

Pulse Healthcare Limited

Pulse - Liverpool

Inspection report

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Date of inspection visit: 18 & 21 August 2015
Date of publication: 12/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection carried out on the 18 and 21 August 2015.

Pulse Liverpool is registered to provide personal care to adults and children in their own homes. There were 12 people using the service at the time of this inspection. Each person was in receipt of a bespoke care package which involved a team of staff delivering care and support in people's homes and with the community. The service is

based in an office on the first floor of a building. The office is accessible via a passenger lift and accessible toilet facilities are available. This was the first inspection of the service since its initial registration.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005. Staff confirmed that they had received training in the Mental Capacity Act 2005. At the time of this inspection one person who used the service had had their liberty and choices restricted under the Mental Capacity Act 2005.

People told us they felt safe when they were receiving care and support from the staff employed by the service. Staff were aware of their responsibilities to report any safeguarding concerns they may have.

Recruitment procedures which were in place helped to ensure that suitable people were employed to deliver care and support to people.

Risks to people were identified, planned for and regularly reviewed, this helped to ensure that people received safe care, treatment and support. People told us that the service was caring and that staff were respectful when delivering care and support.

People were supported by staff who received specific training and support to meet their individual needs. In addition, the service employed a registered nurse to advise and support people and their staff team with safe clinical care practices.

Systems were in place to help ensure that people received their medicines safely.

Regular meetings took place between the people who used the service and staff to ensure that people's planned care and support was up to date and effective.

A complaints procedure was in place and people knew who to report their concerns to if they were unhappy.

The registered provider had quality assurances processes in place to monitor the quality and safety of the service that people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Policies and procedures were in place to help ensure that people were protected from abuse and so that care and support was delivered safely.

Systems were in place to help ensure that people's medicines were managed and administered safely.

Thorough recruitment procedures helped to ensure that suitable staff were employed to work at the service.

Good



Is the service effective?

The service was effective.

Staff received training and support relevant to their role.

People's needs were assessed prior to using the service to ensure that they could be met.

People's consent to care and treatment was considered by the service when planning individuals' care and support.

Good



Is the service caring?

The service was caring.

People felt that they received a caring service from the registered provider.

Care was planned and delivered in a caring and respectful manner.

Information about what people could expect from the service was readily available.

Good



Is the service responsive?

The service was responsive.

People's care was planned in a person centred way and was reviewed on a regular basis.

The registered provider contacted people twice a year to ask for their views on the service they received.

People had access to a complaints procedure.

Good



Is the service well-led?

The service was well-led.

Policies and procedures were in place to monitor the quality of the service people received.

People's medical and care plans were reviewed on a regular basis.

Systems were in place to ensure that staff received the training and support they required to deliver safe care.

Good



Pulse – Liverpool

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 18 & 21 August 2015. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

This inspection was carried out by an adult social care inspector.

Before the inspection we looked at all of the information that we had about the service. This included notifications we received from the registered provider. A notification is information about important events which the registered provider is required to send to us by law. In addition, prior to the inspection the registered manager had completed a

Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service and the relatives and representatives of two people. During our visits to the service we reviewed records in relation to people's care plans, recruitment and training records for three of the most recently employed staff. We observed a group of staff during a staff meeting, spoke individually with four staff, the clinical lead, the registered manager and the area manager for the service.

We contacted two healthcare professionals involved in commissioning services on behalf of people. They told us positive things about the service. Their comments included "No concerns about the quality of care provided, people are happy with the service they receive", "Provide a good service, produce a monthly report for the commissioners and always look at dealing with issues in a professional manner". Other comments included "Good communication and good to work with" and "A person centred service".

Is the service safe?

Our findings

People told us that they felt the service was safe. Comments included “We trust the staff”, “[X] feels safe with the staff”, “We’re content and happy with the service” and “Staff are fine, I feel safe”.

Policies and procedures in relation to safeguarding adults and children were available for staff to access at all times electronically. In addition to these documents, guidance for staff in relation to safeguarding people was also included in the staff handbook, a copy of which staff received when they commenced employment. Staff demonstrated a good awareness of safeguarding people. In addition, they were aware of the provider’s whistleblowing procedures and said that they would be comfortable in using them at anytime if required. The registered provider operated a system in which all staff had access to an email address that was managed by a director of the organisation. This enabled staff to contact the director directly with any concerns they may have had.

Identified risks had been assessed and action taken to minimise any risk from harm whenever possible. For example, we saw that risk assessments had been developed in relation to moving and handling. Specific information was available to staff to ensure that people were cared for safely and the registered manager and staff were knowledgeable about this people’s specific needs and lifestyle choices. An example of this was related to how a person was safely positioned in their bed. The person’s night time care plan contained photographs detailing where specific pieces of equipment were to be placed to ensure that they were comfortable and safe whilst they were in bed.

Policies and procedures were available to staff in relation to the safe handling and administration of medicines. Prior to administering medicines staff completed a competency assessment with the registered nurse. Staff told us that they had completed their competency assessment and received annual training in the management of medicines. In addition, staff had access at all times to a registered nurse for advice and support in relation to people’s medicines and clinical care. People reliant on staff to administer their medicines had a medicines assessment that considered the type of medicine, the dosage, how the medicine was to be taken, the reason for the medicine and how frequently it

had to be administered. Following this assessment a care plan was developed to include the roles of staff, people’s family and carers in the safe management of the person’s medicines.

Each person had their own individual rota that detailed the staff that would be supporting them. Rotas were developed on a monthly basis with individual’s and the staff team having access to them. Staff that were not on duty were able to enter their availability onto the rotas. This assisted in planning people’s care in that if staff cover was required due to illness for example, the availability of staff able to cover was known. In a situation when a member of staff was not available to work at short notice staff could be sourced from the group of bank staff that were organised from the registered providers regional office. Having access to this resource helped ensure that people received the care and support they required.

The registered provider had a range of policies and procedures in place to help ensure that people who used the service, their families, carers and staff were kept safe. For example, policies and procedures relating to health and safety and infection control.

Recruitment procedures in place demonstrated that appropriate checks were made prior to a member of staff commencing their employment. We looked at the recruitment information for three members of staff and saw that appropriate applications forms had been completed, a formal interview had taken place and appropriate references had been sought. In addition prior to a member of staff commencing their role a Disclosure and Barring Service (DBS) check was carried out. These checks helped ensure that only people suitable for the role were employed. The registered provider had a policy in which all staff undertook a DBS check every year. The electronic management systems in use within the service highlighted when a member of staffs’ DBS check was due to be renewed. In the event of a member of staff’s DBS check expiring, they were not able to work within the service until their new check has been completed. The registered manager explained that this process was in place to safeguard people receiving care and support within their own homes.

Staff told us that prior to them being employed a full recruitment check was carried out. In addition, prior to delivering any support to people all staff completed an induction into their role.

Is the service effective?

Our findings

People told us “The lines of communication with them [the service] are good”, “You are always asked what you think of the staff that support you”, “Staff are always well trained”, “There are a lot of good carers, some care more than others but generally good”, “Staff are fine” and “All of the staff are trained to give support.”

Prior to a person using the service a full assessment of their needs took place. People were included in these assessments along with their relatives and carers and healthcare professionals. The assessment process identified all of the needs and wishes of the individual and any additional training required by the staff team who would be involved in delivering the person’s care and support. In addition, during the assessment process a contingency plan for use in emergencies was developed. For example, plans for action in the event of loss of power to a piece of medical equipment in use. We saw evidence of this assessment process in the records we looked at.

Once a person’s needs had been identified their medical risk levels were categorised into level one, two or three. For example, a person requiring tracheostomy care for airways management or complex seizure management support would require level one support. A person requiring stoma care or pressure area care would require level three support. Depending on people’s changing health needs their level of care may be reassessed at any time. To help ensure that people received effective care and support a team of case managers based at the office kept in regular contact with individuals, their relatives and carers. For example, a person in receipt of level one support was contacted on a daily basis by a case manager to ensure that they were well and that their service had been delivered appropriately.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and at the time of this inspection one person had had their liberty and rights restricted. Staff demonstrated an understanding of the Mental Capacity Act 2005 and training records demonstrated that all staff had received training in this area.

Consent to care and treatment was considered by the service when planning individuals’ care and support. For example, care planning documents gave the opportunity for people to give their consent to receiving care and treatment. When required, the records gave family members who were legally able to, the opportunity to consent on behalf of individuals.

People’s individual care plans demonstrated that their nutritional needs had been considered. For example, care plans specified people’s eating and drinking routines which staff were required to follow to ensure people received the nutrition and hydration to keep well.

Health care plans were in place for people which contained information that helped staff understand the person’s specific healthcare support needs. A qualified nurse was employed by the service whose role included reviewing people’s health care plans on a regular basis in addition to offering support and guidance to staff. Further clinical advice was available to staff from the organisations clinical team when required and out of hours. Staff told us that they felt supported by the nurse. Their comments included; “The nurse is really supportive and explains things in a supportive way” and “The nurse spends time with [people] and checks on their health”.

Records demonstrated and staff told us that they received training in relation to safeguarding adults and children, medicines management, first aid, health and safety and manual handling. In addition, more specialised training was delivered in relation to people’s specific needs. For example, staff had received training in spinal care, tracheotomy care and oxygen management. All staff that undertook specialist training completed a two stage competency check prior to supporting people with their care. Staff were required to update their training on an annual basis. In the event of a member of staff’s training not being updated within the 12 month period they were unable to support people until they had completed their refresher training. Staff felt they received the appropriate training for their role. Staff comments included “The

Is the service effective?

training is very good”, “The training is in-depth and relevant to what we do”, “The training is excellent” and “We have bespoke moving and handling training to ensure everyone’s safety”.

Staff received regular support within their role. They told us that they received regular supervision with their line manager and attended team meetings on a regular basis.

During this inspection we observed a staff team meeting taking place. Staff were given the opportunity to discuss their role and were also given the opportunity to meet individually with the registered manager. In the event of needing to speak to someone about their role staff told us that they could contact staff at the office or the registered manager for their advice at any time.

Is the service caring?

Our findings

People told us that staff are always respectful to them when delivering care and support. Other comments included “They are very caring”, “It’s a relaxed atmosphere when the staff are here”. One person told us that they tried to include the staff in their day to day family life and another person told us “I call them the dream team”.

Prior to a person receiving a service the staff team were introduced to ensure that people were aware of who would be caring for them.

People’s care planning documents were seen to include people’s likes and dislikes and how they wanted to receive their care and support. Staff demonstrated a clear understanding of their role in relation to working within people’s homes and in some circumstances homes where other relatives and carers also lived. They said that they were conscious that they were working within a family environment and that they tried at all times to respect people’s personal space by being as unobtrusive as possible.

Many staff had supported people for a period of time with their care and support and felt that they had built positive relationships in that time. Staff explained that working closely with individuals’ had given them the opportunity to get to know them well. The registered manager explained that whenever possible people were supported by staff of their choice. For example, the registered manager was in the process of seeking a solution to enable a member of

staff to return to their role after a period of absence. The person they supported on a regular basis and their relatives had requested that the staff member was able to continue to support them. The registered manager was seeking advice on what small changes could be made to enable to member of staff to return to their role safely.

Staff were able to demonstrate that they had developed a good knowledge of how people communicated. For example, staff explained how people used blinking of the eyes or specific sounds to communicate with them to express their thoughts and wishes.

A service user guide was available to inform people of what they could expect from the service. The guide contained information in relation to people’s rights in relation to privacy, dignity, independence, security, choice, diversity and fulfilment. In addition, the information gave clear guidance to people of the range of services staff could provide, procedures and staff training to safeguard people and the staff team.

Throughout our visits we observed the registered manager and staff having discussions on the telephone with people and their relatives. We observed staff speaking to people in a professional manner with a caring attitude and it was evident that positive working relationships had been formed between people who used the service, their relatives and the staff team.

Healthcare professionals told us that they felt the service was caring and that people were supported well by the staff teams

Is the service responsive?

Our findings

People told us that the service worked well for them and that their needs were assessed on a regular basis. One person told us “Staff would do things differently if I asked them to”, “Staff always explain what they are doing”, “Can’t fault them” and “They [staff] always ask if we are happy with the care and support”.

Each person had an individual care plan. We looked at the care planning documents of two people. The documents gave the opportunity to plan and record people’s specific needs and wishes. For example, care plans were in place for ensuring people’s needs in relation to physical, medical and emotional wellbeing, communication and personal care. In addition, specific information and guidance was recorded in relation how a person communicated.

Care plans were written in a person centred way and included clear information as to how and when a person wanted their support delivering. For example, detailed morning, evening and night time routines were recorded to ensure that people received a personalised consistent service.

Records were maintained of all care, support and medical interventions provided by staff. The frequency of the records varied depending on the needs of the person. For example, for one person we saw that hourly records were maintained of the support they had received. To ensure that people’s records were written and maintained appropriately, all records were numbered and staff signed and dated each record prior to them being checked by a senior member of staff.

The care and support people received was reviewed on a regular basis. We saw that a clear review timetable was in

place which included within the first week of the service commencing a social care review took place to ensure that people were receiving the care and support they required. Following this initial review further reviews took place on a monthly basis. This was to ensure that people continued to receive the care and support they required and to identify and address any changes in people’s needs and wishes. In addition to the social care reviews, when required a nurse review took place to ensure that people’s medical needs were being met safely. The registered manager told us that having regular reviews of people’s care and support packages helped ensure that any changes required could be addressed quickly.

In order to gather people views and comments about the service they receive the registered provider sent people a ‘Service User Satisfaction Survey’ twice a year. Once the information was collated the findings of the survey were sent to the registered manager for actioning if required.

The registered provider had a complaints procedure that detailed who complaints should be made to and how they would be dealt with. This procedure formed part of the service’s service user guide, a copy of which was given to all people who used the service. Detailed records were maintained by the registered manager of complaints received by the service and responses to complainants. Records also demonstrated any actions that had been taken in response to a complaint that the service had received. The registered providers quality assurance team also monitored all complaints received and offered advice and support to the registered manager in relation to the management of and learning from any complaints. People told us that they knew who to contact if they had a complaint about the service and felt that any concerns would be addressed appropriately.

Is the service well-led?

Our findings

People told us “They [staff] have an open and professional approach to getting people’s care and support arranged”, “The structure [of the service] is quite good, you get seen regularly by the managers so you can talk about anything with them”, “We can ring the manager if needed” and “The office staff go out of their way, they are excellent.”

The registered provider had clear lines of accountability throughout the organisation. The registered manager had access to human resources support, clinical guidance, a complaints and incidents team and a quality assurance team for the management of the service.

Policies and procedures were in place to support staff in carrying out their role. These policies and procedures were available to all staff electronically with each staff having their own personal log in details to access all of the information they required at any time. In addition, all staff were issued with a handbook that contained information and guidance as to how to support people living in their own home. Staff had a clear understanding of their roles and knew the people they supported well.

An annual staff survey took place. The survey was anonymous and gave staff the opportunity to give their views in relation to management, relationships with their team, education, giving something back and remuneration. The registered manager and the area manager received the scores and feedback from the survey which gave them the opportunity to address any issues highlighted from the survey. For example, a previous survey had shown a possible disconnect between levels of staff, the registered provider responded to this by introducing regular forums and meetings. The most recent survey had shown an increase in positive responses.

Staff spoke positively about their role and the service provided overall to people. One staff member told us “It’s a good company to work for”. Another recently recruited member of staff told us that they felt “Welcomed by the team” and that the service is “Managed well” and that they felt “Included in decisions made about their current role”.

Incidents and accidents were recorded electronically and they were managed by the registered providers national complaints and incidents team. This system monitored all incidents and identified any themes of incidents so that reoccurring issues could be managed appropriately. The registered manager had access to all reported incidents and accidents and the outcomes to any investigations that had taken place. We saw that detailed records of accidents and incidents were maintained and information about actions taken in response to these incidents was fully documented.

People’s medical and care plans were reviewed on a regular basis. As part of this review daily records and any incidents were also considered and action taken where necessary. In addition to this reviews the registered provider carried out an annual audit. The most recent of these audits took place in September 2014. We saw that the audit had checked care plans and risk assessments in place, staff competency, equipment in use and staff supervision. The outcome of the audit demonstrated that 100% compliance had been achieved. The area manager told us that the registered provider was in the process of reviewing and updating their auditing process and that this newly devised system would be used for the next full audit of the service.

Information supplied by the registered manager detailed what plans were in place to develop the service further over the next 12 months. We saw that these plans included a new electronic management system to enable staff to review and update care planning documents and assessments electronically whilst they visited people in their home. This new system was designed to improve communication and reduce delays in reporting changes to people’s needs as records would be updated and available almost immediately. The registered provider was working to launching a friends and family survey to gather their specific views on the service. In addition, to further enhance the delivery of care and support people received, a new induction programme was to be introduced to offer newly recruited staff specific training which would include coaching sessions, online and classroom training.