

Pulse Healthcare Limited

Pulse@Home

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

About the service

Pulse@Home is a domiciliary care agency providing personal and nursing care to children and adults living in their own homes. The service specialises in providing care to people with complex physical and healthcare needs. At the time of our inspection the service was supporting 80 children and adults, all of whom received personal care.

People's experience of using this service and what we found

The care and support provided to people were person centred. People's care plans and risk assessments included information about their preferred care and support needs and preferences. Guidance for staff on ensuring that people were supported safely and in accordance with their wishes was included in people's care records.

Staff had received training about safeguarding and knew how to respond to and report any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not assigned work until satisfactory references and criminal records disclosures had been received.

New staff received an induction to the service before starting work. All staff received regular training to ensure that they were able to meet the needs of the people they supported. Staff had not always received in regular supervision sessions from their manager to support them in carrying out their roles. The service had identified this failure and had taken action to ensure that regular supervision was provided to staff.

People and their family were involved in decisions about their care. People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans. People had been matched with staff who were knowledgeable about their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were regularly asked about their views of the care and support that they received. Processes were in place to manage and respond to complaints and concerns. People and family members were aware of the service's complaints procedure and knew how to make a complaint if they needed to.

The provider undertook a range of audits to check on the quality of care provided. Actions had been taken to address any concerns.

People, family members and staff confirmed they were satisfied with recent changes to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 14 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are contained in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are contained in our effective findings below.

Good ●

Is the service caring?

The service was caring,
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive,
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led,
Details are in our well-led findings below.,

Good ●

Pulse@Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not currently have a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and they had applied for registration with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 December 2019 and ended on 7 January 2020. We visited the office location on 12 and 13 December 2019.

During the inspection

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with senior staff including the manager, quality manager, a clinical nurse manager, national

clinical lead, the business manager, chief executive and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with one person, 10 family members and five other staff members including three nurses and two care workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with one professional who commissioned care and support for people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as the provider had appropriate systems in place.
- Staff had received training in safeguarding adults. They understood potential risks to people and knew that they should report any concerns immediately.
- The manager understood their responsibilities in reporting all safeguarding concerns to the local authority and CQC. Safeguarding concerns had been immediately reported to the appropriate local authority safeguarding team. The service had worked in partnership with safeguarding teams to ensure that safeguarding concerns were addressed.
- The safeguarding records we viewed included detailed information about investigations and outcomes in relation to any concerns.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as healthcare support, eating and drinking, infection control, physical, behavioural and environmental risks.
- People's risk assessments included detailed guidance for staff on how to manage and reduce identified risks. Where professional guidance had been provided, for example, by a speech and language therapist or dietitian, these were linked to the guidance provided in people's risk assessments and care plans.
- The majority of people using the service required intensive nursing support, for example, where they used a ventilator to assist them with breathing or where a gastrostomy feeding device was used to administer nutrition, fluids and medicines. Gastrostomy devices are used to deliver nutrition through a tube where a person has a significant swallowing need or choking risk. Detailed risk assessments had been developed for people requiring such support.
- People's risk assessments had been regularly reviewed and updated when there were any changes in their needs.

Staffing and recruitment

- The provider's recruitment procedures ensured that new staff were suitable for the work they were undertaking. Checks of criminal records and references had been carried out before staff started work. All nurses working at the service had provided evidence of current registration with the Nursing and Midwifery Council.
- The service's rotas showed that people received support from regular staff. This was confirmed by people and family members we spoke with.
- The service monitored care visit times on a regular basis. The monitoring records showed that late or missed calls were rare. Any concerns about late or missed calls were immediately followed up with staff.

- People and family members told us that staff were reliable and rarely late. Two family members told us that there had been problems in the past where staff had not turned up for a shift but this had now been addressed by the service. One said, "We are happy now with the staff. Once in a while when one is running late they let us know and the staff they are relieving will stay until they arrive."

Using medicines safely

- Staff supported people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records (MARs). The service monitored peoples' MAR charts regularly to ensure that they were correctly completed by staff. Where family members supported people with their medicines, this was detailed in their care plans.
- Information about the medicines that people were prescribed was included in their care record. These were updated when there were any changes to their prescribed medicines.
- Staff received medicines administration training. This included training on administering medicines via a gastrostomy feeding system where this was required. Assessments of their competency in supporting people to take their medicines had taken place on a regular basis.
- People requiring specialist medicines support, such as medicines delivered through a gastrostomy tube were supported by suitably trained and registered nurses.

Preventing and controlling infection

- People's risk assessments included detailed information about managing the risk of infection.
- Guidance on identifying potential infection and responding to this was included in people's care records. For example, there was detailed information about identifying the risk and signs of sepsis and how to respond immediately.
- Staff had received training in infection control. Staff we spoke with demonstrated that they understood the importance of minimising the risk of infection to people.
- Staff said that they were provided with protective clothing such as disposable aprons and gloves. People and family members confirmed that staff used these when providing personal care.

Learning lessons when things go wrong

- Systems were in place to monitor and review accidents and incident reports to ensure that people were safe. Staff had reported and recorded accidents and incidents in a timely manner.
- People's risk assessments and care plans had been updated if there were any concerns arising from an accident or incident.
- The service had responded to incidents where agency nurses had failed to provide correct support by working to reduce their use of agency staff. There had been no recent incidents of staff falling asleep when providing night time observations following the provision of support and guidance for staff on techniques for ensuring they remained awake and alert.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed assessments of people's needs had been carried out before they started to receive care and support from the service. This enabled the provider to ensure that they could meet people's needs.
- People's assessments included information about their individual health and care needs, their personal preferences and religious and cultural requirements.
- People and family members told us that they had been involved in agreeing their needs assessments had contributed to these. People or their family members where appropriate had signed their care records to show that they agreed with these.

Staff support: induction, training, skills and experience

- Some staff had not received regular supervision sessions where they could discuss issues in relation to their work and personal development. The provider had identified that this was a concern during a recent monitoring audit of staff records. The manager told us that actions had been put in place to ensure that staff supervisions took place on at least a quarterly basis. They said that, where staff were unable to meet 'face to face' with their supervisor, video or telephone meeting were planned.
- Staff told us that if they had any concerns or questions they knew who to contact and received the support they required.

We recommend the provider continues to develop a system to ensure that regular formal staff supervision takes place and that progress on this is regularly monitored.

- New staff received an induction to the service to help them carry out their roles. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services. Staff told us they found their induction training to be detailed and helpful.
- Regular 'refresher' training was provided to all staff to ensure they remained competent and up to date in their roles. Staff spoke positively about the training they received. A staff member said, "We get training on a regular basis. This helps to remind me about what I need to do to ensure I provide good care to people."
- Staff had received training in meeting people's specific healthcare and support needs. For example, training on tracheostomy care and gastrostomy feeding had taken place and this was updated regularly when people's needs changed.
- The service had a system for monitoring when training for staff was due. This showed that training sessions had been arranged for, and attended by, staff members. The provider had a policy whereby staff were not allowed to work if they had not completed required 'refresher' training by the due date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to eat and drink if they needed help.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments. This included cultural preferences where required,
- Where people had specific eating and drinking difficulties guidance had been provided for staff. For example, the plans included detailed person-centred guidance for staff supporting people to receive nutrition and hydration through gastrostomy feeding systems.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health and social care professionals involved with their support. Staff had developed links with these professionals to ensure that support was provided when required.
- People's care records showed that staff had liaised with other health and social care professionals to ensure that people's needs were met.
- Staff followed professional advice and guidance to ensure that people's needs were met. Guidance from, for example, speech and language therapists, dietitians and other health care professionals was included in people's care plans and risk assessments.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with GPs and received support from community healthcare professionals when required.
- Staff had contacted people's GPs where they had concerns about their wellbeing. Staff supported people to attend GP and hospital appointments where required. Where family members took the lead in managing people's health needs this was recorded in their care records.
- People's care plans included guidance on supporting active lifestyles. For example, staff supported a person to go to a gym and participate in other exercise activities.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. People's care assessments included information about their ability to make decisions. Their care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training about the MCA and understood the importance of this. Staff told us that they would immediately report if they had concerns about a person's ability to understand.
- People were involved in making decisions about their care and support. Family members and other professionals had also been involved in supporting people to make decisions when required.
- Children being supported by the service were not subject to the requirements of the MCA. The service followed guidance in relation to the Children's Act 2004 in relation to ensuring their needs were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. The care and support they received was designed to ensure their individual needs were met.
- People and family members spoke positively about the care and support they received from staff. Comments included, "The staff we have now are really good with [relative]," and, "[Staff] are absolutely lovely. They play with [relative] and know how they like things."
- Staff understood their roles in ensuring people received caring and compassionate support. A staff member said, "I am working in someone's home and it is important that I recognise that their needs aren't just about healthcare."
- Staff received training in equality and diversity and person-centred approaches to help them to understand the importance of supporting people's unique individual needs.
- Information about people's cultural, religious, relationship and other needs and preferences were gathered by staff during their care assessments. Guidance on meeting these needs was included in people's care plans.
- The manager told us that, wherever possible, staff were matched to people on the basis of their specific cultural needs and interests. There was also a detailed skill matching process for nursing staff based on their knowledge and experience of people's specific healthcare support needs.

Supporting people to express their views and be involved in making decisions about their care

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and their family members were involved in decision making. Family members told us, "Staff are good with [relative]. They seem to understand when they are not happy and know how to respond to this," and, "The staff we have respect our roles as parents. We always know what they are doing for [relative] and they make sure we are involved immediately if there is a problem."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People and family members told us that staff supported people's privacy and dignity at all times. A person told us, "The staff I have are very respectful of my wishes." A family member said, "I can't fault our staff on how they always make sure [relative] is comfortable and treated well."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves.

- People's care plans included guidance for staff on how to support people to do things for themselves as much as they were able to. For example, where people were supported to participate in community-based activities, information on ensuring they had control over these was recorded in their plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff on how they should support people to ensure that their needs and preferences were met.
- Information about people's cultural and religious needs were included in their care plans. Guidance was included for staff on meeting these where required.
- People's care plans were reviewed regularly and updated immediately when there was any change in their needs.
- People and family members told us that they had been actively involved in reviews of the care and support provided by the service.
- Staff were aware of people's backgrounds and interests. A staff member said, "We work closely with the children and their parents so we can get to know what they like and how they want us to do things." Another staff member said, "My client's needs are changing all the time and we work with them and the family to make sure our care changes too."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a policy on the AIS and understood the importance of ensuring that people received information that addressed their communication needs.
- Some information was provided to people in an easy to read format. This included, for example, the complaints procedure and the service user guide.
- The manager told us that no-one currently using the service required their care plans or other information in another language or format. They said that the service would seek to provide information in other formats such as large print, audio or language translations if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people received support to maintain their participation in social and community-based activities. Where this was the case, their care plans included guidance for staff on ensuring these activities were actively supported.
- The records of care for people receiving support to remain active in the community or at home included information about the activities they participated in. A person told us, "[Staff] is very good when we go out."

They help me in the way I want."

- Care plans for children receiving 24-hour care described their preferred activities and referred to staff using these to engage them. The daily care records described the physical and healthcare support that children received. However, staff had not always recorded other activities such as play and engagement in interests.
- The manager told us they would work with staff to ensure that they understood the importance of recording all care and support activities that they engaged in with children using the service.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service.
- The service had a system for regular monitoring of complaints. We looked at the complaints log and saw that complaints were fully recorded. Immediate action had been taken to ensure that complaints were resolved.
- People and family members told us they knew how to make a complaint. One family member said, "We have complained in the past and they sorted things out for us quite quickly."

End of life care and support

- Although no one was receiving end of life care at the time of our inspection, the service supported a number of people with life-limiting conditions.
- Staff had received training in supporting people at the end of life. Where required, staff had liaised with local palliative care teams and other health professionals to ensure that people received suitable care and support.
- Guidance about meeting people's end of life needs was included in their care plans where they were receiving support.
- People's care records also included information about their end of life wishes where they or their families had chosen to share this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The manager reported notifiable incidents to CQC and commissioning local authorities.
- People and family members told us that they had been involved in planning their care and support and had been regularly asked for their views about the service.
- People and family members told us that the service provided them with information on a regular basis. A family member said, "They are good at giving us information. When there was a problem with a staff member we knew what they were doing to make sure another worker was going to come."
- People and family members told us that the management of the service had improved. A family member said, "It wasn't always that good but they seem to have got their act together. We don't have problems with staff now."
- Staff members told us the service was well-managed. One said, "If I have a problem there is always someone I can speak to for help and guidance." However, two staff members told us they hadn't received a formal supervision service for some time. A staff member said, "We should get supervisions but I haven't had one for at least a year. They seem to have sorted this out now and I have an appointment to meet with my line manager next month."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service. They were supported by a team of senior workers who understood people's needs.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out and immediate action was taken to address any concerns arising from these.
- Staff were familiar with the aims and objectives of the service, which promoted personalised support, dignity, privacy and independence. They were clear about their roles in supporting those goals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to complete feedback surveys about their views of the service. The most

recent survey indicated people were happy with the quality of care but had raised concerns about the responses they had received from central office staff. The provider had developed a learning framework for central staff. This included training along with monitoring of calls and other contact with people using the service.

- Telephone monitoring of people's views had also taken place. Actions had been taken to address any concerns arising from such monitoring. For example, a staff change had been made for a person.
- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance. The provider had recently introduced systems to enable staff to use video and teleconferencing to enable staff to participate in meetings where they were unable to attend.
- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's support plans with guidance provided for staff to enable them to meet these needs. For example, people's disabilities, health and personal support needs were fully recorded in their support records.

Continuous learning and improving care

- The provider used information gathered from quality assurances processes to make improvements. For example, feedback from people had shown they were not always satisfied with the support they received when contacting central office staff. The provider had developed a 'World Class Service Framework' designed to ensure all central team members completed a competency framework. This included a requirement for staff to demonstrate competency in customer care.
- The business manager told us that, in addition to completing learning sessions, central staff behaviours would be observed and monitored to ensure their behaviours met the requirements of the framework,
- The provider had improved their quality monitoring systems to ensure that they fully addressed the needs of people using the service. Recent quality monitoring had identified a failure to provide regular supervision to staff. A programme of regular staff supervision had commenced. The manager demonstrated that this had commenced. Video and teleconferencing systems had been introduced to ensure staff who were unable to physically attend a meeting were enabled to engage in supervision and other meetings.
- Staff had been informed about changes to people's care plans as soon as these had had taken place. The staff members we spoke with confirmed that they were updated about changes in people's care plans and risk assessments immediately.

Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were fully met.
- Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. This was reflected in people's care records.
- Family members told us they had been engaged as partners in their relative's care and support.