

M N Pulse Solutions Ltd

# M N Pulse Solutions

## Inspection report

9 Verona Road  
Bromsgrove  
B60 2SS

Tel: 07878863114

Date of publication:  
22 September 2022

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

M N Pulse Solutions (also known as M N Pulse Solutions Limited) is a domiciliary care agency which is registered to provide personal care and support to younger and older people aged 18-65 years, people with mental health support needs and people with a learning disability or on the autistic spectrum. Care and support is provided in people's own homes. At the time of our performance review and assessment the service was supporting ten people who were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Some people and their relatives were satisfied with the care and support they received and shared positive feedback about staff. However, others felt some improvements were needed in the service they received, and that staff required more training.

We found some improvements were needed. Systems and processes for care call monitoring was not effective and a few people had experienced missed and late calls. Immediate action was taken by the registered manager to make this improvement.

Quality checks, such as audits and spot checks on staff, were undertaken but were not always effective in identifying where improvements were needed. For example, within staff employment records.

Some pre-employment checks were undertaken on staff to ensure they were suitable. Some people and relatives felt staff's induction and training staff had completed did not give them all the skills or knowledge they needed for their role.

Staff were described as having a kind and caring approach and promoted people's independence.

People had individual plans of care and these gave staff information about people. This included how to keep people safe and reduce risks of harm and injury. Some assessments needed additional detail to ensure staff could refer to actions to follow to minimise risks of harm. People received their medicines in a safe way. People and their relatives felt safe with staff in their homes and protected from the risks of abuse.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support: Model of care and setting maximises people's choice, control and independence

- 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.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights.

- Right culture: Ethos, value, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 06 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform us when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# M N Pulse Solutions

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our performance review and assessment there was a registered manager in post.

#### Notice of inspection

This performance review and assessment was announced.

We gave the service a short period notice. This was because we needed to be sure that the registered manager would be available to support the performance review and assessment.

We gave a short period notice of our performance review and assessment on 22 August 2022. We held a video meeting with the registered manager on 23 August 2022. We had a feedback video meeting with the registered manager on 30 August 2022.

Performance review and assessment activity started on 22 August 2022 and ended on 30 August 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

During this time, we spoke with the registered manager – who is the director of the business and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In this report, we refer to this person as the registered manager. We spoke with five people and relatives to gain their feedback about the service. We spoke with three staff members and received email feedback from four staff.

We reviewed a range of records. This included four care plans and one medication administering information, four sets of risk and health management records and daily notes. We reviewed two staff employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people were not consistently safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Relatives felt some staff knew people well and how to support loved ones safely. For example, we received positive feedback when the registered manager undertook care calls. Some care staff were praised by relatives. However, this feedback was not consistent for all staff. Some people and relatives felt improvement was needed in staff's training and skills. We discussed this with the registered manager who told us they would ensure staff training met the needs of the role.
- Individual risks had been assessed and electronic risk management plans were available for staff to refer to. Whilst risk assessments did not always give a rationale for the level of risk or detailed actions for staff to follow to minimise identified risks, further information was available to staff in the person's care plan. We discussed the layout of information with the registered manager and ease of access to important information. They assured us they would add detail to risk management plans.
- People had experienced missed and late care calls. However, we had no evidence people had come to any harm as a result of the missed care calls as people had relatives available to support them. We discussed the risks of potential neglect of support and care needs when people experienced missed calls with the registered manager. They took immediate action and implemented an electronic care call monitoring system that was implemented by the time we completed our performance review and assessment. The registered manager told us, "I am pleased I have now contacted our IT company and had an 'app' activated as this will really help monitor care calls and alert me of any issues."

### Staffing and recruitment

- Improvements were needed to ensure staff were consistently recruited in a safe way. We reviewed two staff employment records and whilst both had a DBS (Disclosure and Barring Services) and identity checks had been completed, we found gaps in other important information. One staff file had gaps in employment and education history, and these gaps had not been explored by the registered manager at interview stage.
- Improvements were needed in obtaining references. For example, references had not been sought for one staff member from their most recent employer or place of education. The registered manager assured us these would be sought and added to the employment records.
- There were sufficient staff employment to meet the needs of the service.

### Using medicines safely

- Where people had their prescribed medicines administered to them by staff, this was done in line with safe practices. Medication administration records (MAR) were kept and signed by staff when medicine was given to people.
- Where people managed their own medicines or were supported by relatives, improvement was needed to include information about their medicines within their care plan. Staff did not currently have information

available to them about a person's medication to refer to in the event of an emergency. The registered manager assured us this information would be added.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe and protected from the risks of abuse when staff were in their home.
- The provider had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. One staff member told us, "I would report any concerns to my manager."
- The registered manager told us they understood their responsibilities to notify external agencies including the local authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse. The registered manager told us there had been no safeguarding concerns to report.

#### Preventing and controlling infection

- People and relatives were satisfied with the level of cleanliness of staff. One person told us, "They always wear a face mask and have gloves and aprons."
- The registered manager had undertaken spot checks on staff's infection prevention and control. Where shortfalls in staff's adherence to the policy had been identified these had been addressed by the registered manager.
- There was an infection prevention and control policy available to staff to refer to. Adequate supplies of personal protective equipment (PPE) were available for staff use.

#### Learning lessons when things go wrong

- Processes were in place to record accidents and incidents. Whilst actions had been taken to minimise reoccurrence, improvement was needed to the records maintained such as to include dates and full detail about the incident and investigation.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people's outcomes were not always good, and people's feedback confirmed this, the information available to staff about people was not always effective.

Staff support: induction, training, skills and experience

- Improvement was needed to ensure staff consistently had the skills and knowledge they needed. People and relatives gave some positive feedback about some staff members, but this was not consistent for all staff. One person told us, "Staff are kind, but they are 'green' and not knowing what to do, they need more training." And a relative told us, "It's a good service with some staff, but not so good with others, they are not as good as they should be."
- Some improvement was needed in staff's communication with people and their relatives to ensure messages and information was clearly communicated. Due to some staff's accent, some people and relatives could not always understand what was being said to them.
- Staff completed an induction which included a shadowing shift with an experienced staff member. One staff member told us, "I did a five-hour induction training day, it was useful." Records showed us staff completed up to 20 different training topics at one time, which we discussed with the registered manager. They agreed this may be too much information to retain in one session and to spread this over time and to increase their knowledge and competency checks on staff.
- Staff new to care work had access to complete the care certificate. The care certificate is a recognised award in health and social care. Following our discussions with the registered manager about staff training, they told us that going forward all staff would be completing the care certificate to embed important skills and knowledge.
- Staff felt supported in their role. One staff member told us, "[Name] is a good manager."

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. We checked whether the service was working within the principles of

the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Improvement was needed to include mental capacity assessment information in people's care plans. Care records detailed when a person could make day to day decisions about their care and support. However, more detailed information was needed where a person's capacity may vary and posed a potential risk to themselves or others through their actions.
- People were supported in their own homes and they were not restricted by staff in how they lived their lives. Staff understood the importance of gaining consent before they carried out personal care.
- People's daily care notes recorded when consent for support with personal care had not been given. For example, a staff member had recorded no personal care was given because the person had chosen to stay to stay in bed feeling tired and personal care was offered later in the day.

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

- People were supported with meals and drinks when this was a part of their agreed care. Staff recorded what foods and drinks had been offered to people and the registered manager consistently encouraged staff to always leave a person with access to a drink.

Staff work with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access services. Care records demonstrated examples to us of when the registered manager had liaised with a person's social worker GP or mental health team.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives felt involved in their care and support. One relative told us, "We have just started with the company and so far, so good. The manager came to the house and was very kind and patient with my relation. The manager took her time in getting to know my relation's likes and dislikes and abilities."
- Staff had completed training in equality and diversity. Staff had information to refer to about people's likes and dislikes and used this knowledge to support people.
- One staff member told us they enjoyed their job, telling us, "I support older people and they need kindness and patience. I try to give this when helping them."
- The registered manager demonstrated a caring approach. They told us they wished to grow their care agency business slowly, so they could learn and provide a caring service. When we gave feedback to the registered manager, they took immediate action on this to make improvement.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt staff respected their privacy and dignity. One staff member told us, "Dignity is important for the older people."
- Where staff gender preferences had been expressed by people, these were met.
- People's independence was promoted. One relative told us, "Staff encourage my relation to be as independent as they can be." Staff spoken with gave us examples of how they gave choices to people in clothing they wore for the day.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were consistently met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were documented in their plans of care.
- At the time of this performance review and assessment all people in receipt of a service communicated verbally with staff. The registered manager told us that if, in the future, people had different communication needs these would be met.

### Improving care quality in response to complaints or concerns

- People and their relatives had the information they needed to raise concerns or complaints. Whilst seeking feedback from people and relatives, a few issues were raised with us which people described as 'minor issues' which they had not shared with the registered manager. We asked why they had not raised the issues and they described the minor issues as 'annoying, but not having much impact on them'. However, people agreed for us to share these with the registered manager.
- One issue included some late care calls. Immediate action was taken by the registered manager to implement an alert system to monitor staff's punctuality. One relative felt a personal care task was not always completed and immediate action was taken by the registered manager to address this.
- Where complaints had been received, actions had been taken to reduce risks of reoccurrence.
- Compliments had been received by the registered manager. Relatives had complimented care services received.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Initial assessments of people's care and support needs took place. One relative told us, "The manager carried out a very detailed assessment with my relative and myself. She showed patience and was kind to my relation and I felt she was very good."
- Initial assessments recorded people's preference for male or female staff.
- People and relatives were given the opportunity to share details such as protected characteristics under the Equality Act 2010.
- People had an individual electronic plan of care that staff could refer to. People had a paper overview copy in their homes.
- Collaborative working between the registered manager, relatives and people's social worker took place.

This included when packages of care were directly commissioned with the registered manager following a period of care being provided by the re-enablement team following a person's hospital discharge home.

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

- People's plans of care gave detailed information about their hobbies and interests. This was available for staff to refer to so as they may have meaningful conversations with people.
- Additional services were offered by the registered manager. These included shopping, housekeeping and companionship visits if people or their relatives wished to purchase these.

End of life care and support

- At the time of this performance review and assessment the registered manager told us no one was currently receiving end of life care. We have therefore not made a judgement about this aspect of the service.
- The registered manager told us this service would be offered if needed and plans put into place with people and their relatives with support from other community healthcare professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service was not consistently well managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- The registered manager did not have an effective care call monitoring system and people had experienced missed and late calls. The registered manager told us that their current system relied upon people or their relatives informing them of any problems. The registered manager explained they had an 'app' on their IT for electronic care call monitoring but had not had this activated by their IT provider.
- During our performance review and assessment, we explained our concerns about people who may live alone and may not be able to alert the registered manager about a missed or late call. The registered manager took immediate action to implement the electronic care call monitoring which would, going forward, create an alert to them if staff were late to a care call or there was a missed care call. The alert would enable action to be taken so people's care and support needs were not missed and give the registered manager oversight in the timeliness of care calls.
- Some improvement was needed to the quality checks that were in place. For example, checks on staff employment records had not identified the short falls we found in robust staff recruitment.
- Care plan audits had not always identified areas for improvement. For example, one care plan reviewed had contradictory information which in one section stated a person was at low risk of dehydration and in another section recorded they were at moderate risk of dehydration because they may not be able to access drinks for themselves. Staff always left a drink with the person, but the care plan directing staff was inconsistent.
- Some improvement was needed to the registered manager's spot checks on staff. Whilst spot checks had taken place, these had not always assessed staff's skills and competencies to ensure learning had taken place from the training given.
- The registered manager was passionate about providing good care and told us they would increase their spot checks on staff and make checks to ensure knowledge was embedded.
- Policies and procedures were in place and staff could access these at the agency's office.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities under the duty of candour. They were able to tell us when to send statutory notifications to us.

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

- The registered manager sent surveys to people and their relatives to gain their feedback. Whilst the one survey shared with us gave positive feedback there was no overall analysis or action plan.
- Equality characteristics were protected. People were given opportunities to share information which staff could refer to in care plans when needed.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other healthcare professionals involved in people's care. For example, when the registered manager had a concern about one person's wellbeing they had contacted their social worker.