

Pulse Healthcare Limited

Pulse - Bournemouth

Inspection report

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23 April 2018

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Pulse Bournemouth is a domiciliary care agency. It provides personal and nursing care to children and adults living in their own houses and flats in the community. At the time of the inspection they were providing personal and nursing care and support to 21 children and adults with complex needs living in the general geographical area of Bournemouth and Poole.

We undertook an announced comprehensive inspection of Pulse Bournemouth on 19, 20 and 23 April 2018. One CQC Inspector conducted the inspection; we gave the provider one day's notice of the inspection to be sure the people we needed to speak with would be available.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

This was the first inspection of Pulse Bournemouth since they had moved their office location to Bournemouth.

People's risks were assessed and care and support plans developed to ensure care was provided safely. Care plans provided detailed guidance for staff to ensure they received responsive care if their health needs changed. People told us they felt safe with their care staff, who they said were kind, supportive, caring and professional.

Accidents and incidents were recorded, reviewed and analysed to ensure any trends were identified to enable action to be taken to safeguard people.

People were provided with support and care by small, consistent teams of well trained staff who were supervised regularly to ensure they remained competent in their roles. Staff demonstrated good knowledge about people's complex care needs and knew how people preferred their care and support to be given.

Medicines were managed safely. People were protected against the risks associated with the unsafe management and use of medicines. There were systems in place to ensure people received their medicines and creams as prescribed. Any medical procedures were overseen by a qualified nurse who provided clinical guidance. Staff spoke knowledgeably about infection control procedures and were provided with supplies of personal protective equipment (PPE) to reduce the risk of cross contamination.

People told us and records showed, rotas were sent to people to highlight which nursing and care staff would be completing their visits and when. People said rotas were generally correct, although some changes would happen if care staff were off at short notice.

The service was in the process of recruiting further staff. There was a robust recruitment procedure in place which ensured staff were safe to work with vulnerable children and people before they commenced their employment. Some people told us they felt the recruitment process was too lengthy and that prospective staff found other jobs before the process was completed.

Generally, people were supported by sufficient numbers of staff to meet their needs. People were allocated small teams of regular staff to ensure continuity of care. There were systems in place to guard against staff absence such as unscheduled sickness and annual leave.

The provider had a schedule of training in place to ensure all staff received their mandatory and refresher training. This ensured staff had the required skills and knowledge to care and support people safely.

Staff knew how to recognise and report abuse. They received training in safeguarding people from abuse and knew the procedures to follow if they had any concerns.

There was an on-going system of supervision and appraisal for staff. Staff told us they found their supervisions useful and felt well supported to carry out their roles.

There were systems in place to manage and respond to complaints and concerns. People knew how to complain and most people told us they felt they would be listened to if they had any concerns or worries. However, some people had not received a good experience when they had needed to complain. We have made a recommendation regarding how the provider deals with complaints.

We received mixed views regarding some aspects of the management of the service. Some people told us they felt communication within the service could be improved. We have made a recommendation for the provider to review their communication processes.

There were quality assurance systems in place to monitor and assess the quality and safety of the service provided.

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.

Medicines were managed safely and risk assessments were carried out to ensure that people and staff were protected from avoidable harm.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Care workers were recruited safely and there were sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular supervision and training.

People were supported to have access to appropriate healthcare professionals to meet their specific needs. Staff had built effective links with care professionals.

People were supported to make decisions about their day to day lives and were cared for in line with their preferences and choices.

Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind, caring, friendly and compassionate.

Staff understood how to support people to maintain their privacy, dignity and treated people with respect.

People were involved in making choices about their care and were kept informed about any changes to their service.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People received the care they needed. Care and support plans reflected people's individual needs and provided detailed guidance to cover all aspects of their complex care needs.

The service had a complaints policy. People had received a variable service when raising a complaint. We have made a recommendation for the provider to review how they deal with complaints.

Is the service well-led?

The service was well led.

The staffing structure gave clear lines of accountability and responsibility. Staff received good support.

There were systems in place to monitor and assess the quality and safety of the service provided.

Good ●

Pulse - Bournemouth

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 checked 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 19, 20 and 23 April 2018, with visits and phone calls to people and their relatives who use the service on 20 and 23 April 2018. We told the service one day before our visit that we would be coming to ensure the people we needed to talk with would be available. The inspection was conducted by one Care Quality Commission inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also looked at the information we had received from notifications made to us by the service. Additionally, we contacted the local authority commissioning teams and healthcare professionals to obtain their views of the service.

The service provided complex nursing care and support to 21 children and people. We spoke with six people and their relatives on the telephone and visited two people and one child and their relative who received support from the service. We also spoke with the registered manager and four members of staff, which included a nurse, care staff and office staff. We reviewed in depth, three people's care and medicine records in the office and with their permission, the records kept in their home. We also saw records about how the service was managed. These included three staff recruitment, training and supervision records, staff rotas, staff training records, accident and incident records, complaints, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with the nursing and care staff who visited them. One person said, "They have all been really, really good. They know how to care for [person] and they listen to what we need." Another person said, "I can't praise them enough, they have coped very well with any health emergencies. They know exactly what is needed to be done."

Written feedback from the local commissioning authority stated, "We believe the service to be safe...Pulse take safety extremely seriously."

People were protected against the risks of potential abuse. There were policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff had completed safeguarding children and adult's awareness training, which was refreshed at regular intervals. The registered manager had correctly notified CQC of safeguarding concerns when they had arisen.

The provider had a robust system of detailed risk assessments in place to maintain people's health. Some people lived with health issues that meant they had very specific needs that they required support with. Risk assessments included: spinal assessments, neurological assessments, skin integrity assessments to ensure support to prevent skin from breaking down and creating pressure sores, and specific diet requirements and/or a risk of choking. The risk assessments were detailed and gave clear information for staff on the cause of risk, the control measures put in place to reduce risk and further action that may be required. Some information was included on the risk assessments such as, detailed, practical guidance around securing slings when hoisting people. However, this was not included in the care plan setting out how to deliver the person's care. We discussed this with the registered manager who confirmed they would arrange for the more detailed practical information to be included in people's care plans.

The service supported and cared for adults and children with complex care needs who required a high level of specialised nursing care and support. Care plans gave staff clear and detailed guidance on how people preferred their care and support to be given to ensure they received safe care. Care plans included how people's specific conditions affected them. For example, some people were at risk of having Autonomic Dysreflexia (AD) attacks. Autonomic Dysreflexia develops in people that have a spinal cord injury: AD can develop suddenly and is potentially life threatening. An AD attack results in muscle spasms and narrowing of the blood vessels which causes rises in blood pressure. Care plans gave clear guidance for staff to follow before, during and after an AD attack and included what could trigger an attack, the symptoms of an AD attack and the after-care required.

People were assigned small teams of between four to six nursing and care staff to support them. This enabled people to be supported with consistent staff who knew them well and enabled good continuity of care to be given. Rotas were completed two months in advance with any changes being sent out weekly. Rotas showed people had a named nurse and carer allocated for all calls. The majority of people and staff

told us they received their rotas on time and they were accurate. One person told us the rotas were, "A bit hit and miss...sometimes they change and by the time we get them it's too late". Staff told us they found the electronic rotas accurate and easy to use.

People told us shifts were usually started and finished on time and the team of carers worked any absence cover between them. Some people had experienced occasional missed visits. If staff were unable to attend a visit and there were no available Pulse Bournemouth staff to cover, there was a system of using experienced, consistent independent agency staff to cover these shifts. People confirmed the additional agency staff used to cover Pulse Bournemouth staff absences were well trained, experienced and knew the person they were supporting well. One person said, "We get good cover from the agency when it's needed. We get the same three staff so they know exactly how to do everything."

There were arrangements in place to keep people safe in an emergency. There was an out-of-hours on call system for people who used the service and staff to contact staff in emergencies or where they needed additional support. People told us they knew how to use this service if they needed it. We received mixed views from people on their experiences of the 'back up' service they received from Pulse Bournemouth. If a staff member was unable to cover their shift for example due to unforeseen sickness, the provider would first offer the shift cover out to their own staff to see if the shift could be covered within their own service. If this was not possible they would source staff cover from an independent agency. We spoke with nine people regarding the system Pulse Bournemouth employed to cover unscheduled staff absences. Seven of these people gave positive views of the 'back up' system and said it worked well and they had no problems with it. One person said, "I'm generally very pleased. I've no issues whatsoever. Any gaps in staffing shifts are resolved quickly." However, two people told us they had experienced difficulties with the system and had not always received back up staff to cover shifts. One person told us, "I've had no back up cover in three years. If the staff don't come I cover it myself." We discussed these issues with the registered manager. They confirmed they would investigate and visit the people concerned to address the issues.

There was a detailed electronic system for recording, reviewing, analysing and acting upon accidents and incidents. This system ensured learning from such incidents could be achieved and people's safety maintained. For example, one person's medicine records had not been completed with their allergy information and confirmation signatures regarding when the person received their meal via their Percutaneous Endoscopic Gastrostomy tube (PEG) had not been completed. A PEG is a medical procedure where a tube is passed through the abdominal wall into a person's stomach. This is used when a person is not able to take food or fluid orally due to problems with swallowing or chewing. Supervision discussions had taken place with the member of staff involved and additional training was offered to ensure they maintained their competency to deliver specialised care.

People were protected from the risk of receiving care from unsuitable staff. The service had a robust recruitment system, that ensured checks were carried out to make sure prospective staff were safe to work with vulnerable children and adults. Applicants for jobs had completed applications and had been interviewed for roles within the service. New staff would not be offered positions unless they had proof of identity and written references. All new staff had been checked against the Disclosure and Barring Service (DBS) records. The DBS is a national agency that keeps records of criminal convictions. Records showed staff had not started work before the employment checks had been completed. Full employment histories had been recorded and all new staff spent time completing a substantial amount of 'shadow shifts' with experienced care staff and nurses before they commenced caring and supporting people independently. People confirmed staff spent time completing shadow shifts. One person told us, "They always do their shadowing first, so they know exactly what's what...it works well." However, two people told us they found the recruitment process too lengthy and drawn out. They expressed concern prospective staff often had

found other jobs before Pulse Bournemouth had finished their recruitment process. We informed the registered manager of these people's views.

There were systems in place for the management and administration of medicines. Staff had their competencies checked on a regular basis to ensure they were competent to administer medicines to people. There was a system to ensure any handwritten MAR's were checked and signed by two members of staff to ensure people received their medicines as prescribed. Care plans gave clear guidance for staff regarding the administration of medicines. For people who had complex care needs, a nurse provided additional checks to ensure medicines were administered safely. Where people were prescribed topical creams, there were body maps in place to guide staff on where, how much and how often they were to administer creams to people. People's allergies were recorded and if people were on PRN 'as required' medicines, all doses of PRN medicines were recorded accurately to ensure safe administration of these medicines.

Staff told us they were supplied with their personal protective equipment such as gloves and aprons to ensure they were able to care and support people safely. Spot check observations conducted on staff included the appropriate use of PPE and their understanding of infection control processes. People and relatives confirmed care staff always wore their personal protective equipment which ensured the risk of cross infection was minimised.

Is the service effective?

Our findings

People and their relatives told us the staff were well trained and had the right knowledge and skills to support and care for them effectively. A relative told us, "They are all definitely well trained, all very competent. We have no issues at all." One person said, "Everyone is very experienced."

Written feedback from the local commissioning authority stated, "Once in place, the care offered is considered effective and professional...staff locally respond to issues promptly."

Staff praised the level of training Pulse Bournemouth gave them. One member of staff said, "The training has been very good. It has made me realise how important receiving good quality training can be." Another member of staff told us, "The training had been excellent. We have our own internal trainers with the courses designed to meet our specific needs...it is always bang up to date."

The majority of people who were supported by Pulse Bournemouth had complex care needs. Care staff who were not nurses, regularly undertook clinical tasks that had been delegated by a nurse. Staff told us they had received effective training to ensure they were competent to deliver specialised complex care and support to people. Training was delivered in a classroom setting and staff were tested on their understanding, completed a period of shadow shifts and also had observations conducted on them before they were passed as competent to deliver complex care.

Staff underwent a specialised induction programme, which gave them the skills to care for people effectively and safely. Staff told us they had found the 'shadow shift' process very valuable when they were learning to care for people. Staff training courses were recorded in a database that showed the due date for completion and the date it was completed. Records showed staff had completed training in a range of subjects such as, manual handling theory and practical for adults and children, management of medication, first aid including basic life support, safeguarding vulnerable adults and child protection and Mental Capacity Act 2005.

Staff were able to access an extensive range of specialised training provided for them by Pulse Bournemouth. This included: caring for people with diabetes, this included subcutaneous injections and insulin management, enteral feeding (caring for people with naso and gastro tubes), caring for people with epilepsy which included administration of controlled medicines and detailed awareness of epilepsy. A wide range of respiratory training was also included, which covered, safe use of oxygen, invasive vent care, use of nebulisers, emergency tracheotomy care in both children and adults and a variety of suction training including oral and trachea suction and specialist spinal care.

Systems were in place to provide staff with effective supervision and support. Staff received clinical supervisions, spot check observations in people's homes and group supervisions as well as annual appraisals. Supervisions were an opportunity for staff to spend time with experienced staff to discuss their work and highlight any additional training or development needs. Staff confirmed they received regular supervision sessions and clinical supervision checks which they found useful and supportive. A nurse completed regular clinical supervisions with staff to ensure medical procedures were being completed

safely and in line with best clinical practice.

Records showed team meetings were conducted when possible. Staff meeting minutes were clear and detailed and made available for all staff to view. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and choices. Where people required food to be administered via tubes, controls for systems and processes for ensuring these were completed safely were in place.

People with complex healthcare needs were supported by staff who sought to improve their care, treatment and support. Staff told us they had good relationships with local health professionals. Records showed people were supported with their health care needs and any changes in their health or well-being prompted a referral to their health care professionals.

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.

We checked whether the service was working within the principles of the MCA. Staff demonstrated they had a good awareness of the Mental Capacity Act 2005. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Consent was recorded in people's care files. People confirmed that their wishes and preferences had been followed in respect of their care and treatment.

When people had started to use the service, the provider had assessed each person's capacity to consent to their care and support and people had information in their care plans to show they had consented to their care. People told us that they made their own decisions and that staff respected these and carried out their instructions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes and hospitals. Where people are deprived of their liberty in community settings, applications are made to the Court of Protection to consider whether the deprivation is in that person's best interests. We talked about this with the manager. No one supported by the service at the time of the inspection was deprived of their liberty and the registered manager understood their responsibility to recognise where someone might be at risk of being deprived of their liberty and knew which statutory body they needed to alert.

Is the service caring?

Our findings

All the people we spoke with told us they found the staff who worked for Pulse Bournemouth caring, friendly, kind and professional. One relative said their care staff was, "Like one of the family... goes over and above for us." Another person told us, "I can't praise them enough." One relative said, "They are all lovely people, all of them. The staff are very well chosen and fit in with us well."

We received written feedback from the local commissioning authority who stated, "On occasions staff have gone significantly further than expected to support people in their care."

The provider's vision was, "to make a positive difference to the lives of our clients by promoting independence and delivering the highest standard of compassionate care". Staff spoke knowledgeably about people and told us how they preferred their care and support to be given, which showed they knew them well. People and their relatives told us staff respected their choices and always treated them with respect and dignity and ensured their privacy was maintained.

The registered manager explained that wherever possible each team of staff were matched to each person to ensure they would complement each other and enable good relationships to develop. People confirmed this was the case. One person said, "I really like all my carers, they have been brilliant."

People told us they felt involved in their care and relatives confirmed they were kept up to date with any changing care needs. One person explained the system the provider had in place for ensuring they could express their views on the care and support they received. They told us they had regular meetings with their case manager, who spent time each month going through their individual nursing, care and support needs with them and their family. They told us they felt comfortable to raise any issues or queries at these meetings and felt listened to and included in their care delivery. One person said, "The monthly reviews work really well. We talk about any problems and they sort them out." The system ensured each person had their care needs reviewed each month and they were given the opportunity to discuss their care needs with a named member of staff that they got to know well. For people with complex care needs, a nurse was also involved to offer guidance and support. These reviews ensured changes in people's nursing and care needs were responded to promptly.

We discussed equality, diversity and human rights with staff. Staff gave good examples regarding caring and supporting people while respecting their individual choices. Care records were person centred and gave clear guidance for staff to ensure people's dignity and personal choices were respected. For example one person's care plan included they liked to smoke cigarettes which they could do independently. Their care plan stated, "I want to be able to live the life I choose without feeling judged or patronised".

Staff were knowledgeable about the need for keeping people's personal information confidential. People confirmed staff were professional and did not share information regarding other people with them. Computers were password protected and people's records were stored securely. There was no personal information regarding people on public display.

Is the service responsive?

Our findings

People's needs were assessed before they began to receive a service. People had an individual assessment completed that took into account their specific health and support needs. Care and support plans were developed from these assessments to ensure people received individual care and support in a way they preferred. Care plans were regularly reviewed and kept up to date with any changes in people's health or support needs. Care plans were detailed, person centred and clearly described the support people needed at each visit. They explained what people were able to do independently, and what activities they would require support with.

During our visits to people we reviewed people's care plans. People had complex care needs and their care plans reflected the nursing and complex care support they required. For example, for people who had a catheter in place, their care plan gave staff clear guidance on the size and type of catheter used, the health risks involved to the person in using a catheter, signs the person may present if they contracted a urinary tract infection and what action to take to maintain the person's health and wellbeing. These included the risk of responding and managing any possible AD attacks that could occur through supporting the person with their daily catheter care.

People had individual social activities care plans. These outlined what people required from their care staff, what goals they would like to achieve and how they would like their care given. For example, one person required full support from care staff to enable them to access social activities away from their home. Their care plan stated, "I would like my support workers to assist me in going to the pub once or twice a week. It depends on the weather as I do feel the cold." And "I would like my support workers to be proactive and motivated in supporting me out in the community."

We looked at how the provider complied with the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people living with a disability or sensory loss can access and understand information they are given.

Where people were unable to express themselves verbally, care plans gave staff clear guidance on how to support and care for these people. Care plans outlined how the condition affected the person, what specific support the person needed and how they preferred their support to be given. Staff told us how people unable to verbalise communicated to them. Staff gave examples of how people preferred to communicate, for example pointing and the use of specific sounds to convey what they wanted. Staff allowed people to speak at their own pace, did not rush them and checked they had understood them correctly. This enabled staff to respect people's choices and to give people their daily support and care in the way they preferred.

However, some people told us that the service was not always responsive and they felt communication within the service could be improved, particularly communication from the office staff. They said changes in staff were not always notified to them in time. People also told us the way changes were told to them was not always appropriate to their needs.

We recommend the provider reviews their communication processes.

The provider had a complaints process in place. People received information explaining how they could complain. This included contact telephone numbers to use if they wished to raise concerns or complaints about the service. There was a system in place for receiving, investigating and responding to complaints. The service had received five formal complaints in the previous twelve months. The registered manager told us all incidents and accidents and complaints were reviewed and discussed at the weekly managers meetings. People told us they were aware of the procedure for making complaints. The majority of people told us they felt comfortable raising a complaint and that they were confident it would be resolved sufficiently. One person said, "We did have a slight conflict with a member of staff once. We raised it and it was all sorted out discreetly." Another person told us, "We had a missed shift which was an error. The office sorted it out straight away though, it works well." However, two people told us they had not had a good experience regarding complaining. One person said, "I feel like I'm being fobbed off...I asked them for their official complaints procedure and it took them three weeks to get it to me." Another person told us, they knew how to complain but they felt they were often not taken seriously. We discussed this issue with the registered manager who said they would investigate.

We recommend the provider reviews their process on dealing with complaints.

Is the service well-led?

Our findings

People and staff told us they felt the service had an open, friendly and professional culture. People told us there was a clear management structure in place and the majority of people said they had confidence in the management team. All the people we spoke with highly praised the care staff and nurses that supported them. When asked what they thought Pulse Bournemouth did best, all the people replied, the standard of care they received from the care staff and nurses were the best.

Staff said they felt well supported and the management team were approachable, available and open. Comments from staff included: "Staff morale is good. Everyone is very friendly and I'm well supported", "I enjoy it, It's good to work in a team. I get good support and have people to go to when I need it, they are all there for me", "I get good support and communication is good, there is always someone to talk to for advice", "I get all the support I need. We have weekly meetings and we are encouraged to speak up and share our views. Any ideas given are listened to and problems shared, it's a nice pro active office."

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The provider had a number of systems and policies in place to monitor the care the service provided. These included care plan and risk assessment audits, accidents and incidents audits and medicine management and quality assurance monitoring processes. Management staff carried out staff supervisions, annual appraisals and a variety of spot checks as part of the quality assurance systems. We spent time talking with the manager and we were shown the systems and processes they had implemented to ensure a continuous quality service was provided to people.

Feedback on the service was sought from people using the service and their relatives in a variety of ways. These included quality assurance questionnaires, monthly review meetings and telephone reviews. The registered manager told us they had only received one completed quality assurance questionnaire back from the 21 they had sent out during the previous twelve months.

The registered manager told us they kept up to date with current practice by attendance at corporate led training and development events. Pulse Healthcare Limited had recently moved to a different style of delivery which involved merging offices across counties to work in 'hubs'. This had led to opportunities for shared meetings and seminars being held between the different offices which would enable sharing of good practice and helpful peer support to take place.