

Pulse8+ Ltd

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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

Pulse 8 is a domiciliary care agency that provides personal care to people living in their own homes. Pulse 8 provides a service to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, younger adults, sensory impairment and physical disabilities. At the time of our inspection visit they provided a service to 56 people. Care calls provided to people ranged from 30 minutes to nine hours.

At the last inspection in April 2017, the service was rated overall, 'Requires Improvement'. This was because the provider had not sent us statutory notifications in line with their legal responsibility. This was a breach of the regulations. We served a requirement notice and asked the provider to complete an action plan to show us what they would do, and by when, to improve their systems so we would be notified of important and serious events. This action plan was received by us within the requested time frame. At this inspection we found that improvements had been made and the regulation specified in the requirement notice had been met.

This inspection was a comprehensive inspection so we have inspected all key questions under the new framework to make sure all areas were re-inspected to validate the rating. Since our last inspection we received some information that continuity of staff was not always provided and we found there was some evidence to support this, although improvements had started to ensure staff consistency was maintained.

The office visit was completed by one inspector which took place on 14 June 2018 and was announced. We told the provider we were coming so they could arrange to be there and so they could contact people, to seek their permission for us to speak with them about their experience of using this service.

The service had a registered manager in post. 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.

There were procedures to keep people safe and manage identified risks to people's care. People and their relatives felt safe using the service and staff understood how to protect people from abuse and potential harm.

Where staff administered medicines, staff were trained and assessed as competent to do so. The provider's recruitment process continued to ensure pre-employment checks were completed prior to staff starting work, to ensure staff were suitable to support people who used the service.

Staff used protective clothing when needed, such as disposable gloves and aprons when providing personal care tasks, which minimised the risk of infection.

People had an assessment of care completed before they used the service to make sure staff could meet people's care and support needs. The provider put people's needs first and if they felt they could not meet people's needs without it having an impact on the people already receiving care, the package was not taken.

People said care staff stayed long enough to provide the care outlined in their care plans and were willing to help provide additional support if needed. However, people and relatives said care calls times were not always provided at consistent times, and the staff teams were not always the same, especially at weekends. Some people did not know in advance, who was providing their care. Measures were in place to improve this and people said in the last few weeks, consistency had improved.

Care plans provided information for staff about people's care needs and the details of what they needed to do on each call and people and relatives were involved in making care decisions.

The registered manager and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions people made about their care and gained people's consent before they provided any care or support.

People told us they received care from staff who were kind, caring and considerate to their needs. People said staff always treated them with dignity and respect and relatives were confident their relations were looked after well. Staff knew the people they visited and spoke about people in a caring and considerate manner.

People's care needs were regularly reviewed. The registered manager and office staff were in regular contact with people, or their relatives, to check the care provided was what people needed and expected.

People knew how to complain and information about making a complaint was available for people when they started using the service. Some people told us if they contacted the office, calls were not always returned.

Staff felt supported to do their work effectively and said the managers and provider were approachable and available. There was an 'out of hours' on call system, which ensured support and advice was available for staff.

The provider's quality monitoring systems included asking people for their views about the quality of the service. The management team regularly checked people received the care they needed by observing staff during visits and through feedback from people and staff. The office team and registered manager worked well together and were committed to providing a high-quality service to people. However, records and the audit processes were not thorough enough to demonstrate what improvements had been made. The provider assured us they would take action because they were driven to deliver a service that they and their staff team were proud of.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems to monitor and review the quality of service people received required further improvement. The systems used to monitor the effectiveness of the service were not effective and a lack of audit records meant we could not be confident actions were taken. Some of the concerns about call consistencies and rota management were not part of a structured checking and analysis process. We were assured the provider was committed to putting this right.

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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.

The office visit took place on 14 June 2018 and was announced. We told the provider we were coming so they could arrange to be there for us to review their care records and to obtain information about people and staff, so we could speak with them after our visit. This visit was a fully comprehensive announced inspection and completed by one inspector.

We looked at the information we held about the service and the provider. This included statutory notifications the provider had sent us. Statutory notifications are reports the provider is required by law to send us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Prior to this inspection visit, we received information that suggested staff teams were not always consistent or 'familiar faces'. We looked at this during this inspection. We found people's care calls were not always provided by the same care staff, although improvements to call rotas and extra staff had begun to improve this.

Prior to this inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form where the provider tells important information about the service and what they have identified requires improvements. We gave the provider an opportunity during this inspection to provide us with information that shows what they have achieved since their last inspection.

During the inspection visit on 14 June 2018 we spoke with the provider (who was the owner of the business), the registered manager, a training manager and a care co-ordinator. The registered manager provided us with a list of people and relatives who they confirmed had given permission for us to speak with them. This was so we could gain their views about the service they received.

Following our office visit, we spoke by telephone with two relatives and four people who received the service. We spoke by telephone with two care staff about what it was like to work for Pulse 8, as well as the

training manager and care co-ordinator, who also provided to care to people.

We reviewed care plans for two people including their daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included the provider's call monitoring systems, medicine records, complaints, staff training records and the provider's quality records. Quality records included two provider audits, staff supervisions, and records of observed practice and people's feedback surveys.

Is the service safe?

Our findings

At our last inspection we rated safe as Good. At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good.

People told us they felt safe receiving care and support from the staff. One relative said, "I can trust them and [relative name] has not said anything to me so I know they are happy."

There were enough staff to cover people's care calls. However, some people told us they had received care from an established staff team, but they had experienced unfamiliar staff being sent to support them. People told us this had improved in the last couple of months, but they expressed some anxiety that this would be maintained. The provider told us they had recruited additional care staff in order to maintain a more established staff team, but in the meantime, the same staff would support people where possible. One person said, "Recently, the timings are perfect. They adhere to that now."

We were told there had not been any missed calls, but some calls had been completed later than planned, which some people said, had an impact on their daily routines. One relative said, "A late morning call becomes close to an afternoon call which is not ideal." At the time of our visit, the provider knew this was an area for improvement and said the additional new staffing would help them to better manage the call rotas and 'call runs' to reduce travel time for staff.

People and family members did not regularly receive weekly rotas and this was because the rota was only planned a few days in advance. People said of late, it had improved and the provider planned to begin to issue a weekly rota soon, once staff teams became more established and that all care calls were allocated one week in advance. Some staff told us they found this frustrating, but recognised it would improve as more staff were available to complete care calls.

Staff we spoke with understood the type of concerns they should report and how to report them, such as, unexplained bruises on people's skin, and changes in their behaviour. One staff member said, "I would report it to managers and if nothing was done, I would tell you (CQC)." Staff were confident any concerns they reported would be acted on by the provider. The registered manager understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

Staff knew how to minimise people's risks. Risk assessments were completed so staff knew how to provide safe care, and staff told us they felt confident supporting people where risks were known, such as hoisting people to transfer or managing behaviours that challenged. Some risk assessments for these behaviours required updating such as including triggers, signs to look out for and what approaches by staff worked. However, from speaking with staff it was clear they knew what actions to take to keep people safe.

Staff kept accurate records of when people's medicines had been given. Records confirmed that all staff had received training on the safe administration of medicines. Competency assessments were completed to ensure staff maintained the necessary skills to safely administer medicines. Medicine administration records

(MARs) were returned to the office monthly and checks were made to ensure prescribed medicines had been administered as prescribed.

Recruitment procedures continued to keep people safe as risks were minimised, as far as possible. Pre-employment checks were completed, such as obtaining references, identification checks and an enhanced Disclosure and Barring Service (DBS) clearance. The DBS assists employers by checking staff's backgrounds for any criminal convictions to prevent unsuitable staff from working with people who use services. Newly recruited staff told us they shadowed other experienced staff before they worked alone with people.

People and relatives told us staff reduced the risk of cross contamination by wearing personal protective equipment when personal care was provided. We were told of one example wear staff wore face masks because one person had a low immune system.

The registered manager and provider said whenever incidents had occurred these were investigated and where staff practice was involved, observed practice took place to minimise potential for further occurrence. The provider had no records to show how these were recorded and evaluated on a regular basis to identify trends, however this would form part of their improvements with their governance and audit systems.

Is the service effective?

Our findings

At our last inspection we rated effective as Good. At this inspection we found staff continued to have the experience and skills to provide effective care to people. The rating continues to be Good.

The provider assured themselves they could meet people's needs before they agreed to provide their care and support. The provider and registered manager completed a pre-assessment of people's care and support needs, including their physical, mental and social needs. This gave them confidence they had staff with the necessary skills and experience to support people effectively as soon as they started using the service.

People and relatives confirmed they were involved in the assessment process and continued to be as people's health needs changed. One relative told us, "On Monday [registered manager] did a risk assessment and was going to take all the old papers away to write it up for me to re-read. She said it was out of date so has now updated and will give to me to read."

People and relatives said their wishes and preferences were known, recorded and followed by staff to ensure the care remain personalised to them. People and relatives told us care staff knew what care and support they needed to meet their needs and maintain their welfare. Some people said care staff always asked them what they wanted to do and offered help where they could. One person said, "The carers (staff) are brilliant."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and found the registered manager understood their responsibilities under the legislation. They told us all the people who currently used the service could make daily decisions about their care, or had relatives who could make decisions in their best interests. People said staff always offered them choice and let them continue to do things for themselves to continue to promote their independence which people said they wanted.

All but one of the people we spoke with prepared their own meals and drinks, or had a relative to support them with their dietary needs. Families arranged for food and drinks to be available and made meals based on what people wanted to eat, promoting choice and independence. One person who needed help from staff with meal preparation said staff had made their lunch for them today. They said, "I do my own shopping on line so I order what I want." They went onto say, "Staff have given me my meal and I have a glass of red wine...Merlot - what more could I want."

The provider acted in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care. New staff completed an induction that was based on the Care Certificate

and worked alongside more experienced staff to gain the practical skills they needed to support people. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. An on-going training programme ensured care staff kept their skills up to date and were effective in their role. Additional training was provided to meet people's individual needs, such as epilepsy training. A relative of a person who had epilepsy said, knowing staff were trained in epilepsy ensured they were competent and effective, which gave them confidence staff knew what to do in the event they were not at home.

Staff told us the training was very good. Staff were complimentary of the training manager, who they said delivered their training in a way that was informative and beneficial. Even though staff we spoke with were not new to care, they found their training was good.

Staff received supervision (one to one meetings) with the registered manager. Part of the supervision programme was unannounced observations of their practice or, 'spot checks', to make sure they put their training into practice. During the 'spot checks' the registered manager looked at record keeping, communication, call times and how staff provided people's care to support their welfare and privacy and dignity. Staff understood each other's roles so they knew who to go to for immediate support.

The registered manager told us how they worked in partnership with other agencies and health professionals such as social services, commissioners of services to make sure people's needs were fully assessed and the right care was in place.

The provider had to support people in their own homes so were unable to specifically adapt or design the environment. However, the provider completed risk assessments within people's homes to ensure the risks related to the environment were minimised. People who required specialist equipment such as hoists, ceiling hoists or more specialist equipment had this already in place with support from relevant organisations to ensure it remained effective and fit for use.

Is the service caring?

Our findings

At our previous inspection we rated the service as Good in caring. At this inspection, we found people continued to have their privacy and dignity upheld by a caring, kind and friendly staff team. The rating continues to be Good.

People were very complimentary of the staff who provided their care and support. People and relatives told us the staff who supported them were considerate and understood their individual preferences. We asked people what scores out of 10 they would give the service. Scores ranged from nine to nine point five, based on people's own experiences. Typical comments were, "I would and have recommended them. I look at it this way, who would you trust to look after your family...I trust them", "Absolutely brilliant. Such nice girls" and "Fantastic. So very caring and very thorough."

People and relatives said staff had time to talk with them and keep them company. Families told us this helped build better relationships and when care was provided, it limited any barriers between the person and staff. Relatives felt confident knowing their family members were cared for by staff 'who wanted to be in a caring role, rather than here for the money'.

One relative explained how staff engaged with their family member, who had limited ability to communicate. They said staff took time to involve them in how they were cared for so it made it more natural and a relaxed experience. This relative said what helped was, "The way the staff talk about the subjects [name] is interested in. The girls in the morning are amazing. Their interaction and care...it's like a double act. They get a smile from him, they joke, talk football and joke if they get wet when showering [name]." They said it was this type of care that showed them the staff cared about what they did and wanted to do their best.

People explained they could tell staff were warm and caring in their approach. One person said staff were very caring because they knew what was important to them. This person said, "I never have to say...they take me to my dressing table first thing in the morning after my wash. The service is great – staff pass me the makeup from my dressing table." This person also told us staff had served their meal for them, on the day we spoke with them, with a glass of wine which they enjoyed. The person told us it was like 'having a personal service in your home'.

Staff had built friendships with people they supported and people said this was because they had a core team of 'regulars'. One relative said, "It's like they are our family." People said staff had time to talk with them during their visit and did not have to rush. One relative described how staff stayed over the allocated time when their relation was not well and they waited until a family member came home before they left the person.

People told us care staff upheld their privacy and dignity. For example, one person told us whenever they needed a wash or shower, staff always made sure they were covered up as much as possible. People said they were supported by staff of the gender they preferred, but when this could not be supported, they told

us they did not mind. Relatives told us whenever personal care was given, they were not present. One relative said they did not want to get in the way and let the carer carry on 'caring'.

The registered manager carried out observations of care staff in people's homes and told us, as part of their observations, they watched how staff communicated with people and checked staff were respectful. During the scheduled care call and at care reviews, the registered manager asked people and/or relatives if they were satisfied with how the care was delivered and if they were pleased and satisfied with their care worker. The registered manager said people and relatives were complimentary of the support they received. On occasions when people wanted a different care staff member, their choice was supported.

Information about the service was available and accessible to people in a service user guide. People were provided with a service user guide that contained information about the service and how it operated. The service guide provided people with useful telephone numbers for the service, levels of service to expect and how to make a complaint.

Is the service responsive?

Our findings

At our previous inspection we rated responsive as Good. At this inspection we found management and staff continued to be as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The service continued to ensure information was accessible. The provider checked that people who were currently using the service were able to communicate their needs effectively and to understand information in writing, as provided in their care plans and the service user guide. For those who could not understand written information, family members were on hand to support them.

People told us they were confident regarding the procedure to follow to make a complaint. Everyone said they would contact the office in the first instance but no one we spoke with had made a complaint. The office did not have an effective system to show us what complaints had been received, and how these had been actioned. The registered manager whenever they asked people about the service, they always asked them if they were satisfied, or what could be improved to limit complaints being made. They told us said there was no complaints had been made that required a formal written response as any issues raised were resolved immediately.

A copy of each person's care plan was kept at the office. We reviewed two people's care records. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were to be managed. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. People told us staff wrote information in the daily records kept in their home, so that other care staff knew what care they had received or families could refer to them to see what was being completed on each care call.

Care staff told us if a person's needs changed the registered manager would review the care plan and tell them what had changed. People's care plan remained in their homes for staff to refer to for guidance and staff told us they read people's care plans, especially when people new to the service. Relatives said they were involved in care planning decisions and if changes were required, they discussed these with staff and the registered manager. People had regular reviews of their care to make sure the service remained responsive to their needs and where necessary, relatives or family members were involved. Staff said any changes in care were communicated to them via text, the office or from each other (care staff).

At the time of the inspection there was no one using the service that required support with end of life care. The registered manager said they had supported people who were at end of life and followed and respected people's and families wishes. They also told us they followed advice and guidance from other healthcare professionals to make sure people received the care and support they needed, especially if people chose to stay in their own home.

Is the service well-led?

Our findings

At the last inspection in April 2017 we found the provider was not meeting all the legal requirements and had been rated as 'Requires Improvement' under the key question of 'Is the service well led?' We found that the systems to notify us of important events were not effective, because the provider had not sent us statutory notifications about important events at the service. This meant the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. The provider submitted an action plan that detailed the improvements required to meet their legal obligations. At this inspection we found the provider had made improvements to their systems and had submitted statutory notifications when required. This meant the provider was no longer in breach of the regulations and we could effectively monitor risks for this provider.

People and relatives said they had no concerns contacting the office, however one relative said communication could be improved. They said they had contacted the office, left messages but did not always receive a response so 'had to chase'. Two staff told us they felt office communication needed improving. One staff member said when they provided feedback, it was not always responded to or when they contacted on call support, they did not always get a response. For others, they found communication was fine and if they raised an issue, it was resolved. One relative gave us an example of a care staff member who they did not want and their concerns were acted upon to their satisfaction.

After speaking with the registered manager and reviewing their systems, we identified a lack of proactive management. The registered manager had not identified some of the issues we found, particularly around consistency and timeliness of care calls. We were told the call schedules were reviewed, but there was no clear recording to show what had been identified and the actions taken to manage this.

Improvements were required in how the provider protected people's personal information. For example, we found staff accessed personal information about the people they supported using their own personal mobile telephones. Some people's personal details such as name, address and key codes could be accessed on these devices. We were concerned about the security of people's important information because if staff had not logged out of the application, there was a risk that if their personal phone was misplaced, an unauthorised person could gain access to people's information. The provider's IT team member immediately applied restricted time settings on the application to limit opportunities for unauthorised access. We recommended they reconsidered how they protected people's sensitive information to ensure compliance with recent changes in data legislation. The provider assured us they would take action.

The registered manager told us they reviewed daily logs and medicine administration records, but there was no record of what they had checked, only that their audit showed 'communication records and medicine records collected'. They recognised improvements were required and agreed to improve their system of recording their audits, to show what had been checked and the actions taken.

The registered manager told us they observed staff practice and when concerns were identified, action was

taken to improve staff practices. They told us of an example of how they managed staff that were not to the standards they expected, which the provider confirmed was appropriate and effective.

The registered manager sought people's and families' feedback by way of twice yearly surveys. We saw individual feedback results were positive, but there was no overall analysis of those returned. The registered manager said in future, they would collate results to show overall satisfaction results.

The provider's training schedule to monitor training, showed staff training had been completed and when refresher training was required. Staff were complimentary of the in-house trainer and the training they received. Staff we spoke who were recently employed at the service and not new to care, described the training as 'useful, good and informative'.

It is a legal requirement that the overall rating from our last inspection was displayed on the provider's website and we found it was also on display within the office. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

The provider was committed to improving the delivery of service and told us they had made improvements since our last visit and wanted to continue to drive improvements. The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. We spoke with the registered manager following our visit and they also gave us their assurances, they would improve their audit systems so it reflected the checks they were making.