CareQuality Commission

Pulse Healthcare Limited

Pulse@Home

Inspection report

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Date of inspection visit:
13 December 2016
14 December 2016

Date of publication:
13 January 2017

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

The inspection took place on 13 and 14 December 2016. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out the inspection. When we last visited the service on 13 January 2014, we found the service was meeting all the regulations we looked at.

Pulse@Home is a domiciliary care service registered to provide personal care in people's own homes. The provider employs a combination of registered nurses and care workers to support people who currently use the service. At the time of the inspection there were 40 people using the service. Some of the people who used the service had complex nursing needs.

The home does not have 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. An interim manager was in post and had applied to become the registered manager for the service.

People told us they were safe. Medicines were managed safely. Risk assessments identified the risks to people and how these could be minimised. Staff were available to meet people's needs.

People were involved in decisions about their care and how their needs would be met. Managers and staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Staff had access to ongoing training. They were knowledgeable about their roles and responsibilities.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care. People were supported to eat and drink.

People were treated with dignity and respect. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People were supported to maintain good health and had access to healthcare services. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service regularly requested feedback from people who used the service. People, relatives and staff said the management were approachable and supportive.

Systems were in place to monitor the quality of the service. People felt confident to express any concerns and these were addressed by the manager.

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 to ensure that people's needs were met.

Staff were aware of different types of abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who used the service were identified and managed effectively.

Is the service effective?

Good

The service was effective. Staff were supported through induction, supervision, appraisal and training.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately.

People were supported with food and drink appropriately.

The service worked with health and social care professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed prior to care being delivered by the service.

Care plans detailed the support people required and how to meet their needs.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with the provider's complaints policy.

Is the service well-led?

Good

The service was well led. The quality of the service was monitored.

The service had a positive open culture which continuously strived to improve.

Relatives and staff spoke positively of the acting manager and the management structure.

Pulse@Home

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 13 and 14 December 2016. This was an announced inspection and the provider was given 48 hours notice. The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed relevant information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. We spoke with the local safeguarding team and Healthwatch.

We spoke with twelve people who used the service, five support workers, two nurse consultants and the interim manager. We also spoke with two members of the clinical governance team.

We also looked at a sample of six care records of people who used the service, six medicine administration records, five staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us they felt that the service maintained their safety. One relative said, "They look after my relative really well. They are all wonderful and I am confident that my relative is safe." The staff understood how people who used the service would communicate that they had been abused. One relative said, "I know my relative is safe with them. We have the same group of nurses and they all know what my relative's likes and, because they are non-verbal, the nurses are very good at reading the body language."

Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding adults. Health professionals told us that staff were very reliable and responded to any concerns they raised. One safeguarding concern had been raised in the last year. The interim manager was able to show us that this had been investigated and appropriate action had been taken to keep people safe.

People told us they were involved in discussing risks and making choices about how to be safe. People's care records included a risk screening tool, which identified the individual risks in relation to people's health. The service had then developed plans to reduce the risks of harm and reviewed these regularly with the involvement of the person to ensure they were still effective. One relative told us, "I think they really understand the risk involved in manual handling because I've been really impressed by how they lift my family member and do this safely."

Staff we spoke with had a good understanding of how to manage risks positively for each person they supported. They told us they followed risk management plans and had the opportunity to discuss risk management at team meetings. Care records demonstrated staff had followed the individual risk management guidelines which were in place.

Care records contained risk assessments that covered the general risk from the people's home environment and the specific risks result from the person's care needs. The risks faced by people that resulted from their hearing impairments and how to mitigate them were recorded in people's risk assessments.

There were sufficient staff as people who used the service and relatives told us that the availability of staff was tailored to meet their individual needs. Relatives told us that there was continuity of staff. They confirmed that nurses were generally on time, and if they were likely to be late for any reason, they would phone to let them know.

The manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed each day. Initial assessments and care plans identified when and for how long staff would visit people. Care plans also specified the care needs that staff would support people with.

Safe recruitment procedures were in place. Staff had undergone the required pre-employment checks before starting to work for the provider. We looked at the files of three staff who had recently been recruited to work with people who used the service. These files contained disclosure and barring checks, two references and confirmation of their identity. We spoke with one member of staff who had recently been recruited to work at the service. The staff member told us they had been through a detailed recruitment procedure that included an interview and references had been obtained before they commenced working for the provider.

People who used the service had support from staff in relation to their medicines. Relatives told us that if their family members needed support with their medication they were confident that this would be administered properly and recorded on Medicine Administration Record (MAR) charts.

People told us they received their medicines safely. Staff said when it was identified that people required support to receive their medicines they followed the provider's MAR.

Arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them. There were no gaps on the MAR and reasons were recorded for not giving people their medicines. Staff told us how medicines were obtained and we saw that supplies were normally available to enable people to have their medicines when they needed them.

Staff said MAR charts were completed by them to confirm people had received their medicines as prescribed. People's MAR charts were checked as part of regular monitoring visits carried out by the management team to people's homes to ensure they received their medicines as proscribed.

Good

Is the service effective?

Our findings

People who used the service received effective care as staff had the necessary knowledge and skills to meet their needs. Relatives told us that staff understood and knew how to meet people's needs. One relative said that the nurses who support people were "extremely knowledgeable." Another relative told us, "I'm very happy with the nurses. We have had one who has been with us right from the start and another who hasn't been with us as long but they are just excellent. The right people for the job."

Staff said that the training they received enabled them to meet people's needs effectively. The training matrix showed that all staff had completed the necessary mandatory training which included for example, infection-control, food hygiene and first aid. Refresher training had also been planned so that staff maintained their skills and knowledge in these areas. All staff had also completed the Health and Social Care Diploma.

Records showed all new staff received an induction training before they were allowed to work on their own. The induction included classroom training which covered key policies and staff code of conduct. When training a carer for work with a specific person they would shadow experience staff to learn the practical aspects of the job. Before nurses begun a new placement the provider checked that their skills were appropriate to meet the person's needs and that all their training was up to date. The manager explained that if a nurses training was not up to date then they would not be allowed to work with people who used the service. When people who used the service had specific needs the provider had made sure that the nurses had the relevant training to meet those needs safely. For example, nurses had been trained in how to feed people via a tube and suctioning. Staff were given a copy of the organisation's staff handbook when they started so they could refer to it when required. This meant that staff were provided with the training and support they required to do their jobs effectively.

Staff told us they felt supported. Staff were supported through regular supervisions from their team supervisors every three months to discuss any issues they faced at work and concerns about the people they looked after. We saw copies of supervision notes and they covered discussions about the well-being of people using the service, performance issues, training and time keeping. After staff had completed their first shift the interim manager carried out a first visit appraisal. The interim manager called the nurse to check if everything went well and also checked with the family about whether they felt the nurse had met the person's needs. Staff were also appraised yearly by their supervisors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People and relatives told us staff asked them what they wanted and waited for permission from them before

they supported them. One relative said, "They never make assumptions. They ask my family member what they would prefer to do. Whether they want to go out or not." Staff told us they always explained what they were doing and sought consent from the person before they carried out any task. They told us that where necessary they liaised with people's relatives if they had concerns about the person's ability to make a decision or choice.

Staff said they found various strategies to work with people around their decisions and choices. For example, if a person did not want to have their personal care when it was due, they would leave it and ask them again in a different way later. Staff understood the communication needs of people and demonstrated skills to communicate with them. Staff understood how a 'best interests' decision should be made if people were unable, even with support to make a decision. One relative told us, The staff understand my relative's communication needs. If they are happy they smile and laugh but if they were upset they will cry. The staff respond to her moods really well." Staff explained that the family, GP and social worker would be involved in a joint review meeting if a decision need to be made around a person's capacity. Staff had completed formal training on the Mental Capacity Act 2005.

People told us when staff supported them with meals they were able to choose what they ate. People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan.

Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. Where people needed support with their nutritional needs their fluid and food intake was being monitored.

Relatives supported people with their healthcare needs. People told us that they had been able to see their general practitioner when they wanted. Care records demonstrated that the service had worked jointly with health professionals to meet people's needs. The interim manager told us the service worked closely with other care providers.

Good

Is the service caring?

Our findings

Relatives said that staff were caring and supported people who used the service to express their views about how their needs should be met. One relative said, "Staff are kind and respectful." Relatives said that staff were always "helpful." Staff knew the preferences and personal histories of people who used the service. People's preferences regarding their care were recorded in their care records. Before any care was provided the provider made sure that people's preferences regarding their care were discussed as part of the initial assessment.

People and their relatives told us they had been involved in the care planning process and had been visited in their homes prior to receiving care. People were provided with copies of their care plans and information regarding the provider's policies on choice, confidentiality and complaints management.

People and relatives confirmed that they had been involved in the planning of their care. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

People were supported to maintain their personal, cultural and religious needs. Care plans recorded people's requirements in relation to communication needs and preferred language. People's communications needs were recorded and staff had guidelines on how to communicate with people appropriately.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

People and relatives told us that they understood and had been involved in making decisions about their care and support. All the care plans we looked at had been signed by either the person or their relatives.

People and relatives told us they had the same carers for each visit. This meant that people were able to develop relationships with the staff that cared for them and provided continuity of care. We were told that carers usually arrived on time.

Good

Is the service responsive?

Our findings

People who used the service told us they were involved in the planning and reviewing of their needs. One relative said, "They do everything we want them to do. My relative can be very difficult but they has become very attached to the nurses who come." Another relative told us, "They will do anything we ask them to do. Nothing is too much trouble for them."

Care plans were detailed and gave staff information about people's care needs and their preferences regarding how they wanted to be supported. Care plans were in place to address people's identified needs.

Care plans had been reviewed monthly or more frequently such as when a person's condition had changed, to keep them up to date. Staff explained how they met people's needs in line with their care plans.

Care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members. One relative commented that, "This service has been great from day one. The care plan is so thorough. The manager went through absolutely everything including my relative's likes and dislikes."

People told us they knew the content of their care plan and were involved in planning their support. Care plans detailed people's care visit times, the duration of the visits and the tasks to be undertaken. Care records showed that people's care visit times had been increased when required to reflect their needs. Staff understood the importance of recording changes in people's needs.

The provider responded to people's changing circumstances. Relatives told us they were able to change their support visit times and stop and restart the care package as they wished. Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

Care records contained a pre-assessment document, which showed people's needs had been assessed before they decided to use the agency. Relatives confirmed that someone from the agency had visited them to carry out an assessment of their needs. These assessments had ensured that the agency only supported people whose care needs could be met.

People's needs were being regularly reviewed by the agency with the person receiving the service and their relatives. Where these needs had changed, usually because someone had become more dependent, the agency had made changes to the person's care plan. We saw a number of examples of this including an increase in care hours when someone's care needs increased. People told us that they could call the agency if they needed an extra hour or two of care and that this was provided when required.

People knew how to make a complaint about the service. People and their relatives had been given a copy of complaints policy so that they knew what to do if they wanted to make a complaint about the service.

The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service, so that improvements could be made to the care and support people received.

Good

Is the service well-led?

Our findings

We observed that there was an open and positive culture in the service. One relative said, "If you phone through and speak to the manager she is very helpful and she is always accessible." Staff, people and relatives told us that the service had a management team that was approachable and took action to address any concerns that they raised. Staff were approachable and engaged positively with people and relatives.

The service did not have a registered manager. The interim manager had applied the Care Quality Commission (CQC) to become the registered manager for the service. The application is currently being processed by CQC. People using the service, their relatives and friends were positive about the acting manager and the way the provider ran the service. People and their relatives knew who the interim manager was and said they were approachable and available.

Staff were positive about the management structure and told us they appreciated the clear guidance and support they received. Staff told us the acting manager was open to any suggestions they made and they had benefited from clearer communication from the interim manager about how they should prioritise their work.

Supervision records showed that staff training and development needs had been identified. One relative told us, "I think the nurses all know what they're doing so I think they must be well trained for this kind of work." Any issues identified in staff supervision were discussed by the management team and plans were put in place to address these issues. Staff told us that the supervision they received enabled them to understand and improve the way they met people's care needs.

People and their relatives were consulted about decisions on how the service should be developed. A survey had been carried out and responses were generally positive regarding how the service listened to people's views and involved them in decisions about their care. People were also involved in decisions about the service.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the acting manager and action taken to ensure that any risks identified were addressed. Where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. This included spot checks on the care provided by staff to people in their flats. These checks were recorded and any issues were addressed with staff in their supervision. When these checks identified that staff needed to improve their practice they had received additional training to support this.

Quarterly audits were carried out across various aspects of the service. These included the administration of

medicines, care planning and training and development. Where these audits identified areas for improvements records showed that an action plan had been put in place and any issues had been addressed.