Pulse Healthcare Limited

Pulse - Manchester Adults

Inspection report

57, Spring Gardens
Manchester
M2 2BY

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15 June 2016

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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

This was an unannounced inspection that took place on the 14 and 15 June 2016. The service was previously inspected in May 2013 when all the regulations we looked at were met.

Pulse – Manchester Adults supports people with complex healthcare needs. The service provides up to 24 hours support for people with complex needs; the hours vary depending on the assessed needs of people. The service also provides two 'runs' to provide support at key times of the day for some people. One of the 'runs' is to provide a second member of staff for personal care tasks for people supported 24 hours a day by Pulse – Manchester Adults' staff. The service currently supports 29 people.

The registered manager of the service had left three weeks before our inspection. The Pulse national quality manager was managing the service until a new registered manager was recruited. 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.

All the people we spoke with, and their relatives, said they felt safe supported by staff from Pulse – Manchester Adults. Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they suspected any abuse had occurred. Staff said the case managers and nurse practitioners would listen to any concerns raised. Case managers managed the staff teams providing the support for people and the nurse practitioners assessed and reviewed people's clinical needs.

Where Pulse – Manchester Adults had responsibility to administer people's medicines they were administered safely. Medication Administration Records (MAR) were correctly completed and checked at each review. Any errors were looked into.

The service was working within the principles of the Mental Capacity Act (2005) (MCA). People and their families, where appropriate, were involved in agreeing the support to be provided by the service with the funding Clinical Commissioning Group (CCG).

Comprehensive care plans and risk assessments were in place for each person who used the service. These gave clear guidance to staff on how to support people and mitigate the identified risks. The plans were reviewed every two to four weeks depending on the assessed clinical need of the individual. A commissioner from the CCG said, "The care records, care plans and risk assessments are of a very high standard." This enabled staff to support people effectively and safely.

A robust system of recruiting and training staff was in place. Staff had to complete all mandatory training and any training to meet people's specific needs, such as airway management, before they were able to support people. People and their relatives told us the staff were well trained and competent in the use of

various types of equipment required to support people with complex clinical needs. Training was refreshed on an annual basis.

Staff received regular supervisions and appraisals with the case managers. Annual observations of staff competencies were completed by the Pulse nurse practitioners. This meant the staff had the skills, knowledge and support to provide effective care.

Contingency plans were in place for each person being supported by the service. Where agency staff were used, a verification form was completed by the agency to ensure the agency staff member had the required training to support the person using the service.

People who used the service and their relatives spoke highly of the staff teams. Staff had a clear understanding of people's needs. Staff could clearly explain how they delivered person centred care and respected people's dignity and privacy. Staff supported people with their nutritional and health needs where applicable.

An annual survey was conducted by the Pulse central office. Feedback from September 2015 had raised issues about the office staff responding to phone calls in a timely manner. The people we spoke with during this inspection did not raise this as an issue.

The case managers and nurse practitioners checked all paperwork was in place and current at people's fortnightly or monthly reviews. The central quality team were due to re-commence audits every three months following the introduction of a new computerised care planning system.

There was a system in place to record, investigate and learn from complaints. Incidents and accidents were reviewed to reduce the likelihood of the incident reoccurring.

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 who used the service told us they felt safe with the staff that supported them. Risk assessments were in place which provided guidance to staff about how to manage the identified risks.

Where the service had responsibility for administering medicines they were administered safely.

A robust system of recruitment was in place. Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Staff had received the induction and specific training they required to carry out their roles effectively. Staff received regular supervisions and an annual appraisal.

We saw that people's health needs were met. Where it was part of the support provided by the service, we saw that people's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring. Staff showed a clear understanding of privacy, dignity and respect.

People and their relatives were involved in the planning of their care and support.

We did not see advanced care plans in place to record people's wishes at the end of their lives. However people had relatives

involved in planning their support who would be available to consult with if the person had not made their wishes known.

Is the service responsive?

Good

The service was responsive.

Comprehensive person centred care plans were in place. The plans were regularly reviewed and updated with the people who used the service, their relatives and the relevant Clinical Commissioning Group.

People told us that they received the support they required. There was a system in place to record, investigate and learn from complaints.

Is the service well-led?

Good

The service was well-led.

The service was in the process of recruiting a new registered manager. The national quality manager was managing the service during this period.

People, their relatives and staff said the case managers and practitioner nurses were approachable and available to provide advice at all times.

Quality audits by the central Pulse team were due to re-start in July 2016 following the implementation of a new care planning computer system.

Pulse - Manchester Adults

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 inspection took place on the 14 and 15 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to provide us with the required information.

The inspection team consisted of one adult social care inspector.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted two Clinical Commissioning Groups who commissioned services from the provider and the local authority safeguarding team to obtain feedback about the provider. No concerns were raised about the service provided by Pulse – Manchester Adults.

With their permission, we visited and spoke with four people who used the service, two relatives of people supported by the service, ten members of staff, the senior case manager, one case manager, the care co-ordinator team leader, a nurse practitioner and the national quality manager.

We looked at the care records for four people and the medication records for three people who used the service. We also looked at a range of records relating to how the service was managed including five staff personnel records and training records.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe supported by Pulse – Manchester Adults. One person said, "Yes I feel safe" and another told us, "The staff are very reliable; I've never had any problem with Pulse."

The training records we reviewed showed staff had received training in safeguarding vulnerable adults. This was confirmed by staff who informed us that the training was completed annually. Staff were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. Where staff were responsible for supporting people with their money they explained how they recorded all financial transactions and kept all receipts. Daily checks were completed of the total money held on behalf of the person who used the service. Staff were confident any issues they raised would be dealt with by the case managers. This should help ensure that the people who used the service were protected from abuse.

Care files we inspected included information about the risks people who used the service may experience. This included guidance for staff and any control measures in place to manage the risks. We saw an environmental risk assessment was completed for each property the staff visited. Where appropriate, manual handling and pressure sore risk assessments were in place. Risk assessments we checked were regularly reviewed and updated when people's needs changed.

Nine people supported by the service had been assessed as at high risk due to their clinical needs. Records showed they or their staff team received a daily telephone call from office staff to find out how they were. The questions asked were personalised and specific to each persons assessed risk; for example airway management or complex epilepsy. This meant the case managers could be immediately informed of any issues and advise staff on what they needed to do.

People supported by Pulse – Manchester Adults told us they had a regular staff team. Any staff cover required for such things as annual leave was usually done from within the regular staff team. We were told additional staff were introduced and trained to support people so they had the required competencies to provide cover when needed. A contingency plan was in place for covering any shifts. Agency workers were used if cover could not be found. Regular agencies were used and a verification form was completed by the agency to check the staff member supplied had the required training to support the person using the service. Staff working on either of the two 'runs' to support people at key times of the day told us they had enough time to give the support people needed. They had travel time included in their rota and this was usually sufficient to ensure they arrived on time for their visits. This should help ensure people received the support they needed.

We looked at the systems in place to help ensure staff were safely recruited. We looked at five staff personnel records. We found they all contained an application form with a full employment history, two references and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure the person is suitable to work with vulnerable people. The case managers were unable to add a new member of staff to the rota until the central recruitment team had obtained all the required documentation and had cleared them for working with the service. This meant the service's recruitment

process was robust.

The service had a disciplinary procedure in place. Records showed this was followed when a care worker had acted in a manner deemed to be unacceptable.

We looked at the way medicines were managed in the service. Everyone we spoke with told us they received their medicines when they should do. The care records we reviewed stated who was responsible for administering medication, in some cases this was the person's family or another agency. We checked the medicines administration records (MARs) for three people where the service had responsibility for administering medicines. We found the MARs were fully completed. We saw guidance was in place for staff to follow where 'as required' medicines had been prescribed. Any new medicines prescribed were added to the MAR sheet by staff. A photograph of the MAR sheet was sent to the nurse practitioner to check that it was correctly documented. The nurse practitioner told us they looked at the MAR sheets when they completed their clinical reviews every two to four weeks. Where people were not assessed as having a clinical need the case managers reviewed any MARs each month. The nurse practitioners completed audits of these MAR sheets every three months. We saw these had not been consistently completed. This meant that whilst the MAR sheets were being reviewed by the case managers they did not all have the oversight of the practitioner nurses.

Some people who used the service required equipment such as suction machines and hoists. We saw detailed guidance for staff in the care files for the use of each piece of equipment. The equipment was serviced by the supplier, for example the NHS, and the service kept a record of the dates the latest service was completed. Training in the use of the equipment was provided by specialist trainers from the NHS, if required. This should help ensure the equipment used was safe and staff knew how to use it safely.

We saw from the training records that staff had received training in infection control. We saw personal protective equipment such as gloves and aprons was available for staff to use.

The accident and incident forms we looked at were completed appropriately and then logged onto a central data base. This included any actions taken following the accident or incident. We were told monthly safety meetings were held by the Pulse central management to identify any trends across the whole company.

The service would continue if the central office was not operational due to events such as a utility failure as the staff supported people in their own homes. The national quality manager explained that all computer records were stored on a central server which could be accessed from any location and automatically archives any changes made to computer records. The on-call team had tablet computers which could be used from home if required. However, we were not shown a written business continuity plan for the service, which good practice guidelines recommend. This meant staff may not be aware of the arrangements for the office staff to continue their work if the office was not operational.

Good

Is the service effective?

Our findings

All the people we spoke with, and their relatives, told us the staff knew them well and had the skills to support them effectively. One person said, "The staff have excellent training" and a relative told us, "Staff have the right training to support [Name]." A commissioner from the Clinical Commissioning Group (CCG) said, "Pulse have very highly skilled carers."

We spoke to staff about the training they received in order for them to carry out their role. They said when they started working for Pulse – Manchester Adults they had to complete all mandatory training, which included safeguarding vulnerable adults, health and safety, food safety and manual handling. The service supports people with complex needs. Specific training had been provided, including tracheostomy care, spinal care, oxygen therapy or airway management, depending on the needs of the individual they would be supporting. Staff had to complete all the required training before they were allowed to support people.

Training consisted of a mixture of on line and practical courses. A knowledge check was completed at the end of each training session. Observations of competencies were completed by the Pulse nurse practitioner and the staff member signed as competent before they were able to support people. Training and competencies were refreshed on an annual basis. If staff were not up to date with their training they were not able to undertake any shifts supporting people. One staff member told us, "They (Pulse) are very stringent; if you don't complete the training you are stopped from working." Staff also said, "If someone's equipment changes we all have to do refresher training before we start to use it." A CCG commissioner told us, "The training is above and beyond what we would usually see staff receive."

We saw the office staff, including the case managers, had a training file to ensure they received the training required for their role.

Staff told us they received regular supervisions and an annual appraisal. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Staff told us they were able to make suggestions and raise any concerns they had during their supervisions. If the staff member did not complete their supervision with the case manager within one month of the due date they were not allowed to be allocated any shifts on the rota. This meant the staff had the skills, knowledge and support they needed to provide effective care.

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 people lack the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection. We found that the service was working within the

principles of the MCA. People received support in their own homes and any capacity assessments or best interest decisions were completed by the Clinical Commissioning Group before the support was agreed.

Staff were aware of Court of Protection rulings in place for some of the people they supported, for example for managing a person's finances. Staff were able to describe how they asked people for their consent before they supported them, for example with personal care. One person told us, "Staff ask about my care and what I want."

Staff told us they were able to read people's care plans before they started to support them. People who used the service and the staff explained that before a staff member was allocated to support someone they had a 'meet and greet' session. This enabled both the person who used the service and the staff member to get to know each other, ask questions and make sure they were comfortable with each other. Where applicable staff described to us how they had spent time supporting people in hospital before the person had been discharged. This enabled the staff to get to know the person who used the service and the support they required before they moved back to their own home. New staff also completed a shadow shift with an experienced member of staff before joining the rota to support a person.

One person indicated to us they had told the service they did not get on with one staff member, although they had completed all the required tasks well. The service had arranged for a different staff member to join the team. This meant the service listened to and acted upon feedback from the people about the staff supporting them.

One of the CCG commissioners told us, "The case managers involved know the clients, care staff and families very well and are able to articulate their needs fully."

Where support was provided for 24 hours per day, staff had a handover period to inform staff coming on duty of the person's wellbeing and any changes that had been noted. We were shown daily log sheets completed by staff at each visit. Staff also told us they would phone their colleagues to hand over any important information. We saw that a communication book was also used by staff to keep their colleagues informed of any information they required.

Care plans detailed the support staff needed to provide in relation to people's meals and what people's families would complete. The people using the service made choices about the food they wanted. For some people the staff went food shopping, whereas for other people their families provided the food for staff to prepare. We saw food and fluid intake was recorded where required.

Staff supported people to attend hospital or GP appointments when this was part of their care package. One person said, "They (staff) will contact the GP for me if I need them to or they will support me to speak to them myself." For those at risk of developing pressure ulcers, daily skin checks were recorded and any concerns reported to their GP or community nurse. One person told us the staff would support them in hospital if they needed to be admitted. This meant that people's health and nutritional needs were being met by the service.

Good

Is the service caring?

Our findings

Everyone we spoke with said the staff were kind and caring. A relative told us, "I'm very impressed; the staff are all very polite and competent."

We saw positive relationships between people who used the service and staff members. Staff supported people to communicate with us during our visit.

Staff knew the needs of the people they were supporting and were providing person centred care. One said, "Each person I support has their own way and preferences," and another said, "I tell people what I'm doing whilst supporting them, even if I've done it lots of times before." Staff also described how they maintained people's privacy and dignity when providing personal care. One person told us, "They (staff) try to give us space; they will go into another room when I'm visiting family so we can talk."

Care records we reviewed included information regarding people's interests and preferences. This should help staff form meaningful and caring relationships with the people they supported. Care plans also included information about the things people were able to do for themselves. Staff described how they supported people to complete tasks themselves where possible; for example getting dressed. This should help people to maintain their independence, where possible.

We saw people who used the service and their families, where appropriate, had been involved in planning the care and support to be provided by Pulse – Manchester. One relative told us, "We had two conferences at our house to discuss at length the support [Name] required before the support started." Where possible people had signed their consent to the agreed care plans.

We saw people kept their care records at their own home. This meant they could check what was written in the files. Each file had a copy of the service user guide which contained information about the support provided by the service. A file was also kept securely at the service's office, along with other records relating to the running of the service. This protected the confidentiality of both the people who used the service and the staff.

We did not see any advanced planning for the end of people's lives in the care files we reviewed. This meant the staff may not know the person's wishes at the end of their lives if they became unable to communicate their wishes themselves. However, we noted the people we reviewed all had family who contributed to the planning of each person's care and support and who would be available to consult with when people came to the end of their lives.

Good

Is the service responsive?

Our findings

People we spoke with, and their relatives, said the care provided by Pulse – Manchester Adults was responsive to their needs. One person said, "Any changes in my support needs are communicated well to the staff team after my review has been held."

We looked in detail at four people's care plans. We found they were person centred, comprehensive and provided detailed guidance for staff to follow when supporting people. The care plans covered people's daily routines, how they communicated and the social activities they enjoyed. The plans also contained clear details of how staff were to use any equipment required when supporting people, for example a ventilator or hoist. The care files included a record of support staff had provided, for example positional change records. The assessment and care plans were completed with the person who used the service and their relatives where appropriate. This meant people's care plans were personalised and provided guidance for staff to meet met their assessed need.

The two Clinical Commissioning Groups (CCGs) we contacted told us, "The care records, care plans and risk assessments are of a very high standard" and "They support people with complex needs and their care plans are very good."

We saw regular reviews of people's support were completed. The case managers undertook a review of the care plans every month. For people with complex clinical needs, the nurse practitioner reviewed their clinical care plans either every two or four weeks depending on people's level of assessed need. These reviews looked at the use of any specialised equipment, the management of people's health, for example tracheostomy care and people's medication. The nurse practitioner checked any equipment required to support people was working correctly at the reviews. We were told if changes to people's support had been agreed at the review meeting, the case manager communicated this to the staff team via email and the communications book. They then updated the care plans and sent a copy to the person and their staff team.

People we spoke with and their relatives confirmed that they were involved in all reviews. One person told us, "I give feedback at my review. If there's been a problem they have dealt with it straight away, for example by moving a member of staff." The commissioning body attended reviews every three months. Staff told us they would contact their case manager if they thought a person's needs had changed and the case manager would review the support the person needed.

We saw the assessments and care plans were created using a bespoke Pulse Healthcare computer package. We were told this had been recently introduced and all the care plans were now on the new system. Currently the care plans were printed and paper copies were kept in each person's home. The case managers and practice nurse told us the new system was better for completing assessments as it prompted you to complete all the required information.

People told us staff asked them about the support they wanted and gave them choices; for example when to get up, what to eat and what they wanted to do during the day. People were supported to take part in the

social activities they chose to do. One person had recently joined a gym and had a care plan in place stating the exercise machines and the settings they would use so staff could support them. Another person told us, "I can choose what I want to do each day; I can go to the shops or sit in the garden if it is nice." People told us they had been supported to attend family events and to go on holiday.

The service had a complaints procedure in place and the provider had a central complaints department who handled any complaints made. We saw that where complaints had been made they had been investigated and the actions taken to resolve the issue recorded. The CCGs we contacted for feedback told us that where issues had been raised, the service had been responsive and transparent in dealing with them and had worked with the people who used the service and their families to resolve the issue.

Good

Is the service well-led?

Our findings

All the people, relatives and staff we spoke with told us the case managers and practice nurses were approachable and supportive. One staff member said, "There is always someone at the end of the phone, including clinical support, if we are unsure about anything."

Staff told us they enjoyed working at the service. One said, "The training is spot on; it's the best I've ever had." Another said, "Pulse is a good company to work for."

During the inspection we were told there had been a high turnover of office staff in the last 12 months. Staff said this was due to how the previous registered manager had managed the office. We were told the atmosphere was more relaxed since they had left. The national quality manager told us they were giving the case managers more responsibility to make decisions about the people and staff they supported. This was confirmed by the senior case manager who said, "I can now change things, for example the supervision form." Staff who directly supported people were aware of the changes in the office but said the changes at the office had not affected the support provided for people. This was confirmed by the people we spoke with.

One of the Clinical Commissioning Group (CCG) commissioners we spoke with expressed some concern that the registered manager and the deputy manager had left Pulse – Manchester Adults. They had had most contact with the registered and deputy managers when arranging support for people and were not clear on who would be managing the service in the future. The service was in the process of recruiting a new registered manager at the time of our inspection.

We were told that audits were completed every three months by the Pulse central quality team. These had not been completed in 2016 due to the introduction of the new computerised care planning system. All care records had been reviewed as they were entered onto the computer system. The computer system prompted the case managers to enter all the required information. The first scheduled audit was due to take place in July 2016. We saw the new audit tool that would be used; this included checking care plans, risk assessments, the staff rota and staff competencies. The senior case manager explained how they had been involved in previous audits. They said they had received feedback and an action plan after each audit. We will check that the new audit system is in place at our next inspection.

The case managers and the practice nurse we spoke with told us they checked all the paperwork held in people's homes at each review. Staff we spoke with confirmed this. Paperwork from each house was also brought to the office each month and the case managers checked it. Any issues identified were taken up with the staff member or team concerned through supervisions, emails to the staff and using the communications book.

This meant that whilst a formal audit had not been completed for six months, all care plans, risk assessments and medicine records had been reviewed during this period as they were entered onto the new computer system and by the case managers and practitioner nurses. The new central auditing tool should

make the auditing process more robust.

An annual survey was undertaken by the provider's central quality team in September 2015 for people who used the service and their relatives. Responses were provided for each Pulse branch. We saw the feedback from the Pulse – Manchester Adults survey was generally complementary about the support staff. However, there was a theme that when people or their relatives contacted the office they were not called back. The people, relatives and staff we spoke with during this inspection did not raise this as an issue. A relative told us, "I report anything to the office if I'm not happy about something; it then gets sorted out." We were told that where people had included their name on the survey they were contacted to discuss the issues they raised. This meant that the service sought people's views about their support and acted on feedback received.

A case manager explained how they undertook spot checks on the teams they managed once a fortnight or sooner if they are aware of a potential issue. This meant they visited the staff without notifying them.

We saw that other agencies were involved in some people's support in addition to Pulse – Manchester Adults' staff. For example, for one person Pulse – Manchester Adults provided one member of staff at all times and another agency undertook a pop in service four times a day to assist with personal care. We were told that this usually works very well, however if the staff have any concerns about the relationship they raise them with the case managers. A staff member told us, "The other agency were not arriving at the agreed time. I told the case manager who sorted it out with the CCG." This meant that the service was working in partnership with other agencies to meet people's needs.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission. We checked the records at the service and found that all incidents had been recorded, investigated and reported correctly.

We asked the national quality manager and senior case manager what they considered the key challenges of the service to be. They told us it was recruiting staff who were able to support people with complex needs. The senior case manager said it was adjusting to a different way of working, with the national quality manager giving case managers greater responsibility and accountability since the registered manager had left the service. The senior case manager told us they were being supported and encouraged through this period of change by the national quality manager.

We saw the office staff had regular team meetings where they were able to discuss changes to the service. The support staff did not have team meetings. We were told this was due to the difficulty of the staff meeting together as they had to cover the shifts to support people. All the staff we spoke with said they felt well supported by the case managers and practice nurses. They received regular supervisions and communications from the office to keep them up to date with any changes in the support people needed. They told us there was an on call system in place to provide advice and support outside of office hours. This meant that whilst formal staff meetings were not held staff were provided with the opportunities to communicate and provide their feedback to the case managers about the support they provided and any changes at the service.