

Pulse8+ Ltd

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Inspection report

Priory House
Priory Road
Alcester
Warwickshire
B49 5DZ

Tel: 01527870879
Website: www.pulse8care.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 April 2017. Pulse 8+ Limited provides domiciliary care to people living in their own homes. At the time of our inspection, the agency supported 37 people who received personal care.

The service registered with us in June 2015 and had not been previously inspected. This was the first rating inspection.

The service had a registered manager. 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.

People felt safe receiving care from staff that had been checked by the provider to ensure they were of the right character to work for the service. The provider's recruitment process included pre-employment checks prior to staff starting work. This helped ensure their suitability to support people who lived in their own homes.

Staff knew how to keep people safe from abuse or poor practice. Staff received training to safeguard people from abuse. They were supported by the registered manager, who ensured staff followed safeguarding protocols and procedures and reported any concerns to the local authority. However, we found two safeguarding incidents which had been referred to the local authority, but not notified to us. We were satisfied necessary actions had been taken to protect people.

Risks to people's safety were identified and there was clear guidance for staff on how to protect people from harm or injury.

Care plans provided guidance for staff in how to support and follow people's preferred and agreed routines. Some care records referred staff to guidance for specific and complex health conditions which was not in the care plans we sampled. However, from speaking with staff they knew people's current risks, health conditions and how they should be effectively managed and cared for. The registered manager agreed to review some people's care records so staff continued to provide consistent and safe care.

Most people were able to administer their own medicines or had family members who assisted them. Some people were given their medicines by staff who were trained and assessed as competent to give medicines safely. Records showed people's medicines were given in a timely way and as prescribed. Checks ensured medicines were managed safely and staff were observed by senior staff to ensure they were competent to do so.

There were enough staff to meet people's needs. Most people told us they had some consistency from staff who supported them, which they appreciated. However, people and relatives said recent staff turnover

meant this did not always happen and there was no process to let them know in advance, who was providing their care and at what time.

People told us staff sought their consent before undertaking any personal care tasks. Where people were able to make their own decisions, staff respected their right to do so.

People and relatives told us staff treated them with dignity, kindness and respect. People's privacy was maintained and people felt comfortable when staff supported them with personal care.

The registered manager and provider sought feedback from people by annual surveys and at face to face review meetings or when care was given. The provider recognised what improvements they needed to make to ensure people received the information they wanted to, for example receiving a copy of a rota in advance of their care being provided.

People were supported to attend appointments with health professionals when needed and the care and support provided was in line with what was recommended.

People and relatives felt able to raise concerns with the registered manager and were confident they would be listened to and responded to in a timely way. There were systems to monitor the quality of the service provided, however they did not always record what actions had been taken and whether improvements were taken and sustained.

The registered manager had not submitted statutory notifications to us in accordance with their legal responsibility to do so. They gave us assurances in future, they would send us relevant statutory notifications for incidents or important events.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People's needs were assessed and risks to their safety were identified and managed effectively by staff who knew people well. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a staff team who completed care calls within agreed times.

Is the service effective?

Good ●

The service was effective.

People were able to make their own decisions or with support from family members. Staff respected people's decisions and wishes. Where people lacked ability to make their own decisions, staff knew how to manage this and supported people with decision-making appropriate to each person. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals to assist them in maintaining their overall health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who treated them with kindness, compassion and respect. Staff were patient and supported people at a pace they preferred. Staff had good knowledge about people's likes, dislikes and personal preferences and supported to remain as independent as possible. People told us staff who visited them in their homes, were respectful of them and their environment.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was focussed on their individual needs and was planned, with their involvement. People's care and support plans were reviewed to ensure they continued to meet people's needs and staff knew people well enough to support them. People knew how to raise complaints although people and relatives told us the care provided was to the standard they expected.

Is the service well-led?

The service was not always well led.

The provider had systems to monitor the quality of service. However improvement actions were not always taken or recorded to demonstrate the service had improved. The provider had not notified us of important events and safeguarding incidents which was their legal responsibility to do so. The management team provided staff with a positive and supportive culture, to help ensure people received good care and had plans to improve the quality of service people received.

Requires Improvement 

Pulse8+ Ltd

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.

The inspection took place on 4 April 2017 and was announced. We told the provider 48 hours in advance so we could be sure the registered manager was available to see us. The office inspection visit was completed by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked 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 when conducting our inspection. The information provided was limited, but demonstrated those areas where improvements were required had been identified by the provider.

During our office visit we spoke with a director who we refer to in the report as the provider. We spoke with the registered manager, a training manager and a care coordinator. All of these staff provided care to people if required. Following our office visit, we spoke with two people who received care and three relatives of people receiving care to get their experience of the service provided. We spoke with two further care staff who supported people.

We looked at a range of records about people's care including three care files. We looked at other records relating to people's care such as medicine records and risk assessments. This was to assess whether the care people needed was being provided in line with people's wishes. We reviewed the quality assurance

systems and looked at examples of completed audits and checks. We also looked at personnel files for two members of employed staff to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their personal and professional development.

Is the service safe?

Our findings

People and relatives felt safe when staff visited them in their own home to provide their care and support. People told us they felt comfortable during their care calls and people told us they had built up positive relationships with staff, which made them feel safe. People said staff were friendly and because they usually received support from a consistent staff team, they did not feel vulnerable in their company. One person said, "Not a concern - nice when you see familiar faces. I know they look after me." People said care staff usually let themselves in using key safe codes, but always knocked and announced their arrival before they entered the premises. People said staff left their premises safe and secured.

The registered manager protected people from the risk of harm and abuse by making sure staff understood their responsibility to keep people safe. Care staff completed training in safeguarding adults and understood the different kinds of abuse, what to look for and how to report it. Staff had no hesitation in reporting poor or abusive practice. One staff member said, "I have not seen anything (of concern), nothing at all." They told us if they did, they would, "Report it to the office and I would phone you guys (CQC)." The registered manager understood their responsibilities when dealing with safeguarding concerns. They told us about two safeguarding referrals which had been notified to the local authority, but not to us. We were satisfied the local authority were informed and people were protected. The registered manager investigated both incidents although was unclear what to report to us. We explained their legal responsibility to report such incidents and they agreed to report these matters to us in future without delay.

The provider had safe recruitment processes. We checked staff recruitment files. The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained employment references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. These checks ensured the provider could be confident staff were of suitable character to support people. Regular monitoring such as unannounced 'spot checks' and seeking feedback from people who used the service, helped ensure people continued to receive safe care and treatment.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs prior to receiving care. Staff knew about risks associated with the people they visited and how to minimise risks. For example, where people needed assistance of two care staff, there was information for staff about how to support people safely when using specialist moving equipment such as ceiling track hoists or stand aids. Staff told us they had completed moving and handling training so they were confident they could move people safely. We spoke with one person who required assistance when moving and they told us they felt safe and not at risk when being mobilised. They said, "There is always two staff to help."

People said there were enough staff to look after them and staff arrived when needed and stayed for the allocated time. However, people shared some concerns that they did not have advanced rotas informing them of the timings of their care calls, or who was providing their care. One relative told us, "[Person] gets

the same carers in the weeks. Weekends, never sure who is coming. We would like to know. We used to have a rota, not now." We told the director about people's concerns and they agreed they would make improvements to their systems so people would have advanced notice of who was providing their care.

The care co-ordinator was responsible for allocating care calls. They said there was sufficient available staff to cover the care calls people required, at the times they preferred but calls were only planned one day in advance. This meant people could not have advanced notice of staff assisting them with their care calls or their call times because it was not planned in advance. They told us the system they used was flexible enough to allow for people to increase or decrease their care calls without it impacting on other people's call times. People said whenever they wanted to rearrange their calls, this was done.

Staff told us they were not usually asked to cover additional calls unless there was an unplanned absence, for example if a staff member was unwell or on annual leave. In these cases, the care co-ordinator, the provider or the registered manager covered the calls if no other care staff were available. We checked examples of call rotas which allocated staff at regular times and showed people received support from a relatively consistent staff team.

Most people we spoke with administered their own medicines or with support from family members. Some people needed staff support and where support was received, people said they received their medicines when required. Staff told us they had received training to administer medicines and the training manager said they completed competency assessments during observed practice, to ensure they continued to administer medicines safely. Staff recorded when people's medicines had been given and signed a medicine administration record (MAR) to confirm this. Completed MARs were returned to the office regularly for auditing. These were checked by the registered manager and on the recent audits we sampled, issues such as missing signatures and unexplained gaps were identified and staff spoken with. If concerns were found, the registered manager said the staff member would receive support and additional training to ensure best safe practice was followed.

Is the service effective?

Our findings

People told us staff knew about them, their needs and how to support them in line with their wishes. People and relatives were pleased with the standard of care. One person said of the care staff, "They are very good." A relative said they were pleased with the service, saying, "Absolutely brilliant."

The registered manager and the provider said it was important for all staff to receive comprehensive training in order to ensure their knowledge and skills remained effective. Staff told us and records confirmed they had received essential training before they worked without direct supervision. This training was in line with the National Care Certificate which sets out common induction standards for social care staff. Established staff had been provided with refresher training in key subjects such as safe handling of medicines, food safety and catheter care.

Staff we spoke with told us the provider's induction and on-going training prepared them for when they worked on their own supporting people, and equipped them to carry out their roles with confidence. One experienced care staff member told us how they had received training from a district nurse in how to provide a person's food via a tube directly into their stomach. Staff were positive about the training and support they received and said it equipped them with the skills and knowledge to support those they cared for.

Staff confirmed they had one to one meetings with senior staff where they discussed personal development and training needs. The registered manager and staff told us unannounced 'observation checks' on their practice took place to check if they put their training into practice. The registered manager and provider told us this was important because it gave them confidence people received care from trained and effective staff. They said if concerns in staff practice were found, they would provide additional support to encourage improvement.

People and relatives said staff understood their individual needs. We were given positive examples of how staff knew how to assist people with their individual and specific physical and health care needs. One person described how staff supported them with their physical health needs to follow their individual night routine to ensure they had a restful night and slept well.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the registered manager and staff were working within the principles of the Mental Capacity Act 2005 and they supported people to make important decisions for themselves. This involved consultation with people and family members.

Consent to care was sought by staff. People told us staff asked for their permission before they assisted them or offered them support. Staff told us it was an important part of their role to seek people's consent, and to provide care and support in line with their wishes. Staff told us about one person who lacked

capacity to make their own decisions and who had limited ability to communicate. Staff recognised the importance of engaging with this person and continuing to offer choice. Staff told us even though this person could not vocalise their choices, "We read body language, we ask, we read [persons] eyes. We can tell what [person] wants and what is yes or no." Staff worked closely with the person's family to ensure the care provided was in line with the person's wishes.

Most people were able to prepare their own meals and drinks, or had a family member to assist them. One relative told us, "[Person] does his own meals but we do his shopping. He makes his meals and drinks throughout the day." Staff understood how people required their food to be prepared and told us they had time to assist people to eat and drink at each meal time without having to rush. Family members usually arranged meals although staff could help out if required.

Where needed, staff supported people to make healthcare appointments or attend their healthcare appointments if required. The registered manager said they or staff made healthcare appointments for people, with their consent. Staff said they followed health care professional's advice to ensure people continued to receive effective care and support.

Is the service caring?

Our findings

People and their relatives commented positively about the staff who worked for the service. One relative told us, "Staff are happy, I have recommended them because they are cheerful and nothing is too big to do. Very good." Other people and relatives said staff were kind, happy and considerate when caring for people.

One relative told us about their experiences of care staff looking after their relative. They told us their relative spent most of their time in bed and did not see many people. They told us staff genuinely cared about their relative and explained, "They really make an effort. One guy (staff) is really good. He talks to her and spends time with her." This relative said staff knew their relation well because, "They can tell if she doesn't want much and they are quite sensitive to what she does want." This relative said staff were gentle when providing care, especially when applying creams to red areas that could be tender to touch. This relative said, "They don't force, but go very gently."

Another relative described how staff were caring of their relative and were pleased with the support provided. This relative said, "Staff go beyond just caring. One girl (staff member) sits and natters." We asked what things staff did that demonstrated their caring nature. This relative told us about one staff member who had cooked their family member one of their favourite meals in their own time. This relative said the care staff member, "Dropped a curry off she made and she put a note with it, hoping they enjoyed it. He really enjoyed it." They went on to say, "It's great they look after someone much older like that. She even brought him a cupcake with a note."

Staff spoke about people and the support they provided in an appropriate, respectful and caring way. One staff member told us how they enjoyed encouraging people's independence and had personal satisfaction when they had 'made a difference'. It was evident staff knew how to speak with people respectfully and reassuringly in situations where the person may be feeling vulnerable. Relatives said staff sought consent, explained what they were doing and why, and were soft and gentle in their voice and actions when supporting their family members.

Conversations with staff showed good awareness of the person they cared for, their life history and important relationships. Staff said this was important for providing appropriate care to people, especially those with limited memory or a cognitive impairment.

Records indicated people were encouraged to be independent where possible and people we spoke with said staff asked them to do as much for themselves as possible. Care records explained what staff needed to do and what people could do independently. For example, whether staff needed to provide full support, offer encouragement or prompt the person to complete the task themselves, such as with medicines.

A relative told us the provider respected people's wishes. For example they told us their family member usually had the same care staff which put their relation at ease when personal care was provided. This relative said, "He has his favourites." We asked whether they were given a choice of gender of care staff. People and relatives told us they were and their choice was respected.

Everyone spoke positively about staff who supported them with personal care and everyone said they did not feel uncomfortable. They said staff were caring, respectful and supported them in a dignified way.

Is the service responsive?

Our findings

People said the service they received was flexible enough to suit their individual needs and worked around people's changing routines or appointments. People said whenever they needed to rearrange their care calls, there were no issues.

We looked at the call schedules for people whose care plans we looked at and the rotas for staff who visited them. The records showed most people were allocated regular staff where possible. The care co-ordinator monitored the call log system throughout the day and could see which calls had been made and what calls were still outstanding within specific time zones. They said the system flagged up late or missed calls and it was their job to keep people informed about their calls. People said their calls were usually on time and on occasions when late, staff let them know.

One relative supported this and explained, "Staff turn up when they are supposed to, once or twice late. If late, it's only 30 minutes. They let me know if anything changes,"

Staff said they supported the same people regularly, knew people's likes and preferences and were allocated sufficient time to carry out their calls without having to rush. Call schedules were grouped into geographical areas to limit mileage between calls. Staff said they had enough time to travel between calls so calls usually commenced at people's preferred times.

People had an initial assessment completed by the registered manager or provider before they received care. The information gathered from the assessment was transferred into their care plan which staff followed to ensure the person's needs were met. People told us they were involved in their care decisions and said if they needed any changes, these were made, such as cancelling or rearranging care calls or adding extra tasks. People and relatives said reviews of their care package had taken place and their views and feedback were listened to and included.

We looked at three care plan records. Records were individualised and contained information and clear guidance about all aspects of the person's health and personal care needs, which helped staff to meet those needs. Records explained clearly about what people could do for themselves and where they needed support. Speaking with staff, they had a good understanding of people's individual needs and how to best support them.

Staff said there was information in care plans to inform them what to do on each call. If people's needs changed they referred the changes to the registered manager so plans could be updated. Care staff told us communicating changes was done by speaking with the office staff or other care staff. Staff said they read the daily logs before they supported people to get a picture of how the person had been feeling over the last couple of days. A relative supported this and told us staff read the logs and completed their own written log at each visit.

The registered manager and provider told us they completed care calls to make sure assessments and care plans continued to be reflective of people's needs. The provider said they took this opportunity to ask

people directly if the service continued to meet their needs. The registered manager said information was in people's home that explained how to make a complaint and expected timescales. There had been two complaints which had been investigated and resolved in accordance with the provider's complaints policy. People and relatives we spoke with were pleased with the service and had not raised complaints with the provider. Those people, who shared their concerns about not knowing who was providing their care and their specific call times, had not directly voiced these to the provider. The provider had identified this issue from feedback surveys and was considering improving their systems to deliver the information people wanted.

Is the service well-led?

Our findings

Prior to our inspection visit, the registered manager submitted a Provider Information Return (PIR). The PIR asked the provider to give some key information about the service, in particular how many statutory notifications had been submitted for important or serious events. Their PIR showed the provider had not submitted any statutory notifications. During our conversations with the registered manager, we identified there had been two safeguarding incidents in the last six months which we had not been told about. The registered manager explained the actions and investigations they had made after notifying the relevant authority, so we were assured people were protected. However, we should have received statutory notifications for these incidents.

This led us to have a discussion with the registered manager about what statutory notifications they were required to submit to us. For example, we asked if there had been any expected or unexpected deaths when care staff had been present with people they cared for. As the provider supported people with end of life care, it was not unusual that care staff would be present. The registered manager confirmed there would be in excess of 20 occasions when care staff were present when people died. We had not been notified of these. Failures to notify us of expected or unexpected deaths and safeguarding incidents had prevented us from monitoring the service effectively.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People we spoke with were complimentary about the care staff who provided their care and support. However, everyone we spoke with shared concerns that they did not always know who was going to provide their care. Comments made to us were, "She gets the same carers in the weeks. Weekends, never sure who is coming. We would like to know...we used to have a rota, not now" and "I'm hoping to get into a routine. I don't expect the same but want to know who is coming." We asked if people had spoken with the provider or registered manager. Not everyone had voiced their concerns and some were concerned in raising this issue. One relative said management was not proactive enough in sharing important information. This relative said, "Carers let us know, rather than management. This could be improved. Management haven't said this, it has been up to me (to follow up)."

We discussed people's feedback about a lack of known care staff and timings with the director who told us this was one area they had identified required improvement. The director told us they were now involved with the day to day operation of the service and were looking at ways to improve the delivery of care and service people received. The director said they would prioritise this issue and seek to reduce people's fears and anxieties.

We looked at systems to show learning and improvements were taken through a programme of regular checks and audits. The registered manager told us audits were completed, however the system did not always record what was checked, whether improvements were required and what action was taken to improve the service. A lack of records made it difficult for us to be confident their system was effective. For

example, we spoke with people and relatives who shared their concerns about who was visiting them, however the provider's own checks had not identified this issue and they were unaware of the extent of people's frustrations.

We did see some effective monitoring such as medicines audits, supervisions, observed practice, training scheduling, call monitoring and records being returned regularly so any issues could be addressed. Some of these checks did not always record actions, but the registered manager was confident any actions required had been completed without delay.

Staff were happy in their roles and were positive in their comments about the management and the office staff. Staff felt supported and said the management team were always available, supportive and listened to their concerns. One staff member said the provider had supported them with a personal issue which the staff member was proud to share with us as it made a positive difference to them. Staff said if they needed any professional development this was supported and staff told us they worked well as a team.

The office kept copies of letters, compliments and 'thank you' cards from people and families who had praised the staff team, care staff and provider for looking after their loved ones. It was clear from these written words, people and families were pleased with the care provided. Feedback surveys were sent to people and results showed people were satisfied with the quality of care provided by the care staff.

The provider was confident they had the right staff team in place and was looking at solutions to recruit more suitable staff, as well as looking at ways to retain the current staff team. The provider was proud of their team and was confident they had the appropriate skills to deliver a good service. The provider, registered manager and other office staff provided care to people when required and took this an opportunity to speak with people to seek feedback and during double up calls, to observe staff practice. The provider told us they were committed to improvements and gave us assurances the audit systems, call rotas and addressing people's concerns would be addressed without delay.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered persons failed to notify the Commission without delay of important or serious incidents which was their legal responsibility to do so. Regulation 18(1)(5)(b)(i)(ii)(iii)(iv)</p>