

## Pulse Healthcare Limited

# Pulse - Bournemouth

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 27 September and was announced. The inspection continued on 4 October and 5 October 2016.

Pulse Healthcare Limited provides domiciliary health and social care support services to people in their own homes. Pulse Bournemouth works with a variety of organisations to provide bespoke 'care packages'. The agency provides care and support to a wide range of people including children, people who are elderly, people diagnosed with dementia and people with learning or physical disabilities. At the time of our inspection there were 20 people receiving personal care from the service. There was a central office base which was open plan shared space where recruitment, nurses, case managers, coordinators and the registered manager were based.

The service had a registered manager in place. 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.

The provider did not have an appropriate system to ensure that they complied with conditions of their registration. The service was in the process of moving to another location which had not been registered with CQC. We advised the provider of their legal responsibilities to ensure people were protected by services being appropriately registered. The provider postponed the move pending the outcome of their application to register the new location.

We were told that there were times when medicines had arrived with items missing. We identified one incident when the person had to go without a medicine which resulted in them becoming unwell. The management team were informed 10 days prior that the medicine was running low. This did not demonstrate effective quality monitoring and showed us that actions were not acted upon within appropriate timeframes.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults and protection of children.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their life. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines generally were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, oral suction, nebulisers and pressure area care.

Staff told us they received regular supervisions and annual appraisals which were carried out by the management team. We reviewed records which confirmed this. A staff member told us, "Supervisions are regular and effective. They provide an opportunity for both parties to air concerns and for me to develop my skills".

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. People's capacity was assessed when necessary and best interest decisions made as appropriate.

People were supported to eat and drink enough whilst maintaining a healthy diet. Food and fluid intake was recorded for those who were under monitoring for this. The training record showed that staff had received food hygiene training.

People were supported to access healthcare services as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. People said they felt comfortable with staff supporting them. Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected people's needs in these. We saw that these were regularly reviewed by the nurses and case managers with people, families and other health and social care professionals.

The service had systems in place to capture and respond to people's feedback. People were asked if they were happy with the support they are receiving and if they would like any changes made during people's regular review meeting. The registered and quality manager told us that surveys were sent out every six months and that the last one was in January 2016. We saw that questions asked in the surveys were grouped into sections for example; your care, your care team, compliment and complaints. We were told that no actions had come from January's survey so no action plans were in place. We were shown the results of a bespoke survey sent out to people shortly after the current registered manager started. The registered manager told us that the purpose of this was to capture people's current views regarding the quality of service in two areas.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

Staff, people and families told us that the thought the management was good at Pulse Bournemouth. We found that the registered manager promotes an open working environment and was flexible. A family member told us, "The service is managed well. Our case manager is always available and we know who the registered manager is".

We saw that quality monitoring across the services took place regularly by the nurses, case managers and

registered manager. These included paperwork checks which were carried out at people's homes to make sure that record keeping is of a good quality, observations are being recorded and charts are up to date.

## 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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency contingency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

### Is the service effective?

Good ●

The service was effective. Capacity assessments were completed and best interest meetings were recorded by the service. This meant people were at a reduced risk of decisions being made that were not in their best interest.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received comprehensive training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

Pulse staff worked with external professionals and people were supported to access health care services.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive. Care files were personalised with guidelines and risk assessments which were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their complex and changing needs.

People were supported to access the community and take part in activities they were interested in.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

### Is the service well-led?

Requires Improvement ●

The service was not always well led. The provider did not follow provider guidance in relation to changes to conditions and locations.

Effective quality monitoring was not always acted upon within appropriate timeframes. This meant that some people were at a higher risk of harm.

The registered manager promoted and encouraged an open working environment.

Regular quality audits and staff competency checks were carried out to make sure the service was kept safe and that staff had the skills they needed to do their job.

# 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 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.

The inspection took place on 27 September and was announced. The inspection continued on 4 October and 5 October 2016. The provider was given notice. This is so that we could be sure the manager was available when we visited. The inspection was carried out by an inspector and specialist advisor on the first day. The specialist advisor was a paediatric nurse. The inspector completed the inspection on days two and three.

This was the first inspection that the service had had since registering with CQC. Before the inspection we looked at notifications we had received about the service. We spoke with the clinical commissioning group (CCG) to get information on their experience of the service.

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 spoke with two people who use the service and met with three family members.

We spoke with the registered manager and two case managers. Case managers were responsible for delivery of a number of different peoples care and support packages. We met with eight staff in various roles from recruitment staff and support workers to a paediatric and adult nurse. We reviewed three people's care files, policies, risk assessments, quality audits and the 2015 quality survey results. We visited four locations and met with the people and family members in their own homes. We looked at three staff files, the recruitment process, staff meeting notes, training, and supervision and appraisal records.

# Is the service safe?

## Our findings

People, relatives and staff told us that they felt the service was safe. A person said, "Pulse are very good, the care is safe and I feel safe in their hands".

A staff member told us, "Pulse is safe. They make sure everything is in place. There is always someone to contact even out of hours on-call". A relative said, "I am very happy and believe the service is safe. Staff are able to come and deliver the care without needing to be told". Another relative told us, "We have never had any reason to think Pulse is unsafe. They do everything they are asked to do".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "changes in behaviour, unexplained bruising and someone being withdrawn may be signs of abuse. I would report concerns to the manager or go higher if necessary or to the local authority or CQC". We reviewed the service's local safeguarding adult's policy which was up to date, comprehensive and reflected the six key safeguarding principles introduced by the Care Act 2014. As the service supported children as well as adults there was an up to date safeguarding and protecting children policy in place too. We also reviewed the local whistleblowing policy this reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this. A relative told us, "We have received support from the service for two to three years and never had a child protection issue. Our child is very verbal and would tell us if she was not happy".

We reviewed three people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. For example we saw that vomiting posed a risk to a person's airway. Control measures in place included; tracheostomy suctions to clear the airway, contact emergency services if necessary, make the person comfortable and complete relevant paperwork. We also observed that one person was at risk of pressure sores and that there was an assessment in place with clear guidance in place which included photographs to support staff when repositioning this person. These showed us that risks to people were appropriately identified and managed by the service. A staff member told us, "We always risk assess it's part of everybody's practice. We look at risks to people and remove them if possible or put controls in place to minimise them". A person told us, "I feel safe, staff are always here and when we go out we always take drugs and equipment to make it safe".

The provider had a Business Continuity Plan in place which explained how it would respond to situations, issues and incidents which may occur for example; damage to property or hospitalisation. Local and organisational contact was listed and a log sheet was included so that actions taken to manage any emergency situation could be recorded.

A person told us, "I have enough staff and am happy". Another person said, "I receive 24 hour care seven days a week from Pulse Bournemouth. There are enough staff to deliver care and meet my needs". A staff member told us, "The service is constantly trying to recruit more staff but I'm not aware that people have



ever gone without support because of a lack of staff". A case manager explained that prior to care packages starting needs are assessed and staffing determined. They said that packages of care would not start until staffing numbers were correct. The case manager told us that rotas are always covered and are flexible to change in response to meeting people's needs and/or staff sickness. We reviewed two people's rotas for the past four weeks which confirmed that shifts were covered. This told us that there were sufficient staff to provide safe care and support to people. A relative said, "We can be picky about staff, the case manager will work with us to meet our needs. We are also able to change the nights support is delivered by the service if we wish too".

Recruitment was carried out safely. A recruiter took us through the recruitment process which was comprehensive and consisted of CV's being sent in, telephone shortlisting, written competency test and formal interview. The recruiter told us, "Pulse Bournemouth is very safe because there are so many company guidelines in place. We expect all new employees to have a minimum of six months care experience". This demonstrated that a comprehensive and thorough process was in place to employ suitable staff and keep people safe. We reviewed three staff files which were kept on a central database file. Details about recruitment which included application forms, employment history, references, job offers and contracts were on file. Disclosure and Barring service (DBS) checks were also taken place and disclosure numbers recorded. Induction records were in place.

Medicines were stored and recorded safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. We reviewed the last three weeks of MAR sheets in two locations which were completed correctly and showed no gaps. Staff were required to complete medication e-learning and class room training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff said they were aware of.

## Is the service effective?

### Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as health and safety, child protection and safeguarding adults. We noted that staff were offered training specific to the people they supported for example epilepsy, oral suction, nebulisers and pressure area care. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. We saw that the registered paediatric and adult nurses had eight weeks to sign off new staff as either competent or requires improvement. New staff carried out a number of shadow shifts and completed mandatory organisational training. Feedback was gathered from experienced staff and a competency assessment completed. This demonstrated that the service ensured that staff had the appropriate skills and knowledge necessary to carry out their roles effectively. A staff member told us, "Before I was signed off the I completed 10 shadow shifts before the nurse observed me delivering care and then went through questions with me. With what I have learnt and what I am asked to deliver I feel competent in my role".

A staff member said, "We receive enough training to deliver care. We are also able to do additional training if requested. There are always good trainers which I feel is important. I recently did training in changing a trachostomy. We were taught how to do it with the least discomfort to the person and staff. I have also done my level two and three diploma in health and social care".

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. A staff member told us, "Supervisions are regular and effective. They provide an opportunity for both parties to air concerns and for me to develop my skills". The appraisal process involved reflecting on past achievements and progress and setting new objectives as part of a work plan. Outcomes achieved were evidenced. Learning and development was identified and steps to achieve these were recorded.

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.

The registered and case manager told us that they completed capacity assessments and recorded best interest decisions as and when appropriate. We saw that these were saved on the online system as and where necessary.

A case manager told us that consent to care forms were on each person's file which detailed the agreed care which was to be delivered. These were signed by the person, a parent or a relevant family member where appropriate. They went onto say that these were regularly reviewed. A person told us that staff always ask before delivering care. Another person said, "Staff ask me what I want and support me well".

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "The MCA is in place to protect people and help people to make decisions for themselves based on capacity. We do assessments and involve multi-disciplinary teams if best interest decisions are being made".

Some people receiving personal care were supported with eating whilst others relied on peg feeding. The training record showed that all staff had completed food hygiene and peg feeding training. We saw that appropriate records were kept in relation to nutrition including food and fluid intakes. A person told us, "If I needed or wanted a snack at night staff would provide it. I usually just have drinks though". A staff member told us that they always provided and promoted healthy eating to people they supported. This approach enabled people to make informed choices and decisions relating to healthy diets.

People were supported to access healthcare services as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs. A person told us, "When I was discharged from hospital I came back with guidelines and paperwork for the Pulse Bournemouth staff to follow". A staff member told us, "People are supported to access health professionals like GP's, health visitors, speech and language therapists and district nurses when required". We saw that health care visits were recorded in people's care files.

## Is the service caring?

### Our findings

Positive caring relationships were developed between people and staff during the induction shadow shifts which were carried out with other experienced staff. A case manager told us that people can always request for some staff not to return if there was ever a clash of personality. The coordination of staff is set on the online system which lists staff appropriate to support each person. If a person has requested for a staff member to not return then the system would not allow the coordinator to allocate that member of staff to the shift. This demonstrated an effective way of actively involving and supporting people to have control in choosing their own staff.

A staff member said, "I have always enjoyed supporting people. I am a big person to promote people's independence. Independence is key to everyone. I see everyone as an individual".

Staff promoted and supported people to make choices and decisions about their care and support. Staff told us that they provide information to enable people to make informed decisions. A staff member told us, "People are given choice for example; to watch TV, take their medicines, go to their lounge, and play on their computers. People's preferences and interests are in their care plan. I give people as many opportunities as I can to make choices and decisions". Another staff member said, "I discuss ideas with people which supports them to make choices and decisions. I support people to understand their own conditions. It's our responsibility to make sure people feel comfortable in their own home".

We observed staff being respectful in their interactions with people. During the visits the atmosphere in people's homes was relaxed and homely. A staff member said, "I'm caring. In this line of work you need a caring nature". One person told us, "Staff come across very caring. They genuinely want to deliver the care. They talk to me and give me options to make decisions with". Another person said, "Staff are definately caring, they always ask how I am and if they can do anything else for me. It's nice to know they will go the extra mile". A relative told us, "Staff know my family member well and understand their needs. They do an excellent job and are always professional with a bit of banter. We feel lucky to have them". This told us that people received positive care from staff who had developed positive working relationships with them and their families.

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. Plans were set to reflect the time I would like my care, how I would like my care to be provided, my goals and space for further comments. This demonstrated a personalised approach to the planning people's care packages.

The on-line care files we reviewed held photographs, pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information was then printed and held in each person file in their homes. This information supported new, agency and experienced staff to understand important information about the people they were supporting.

People's privacy and dignity was respected by staff. People's individual records were kept securely in locked

cabinets in the central office and on an internal online care system which required individual usernames and passwords. This ensured sensitive information was kept confidential.

Staff we observed during home visits were polite and treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors and curtains when delivering personal care, cover private areas and always give privacy when needed or requested". Another staff member told us, "We talk people through routines and what we are doing. We make sure they are aware and happy for us to carry out tasks".

## Is the service responsive?

### Our findings

We saw that people and parents were supported to be involved in making decisions about care and treatment. We were told by a parent the care plans were written and then shared and reviewed with them. A person told us that they wrote their own guidelines which staff now follow. The person said, "This was very important to me". This demonstrated active involvement in decision making which related to the person's own care and treatment. We reviewed their care file and saw that it was up-to-date and that daily support records were comprehensive and completed.

We found that care being delivered was centred around the people's individual needs and that staff were aware of what was important to the people they were supporting. We were taken through the assessment process from pre admission to full admission and packages starting. Initial assessments which took place identified clinical and social needs. There were various areas of assessment for example, environment, equipment, respiratory, nutrition and interests. This information then formed the foundation of people's care plans and guidelines. We saw that these were reviewed with people and families regularly by either the paediatric or adult nurses and case managers. We read that in a recent review for a person current conditions had been discussed and that it had been recorded that there had been a reduced number of sickness episodes. An action to work with an occupational therapist in relation to new equipment had been set. We noted that a meeting had been arranged with all parties to discuss what was in this person's best interests. This demonstrated a system which was working well and that enabled the service to be responsive to people's changing needs. A person told us, "My care is regularly reviewed. It used to be monthly but I asked for it to be three monthly. This is now happening".

We saw that changes in people's needs were identified and guidelines up dated to reflect these. Nurses completed agreed changes on the online care system which could be done during review meetings with families via a tablet which was taken out by each of the nurses and case managers. From there new hard copies would be printed from the office and sent to people's homes for staff to follow. In these situations we were told that messages were written for staff in communication books at people's homes and that emails were sent out. We were told that this system worked well. A relative told us, ""A new type of mask was introduced by the service and our family member has responded positively to this". A staff member said, "One person's health needs are changing. In response to this they have had hospital visits. The person now requires more equipment which has been arranged through the review process. In some cases staff may require further training in response to people's changing needs. I have received cofisis and assisted coughing training because of changes before". A relative told us, "Pulse nurses do monthly reviews to discuss our family member's needs, medicines and identify any changes".

We were told that Pulse Bournemouth staff had supported people on holidays and day trips. A family member told us, "We receive two nights support a week. We went on holiday and staff provided support during one of those nights. The service is very flexible to our family needs too. If we don't use our hours one week they are then provided in addition the following week". We saw that a person had been supported on a trip to France, another had attended a grand prix whilst someone else had attended horse race meetings. A relative told us, "When my family member is well enough they are support on activities they enjoy". A person

said, "Staff know what I like and don't like to do".

We asked the service how they listened to people and learnt from their experiences, concerns and complaints. We were told that the staff induction competency assessment forms were currently under review. The quality manager told us they would be looking to include a comments box to capture feedback from people about new staff starting. This would support the service to evidence how they learn from people's experiences. The case managers said that during each review people are asked if they are happy with the support they are receiving and if they would like any changes made. A person told us, "I receive quality survey's to complete". The registered and quality manager told us that surveys are sent out every six months and that the last one was in January 2016. They said that the next one is just about to be signed off and sent out to people again. We saw that questions asked in the survey were grouped into sections for example; your care, your care team, compliment and complaints. We were told that no actions had come from January's survey so no action plans were in place. We were shown the results of a bespoke survey sent out to people shortly after the current registered manager started. The registered manager told us that the purpose of this was to capture people's current views regarding the quality of service in two areas. One area was care and support received from staff and the other area was the management of adult and paediatric cases. We read that 15 out of 18 people took part in telephone consultations during August 2015 and the results we reviewed showed that nine people said their care was excellent and six said it was good. No one had responded saying their care was poor. Comments reflected in the published report reflected positive experiences from people and families that used the service. One comment said; "staff are lovely, they make an effort to allow me to access the community in my wheelchair, with my dog. We have good times together, they make me laugh". This told us that the service was regularly seeking people's feedback and where necessary learning from it and developing the service further. The registered manager told us that they are always looking to develop and improve the service they offer to people.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. People and staff we spoke to all said that they would feel able to raise any concerns they may have. A person told us, "If I had a complaint I would e-mail my case manager. I have complained in the past due to a staff member falling asleep on shift. I complained about this and asked for that carer not to return. Pulse investigated this and have not sent this carer back". Another person said, "If I had a complaint I would contact the office but I have never had to yet".

## Is the service well-led?

### Our findings

The service has a registered manager in place. 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.

The provider did not have an appropriate system to ensure that they complied with conditions of their registration. Pulse- Bournemouth is part of a larger organisation and managed their contact with CQC centrally. A week prior to the inspection the provider had submitted applications to remove the location, Pulse-Bournemouth, and register a new location as they intended to change the location where the services were to be carried on. When we arrived we found that the office was packed up and we were told that it was the providers intention to carry on the service from the new location. However, the new location had not been registered with CQC. We advised the provider of their legal responsibilities to ensure that people were protected by services being appropriately registered. The provider postponed the move pending the outcome of their application to register the new location.

A staff member informed us on a visit that there were sometimes difficulties ordering and receiving one person's medicines. We were told that there were times when medicines had arrived with items missing. We identified one incident when the person had to go without a medicine which resulted in them becoming unwell. The management team told us they were in the process of changing how this person's prescriptions were handled. During this transition period their medicine ran out. A nurse said that it was because a prescription had got lost in the post. We saw the service had identified that the person was running low on the medicine 10 days before it ran out. The nurse told us that they continued to chase it but time ran out. We noted that the medicine was then picked up from the pharmacy the day after and administered. The service management told us they could not have picked it up sooner. This did not demonstrate effective quality monitoring and showed us that actions were not taken within appropriate timeframes. The registered manager told us that they are now using another pharmacy which used a monitored dosage system (MDS). They said it was working a lot better. We found that the service had recorded a chronology of events leading up to and past this event and that learning had taken place to improve the quality and management of care and medicines.

Staff, people and families told us that they thought the management was good at Pulse Bournemouth. We were informed that the registered manager promoted an open working environment and was flexible. A family member told us, "The service is managed well. Our case manager is always available and we know who the registered manager is". A person said, "Pulse Bournemouth is well managed, it is organised and they keep me up to date with things like staff rotas". A staff member told us, "The registered manager is good. They keep staff up to date, lead by example, are very approachable which I feel is very important". Another staff member said, "My line manager is always available, knowledgeable about my caseload, professional, calm and approachable". They went on to say that the registered manager is very good at making sure staff are doing things correctly and that they are very fair and approachable.



A case manager told us that regular meetings took place on a Tuesday. The nurses and case managers have individual meetings in the morning and then the registered manager brings them all together for a management meeting in the afternoon. We reviewed the staff meetings notes and saw that they had taken place weekly. A case manager told us that the registered manager encourages everyone to have a turn at chairing and note taking each meeting. We were told an agenda goes up ahead of meetings and saw that in the last meeting updates were given by each person, recruitment was discussed and actions from previous meetings were covered. We noted that there were clear action plans created from these minutes. This demonstrated good management and leadership from the management team at Pulse Bournemouth.

We asked if general staff meetings took place. We were told that they had tried to do this but due to vast number of staff working at different times of the day and night across a large area it was hard to organise. The case manager explained that sometimes there may be a meeting with a team of staff who deliver individual packages of care. The case manager said that new packages of care would always warrant a care team meeting to discuss the persons overall package, needs and outcomes. Also complex changes in care packages would highlight a need for a team meeting. We were told that there was an employee support service available to staff should they wish to use it. The case manager told us that staff had fed back that it had been beneficial for them following the death of a person they supported.

We found that both the registered manager and office staff had good knowledge in their areas and were open to learning and further developing the service. The management at Pulse Bournemouth were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

We saw that quality monitoring across the services took place regularly by the nurses, case managers and registered manager. These included paperwork checks which were carried out on site to make sure that record keeping was of a good quality, observations are being recorded and charts are up to date. We were told that any issues are brought up by the nurses with staff and fed back to the registered manager. Care file audits were completed in addition to these which looked at a sample of people's care files at any one time. This included the file kept in their home as well as the online system. The registered manager told us that they check through assessments and plans to look at detail and where necessary will ask for further information to be added. The registered manager said that they also have final sign off of all new staff who have completed their inductions, local mandatory training and competency tests. This demonstrated that there were a number of systems in place to monitor quality service delivery to people. We were told that the service would ensure that all actions were dealt with in a timely manner.

We saw that the registered manager logged data from incident reports monthly which included incidents, complaints and falls. This data was then logged on an online system which enabled the governance team to gather an overall analysis and look for trends and learning which could then be shared. The registered manager told us that they have monthly meetings to discuss outcomes, conclusions and take on any actions required. This showed that people received a service that improved due to effective quality monitoring.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.