concerns with the registered manager or appropriate external agencies if they were concerned about any poor care practices.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. Competency checks were undertaken to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

Audits were completed by members of the management team. These audits included observations of support being provided, care records, reviews of care, discussions with people who used the service and their relatives, staffing, training and health and safety arrangements. This meant the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The office based staff and care staff worked in partnership with other organisations to ensure people received appropriate care. This was confirmed by comments from health care professionals we spoke with who were in regular contact with the agency and felt concerns and issues were dealt with in a professional manner.