Pulse Healthcare Limited

Pulse Birmingham

Inspection report

6th Floor Lombard House
145 Great Charles Street Queensway
Birmingham
West Midlands
B3 3LP

Tel: 03335773652

Date of inspection visit:
22 August 2018
29 August 2018

Date of publication:
03 October 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Pulse Birmingham was registered with the Care Quality Commission [CQC] in June 2011. The service re-registered due to a change in their address in July 2017. The service is located in central Birmingham and at the time of this inspection, provided high healthcare support to people living in the West and East Midlands, Slough, Uxbridge, Northampton and Milton Keynes.

Pulse Birmingham is registered to provide personal care and complex community healthcare services to adults and children living in their own homes with physical disabilities, learning disabilities, sensory impairments and mental health conditions. At the time of our inspection, the service provided care to 22 people. This was the first announced inspection of the service at the current location and took place over two days on 22 and 29 July 2018. We gave the provider 48 hours' notice that we would be visiting the service because we wanted to make sure staff and people would be available for us to speak with.

There was 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.

At the last inspection on 07 and 10 October 2016, we rated the provider 'Good' under all the key questions. At this inspection we found the evidence continued to support the rating of an overall 'Good' and whilst there was no information from our inspection and ongoing monitoring that demonstrated serious risks or concerns, there were some improvements to be made under the question, 'is the service effective?'

People received support from staff that had the skills required to support them safely. However, we found that there were some improvements to be made to ensure a consistent approach in providing nursing staff with supervision and assessing their competencies.

People were kept safe. Staff understood how to protect people from risk of harm. Any safeguarding concerns had been investigated by the provider and actions were taken to help protect people from risk of avoidable harm. People's risks were assessed, monitored and managed to ensure they remained safe. People were protected by safe recruitment procedures and sufficient numbers of staff were available to meet people's support needs. People received their medicines as required. Staff understood their responsibilities in relation to hygiene and infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider's policies and systems supported this practice. People were effectively supported to ensure their nutritional needs were met. People had access to healthcare professionals when needed, in order to maintain their health and wellbeing.

People were encouraged to be as independent as much as possible and they received a service from staff

that was caring and respected their privacy. People were supported by staff who knew them well.

People continued to receive a service that was responsive to their individual needs. Support plans, although clinical due to peoples' complex health and care needs, were also personalised and contained details about people's preferences and their routines. Processes were in place to respond to any issues or complaints.

The service was well led, the registered manager and nominated individual understood their role and responsibilities. People and staff were encouraged to give feedback and their views were acted on to enhance the quality of service provided to people. The provider worked in conjunction with other agencies to provide people with effective care.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	**Good**
Is the service effective? The service was not consistently effective We found there were some improvements to be made to ensure all nursing staff received consistent supervision and their competencies assessed.	**Requires Improvement**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Pulse Birmingham

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 the 22 and 29 July 2018 and was announced. This service is registered to provide complex community healthcare to adults and children living in their own homes. The provider was given 48 hours' notice because we needed to be sure that staff members would be available to meet with us. The inspection team consisted of one inspector, one assistant inspector and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

The provider sent us a list of people who used the service who were happy to speak with us. We contacted people and/or their relatives by telephone on 22 July 2018 and spoke with two people and four relatives to gather their views on the service being delivered. We also spoke with the nominated individual, the registered manager, a care co-ordinator, the clinical lead and six care and nursing staff. We used this information to form part of our judgement.

We sampled four people's care plans to see how their care and treatment was planned and delivered. Other records sampled included three recruitment files to check suitable staff members were recruited. The

provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Good

Is the service safe?

Our findings

At our last inspection in October 2016, we rated the service under the question is the service safe as 'Good'. At this inspection we found the service had remained 'Good'. The service continued to provide safe support for people. One person told us, "I do feel safe. I have 24/7 care they [care and nursing staff] do everything for my needs, to help me live a comfortable life." Staff confirmed they had received appropriate safeguarding training and understood their responsibilities to safeguard people from the risk of abuse. People felt confident to approach staff if they had any concerns. The provider had effective safeguarding processes in place to protect adults with specific additional processes in place to protect children from the risk of abuse. Staff knew what action they would need to take when reporting any suspicions of abuse.

People and relatives spoken with confirmed they were involved in assessing risks to their safety. We saw there were risk management plans in place that had been reviewed and were up to date. Staff were aware of risks to people and how to support people effectively. For example, one nurse explained, "Because of [person's name] tracheostomy, they are more likely to get flu viruses and chest infections. We have to check their temperature every four hours." A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help people breathe. This meant, care and nursing staff knew what signs and symptoms to look out for and what illnesses people were more at risk of. We found some parts of people's risk assessments were clinical due to the complex health needs of people. However, the information gave health professionals clear instructions in relation to maintaining the person's health and safety.

We saw care plans included environmental risk assessments for the home and staff monitored when people's medical equipment was due for service. A power cut procedure included emergency contact numbers, advice on the battery life of equipment and instructions for staff to follow to keep people safe. There were clear plans to make sure that medical equipment was always available in the event of an emergency. The registered manager explained, "We've got an action plan for every single person. A treatment escalation plan is made with service users and families which is a plan for the future if needs change."

People and their relatives told us they were supported by regular staff members. Staff we spoke with confirmed they supported the same people and felt there were sufficient numbers of staff. The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a fully enhanced Disclosure and Barring Service (DBS) check that included checking against the barred lists for children. The DBS check helps providers reduce the risk of employing unsuitable staff.

Everyone we spoke with told us they received their medicine when they needed it. Regular audits were completed and staff confirmed they had received training to give people their medicines. Where people required medicines to be given to them 'as required' there was guidance in place which instructed staff on when these medicines might be needed.

No concerns were raised by people or their relatives in respect of hygiene and infection control. Everyone spoken with confirmed staff always wore protective clothing when necessary. Staff we spoke with understood their responsibilities to protect people from infection. One staff member explained, "Everything we do we wear gloves and change gloves."

The service recorded any incidents or accidents which occurred. We found they also looked at whether there were any trends or learning in relation to incidents which might indicate a change was required in the person's care plans. This information was shared with staff members through team meetings or supervision.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in October 2016, we rated the service under the key question is the service effective as 'Good'. At this inspection, we found some improvement was required with the consistency of nurses' supervision and assessing their competencies. We were told by the registered manager that all staff had a 'safe to start,' assessment of their competency and checks were carried out. We reviewed two nurses' staff records and noted there had been no 'spot checks' completed to assess their competencies following their induction. We saw a self assessment 'tick list' had been completed by the nurses at the point they were recruited. The nominated individual explained the self assessment forms identified nurses' experience and where nurses' felt they required additional training. However, when we asked how the provider corroborated the information 'ticked' on the self assessment was correct; we were told there had been no process in place to check other than questioning at the interview. We raised our concerns with the nominated individual and registered manager that there should be a process in place for the clinical lead to monitor and assess the competencies of nursing staff to ensure the information on the self assessment was correct. Care staff we spoke with told us they received supervision and had their competencies assessed through spot checks. One staff member told us, "Supervision is once a year and we are free to email [care co-ordinator names], there's always someone there at the end of the phone". However, this was not consistently practiced with nursing staff, with one nurse explaining they had not received supervision or had their competencies assessed since joining Pulse. We discussed the variances between the care and nursing staff with the nominated individual and the registered manager. The registered manager explained they had already had discussions with the nominated individual concerning the assessing of nurses' competencies and now there was a clinical lead in post, this would be reviewed to ensure consistency. There were no additional issues or complaints raised with us concerning nurse competencies at the time of this inspection.

We had received information alleging Pulse used untrained staff to support people with complex health needs. We took the information into account when planning this routine inspection. People spoken with told us they felt that staff had the correct training and knowledge to meet their needs. One person told us, "I find the staff all very good, well trained and consistent." A relative said, "I feel the staff are very professional, contact is good and we have no problems." We sampled three training records and spoke with care and nursing staff. The registered manager told us that all staff received mandatory training and specific training if required due to the person's medical needs. One care staff member told us, "Pulse deliver all training and we have refresher training every year and you are not given any shifts until you're competent and confident. If you do not feel competent, they will offer more training." Records confirmed staff had received the relevant training required to support people's health and care needs. We saw there was an induction programme for new care and nursing staff that included, for example, safeguarding, infection control, moving and handling, equality and diversity and basic life support. We were told that new nurses and care staff completed three shadow shifts with experienced staff. We were also told that when a person had a new nurse, an experienced nurse must be present until the new nurse was deemed competent they could work alone. Nurses spoken with confirmed they had received appropriate training and felt confident in providing care. The nurses continued to explain they had received specialist training from hospital staff and relatives which was corroborated in staff records. We saw care plans listed the warning signs and symptoms of, for example, a blocked tracheostomy. It listed the equipment needed and there was an up to date

tracheostomy emergency plan. One nurse we spoke with confirmed that checklists and plans of care were in service users' homes and they referred back to them as needed.

People and their relatives spoken with confirmed health care needs were assessed appropriately before they received the service from the provider. This information provided staff members with the knowledge and understanding of the level of support people required. We found reviews of people's needs had taken place to ensure they received the support they required. Care plans we looked at showed people and where appropriate their relatives, had been involved in reviews about their support and health requirements. We found information in the care plans were detailed and up to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of this inspection, the people currently using the service had the mental capacity to make their own decisions and consent to their care. Where the service provision was for children, their families were involved. Staff spoken with told us if they had any concerns about a person's capacity to make decisions they would inform the registered manager. Staff we spoke with gave us examples how they would support people who may not be able to verbalise their choices. One staff member said, "We know people very well and you can tell by their facial expressions, how they move or the sounds they make what they like or do not like." People we spoke with told us they were supported to make decisions about the care they received. People continued to tell us that staff explained what they were doing and would seek their consent before carrying out any support with their care needs.

Most people were helped by family members with their dietary needs. People supported by staff told us they were satisfied with the help they were given. There were a number of people that relied on their fluid and nutrition to be delivered through a tube inserted directly into their stomach. Staff described to us how they safely supported people who received their nutrition this way and confirmed they had received training from a healthcare professional to do so. Care plans reflected what we were told by the staff and showed people had received appropriate support.

We saw from care plans there was input from health care professionals, for example, district nurses. Referrals were made in a timely way when people's support needs had changed, for example to the local health authority for people's needs to be reassessed. People and relatives we spoke with confirmed people were supported by additional healthcare professionals as appropriate. A staff member told us, "If there is a change in a person's health, we will tell the manager or the family." We saw the provider had processes in place to support staff to seek emergency help, to ensure people's health care needs continued to be met.

Good

Is the service caring?

Our findings

At the last inspection in October 2016, we rated the provider as 'Good' under the key question of 'Is the service caring?' At this inspection we found the service had remained 'Good.'

Everyone we spoke with told us staff members were caring and kind and people received the help and support they needed at the time they required it. They continued to tell us that staff members were patient and always sought people's consent and explained what they were doing, before they provided any care and support. One person told us, "The staff are very kind and understanding. They do everything for me wash and dress me make me my meals, personal care, support me with my medication, hoist me into my wheel chair. They are just marvellous." A relative said, "[Staff name] is very caring to [person's name], so very supportive, she is just wonderful."

All the staff we spoke with knew people well, including their personal histories and what was important to them. Staff provided examples of how they promoted people's independence and enhanced their well-being. A staff member explained, "Due to some of the complex needs of people, they can't always do things for themselves but we encourage people where we can to be a little more independent." People we spoke with confirmed they were given every opportunity to make choices for themselves and had been involved in planning their care. Care plans we looked at showed that an assessment of the person's care needs and preferences was completed so the provider could be sure that they could meet the person's needs, in the way they wished.

People were supported by staff that had received equality and diversity training to ensure they understood people's individual needs and preferences. This was supported by the provider's equality and diversity policy. Staff knew how to communicate with people in the way people understood and preferred. People's communication needs had been discussed at the point of the initial assessment. Staff were provided with guidelines on how to communicate with people effectively. For example, one person due to their physical condition was not able to verbalise what they wanted. Staff explained how they could identify what the person wanted or if they were in pain by the person's sounds or expressions on their face. We saw in the person's care plan there was a description of how the person would use their body language to express what their preferences were when receiving support.

People and families we spoke with told us staff always treated them with dignity and respect. Staff explained how they made sure people were comfortable and happy with the way care was being provided and gave us examples of how they achieved this. For example, one staff member said, "I make sure the person is aware of what I am doing and happy with it. I cover them up so they are not exposed and make sure doors and curtains are closed." Another member of staff said, "I always think about a person's dignity when I am caring for them. I always chat with them." People and relatives we spoke with confirmed they had built up a good relationship with staff that supported them. We saw from one care plan we sampled, the person preferred male care workers to support them and the service had ensured the person's wishes were followed.

Good

Is the service responsive?

Our findings

At the last inspection in October 2016 we rated the provider as 'Good' under the key question of 'Is the service responsive?' At this inspection we found the service had remained 'Good.' People and the relatives we spoke with confirmed they were involved in the planning and review of people's care. Children that received a service from the provider had parents or guardians who attended meetings with or for them and contributed to their care planning. One person we spoke with confirmed, "I was involved with the planning of my care." Records also showed, people and their relatives discussed their satisfaction with the service and were able to raise any concerns. Staff we spoke with told us they were aware of people's care plans and they used them to ensure their knowledge about people's needs were up to date. One nurse we spoke with had not been involved in review meetings but confirmed they were informed when changes had been made. They continued to explain they would read the updated care plan and signed it to confirm this and had the opportunity to feed back if they thought further detail was needed or information was inaccurate.

People using the service had complex clinical needs and received care that was personalised and reflected their needs and preferences. We saw from care plans we sampled each person had separate care plans related to their specific care needs and contained detailed guidance for staff on how to provide effective and safe care. For example, care plans described the clinical aspects of caring for people, their mobility, pain management, aspiration, respiratory and epilepsy. We found care plans also covered social aspects of peoples' life for example, daily routine, social living activities, accessing school and the community and how to communicate with people who were non-verbal. The registered manager explained they assessed people's communication needs when they completed the person's assessment. Although not required by people at the time of this inspection; the provider had processes in place to produce information for people, with specified communication needs, in Braille, audio, large print and different languages should it be required.

The registered manager explained the service provided three levels of care assessed on their complexity. This was reflected in the frequency of reviews. For example, people with high complex health needs were assessed as Level 1 and received reviews every two weeks. People with less complex health needs were Level 2 and reviewed monthly. People with primarily social care needs, for example, prompting and limited staff intervention, were Level 3 and also reviewed monthly. Records we sampled showed that professionals were meeting with people and planning the person's care together.

We had received complaints from members of the public that staff had fallen asleep while on duty. We raised this with the registered manager who told us there was a zero tolerance of sleeping. We saw that concerns around sleeping on duty had been appropriately dealt with in line with the provider's processes. The provider gave tips to staff working night shifts on 'how not to sleep'. At the time of the inspection some separate issues around the support care staff were contracted to provide, were raised with us that we discussed with the registered manager. We were given their assurance they would contact the relevant parties to seek a resolution. We reviewed the provider's complaints, their policy and processes. We found complaints that had been raised with the provider were investigated and, where appropriate, involved agency partners for example, the local authority. There processes monitored for trends and we saw action

plans had been implemented to reduce risk of reoccurrence.

At the time of this inspection the provider was not supporting people with end of life care. However, the registered manager and nominated individual explained the provider's care of the dying policy that referred to the Gold Standard Framework (GSF) of care for people with advanced disease. The GSF helps all services to identify those at the end of their life and aims to provide a structured and co-ordinated response to their care. We saw the provider's policy required a multi-agency approach. The registered manager explained, "We would always do it in line with a multi-disciplinary team and follow instructions from people, their families and professionals. It's about people's wishes."

Good

Is the service well-led?

Our findings

At the last inspection in October 2016 we rated the provider as 'Good' under the key question of 'Is the service well led?' At this inspection we found the service had remained 'Good.'

We noted that prior to our visit the provider had identified a number of shortfalls. These were related to the managing of some complaints, completeness and review of care plans and medicines administration records. In addition, the provider's processes had failed to identify nursing staff had not received the clinical supervision and checks on their competencies as the care staff. We were told the service had gone through some personnel changes. The previous registered manager and clinical lead had left and shortly before our inspection a new clinical lead had been appointed. These changes had initiated a review of all the existing auditing systems and had identified the shortfalls. The nominated individual shared with us the action that had been taken to date, which was positive. The registered manager confirmed they carried out monthly audits of people's care plans and the clinical lead was in the process of arranging supervision and competency checks of all their nursing staff. We saw there were systems in place to make sure high standards of care were being delivered. We found the service delivered a quality service to people they supported and undertook to continue to improve the quality of the service.

Staff we spoke with confirmed meetings took place with the provider and records we look at confirmed this. We saw the provider had a whistleblowing policy in place to support staff. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. Overall, the staff we spoke with were happy with the provider, although one staff member felt the communication could be better and gave examples where messages had not been passed onto them from the office. A relative also said the communication from the office could be better but overall, they were satisfied with the service provided. Another relative told us, "I think the management team listen and respond." A staff member said, "I would recommend them [Pulse Birmingham], I am happy in my work."

The registered manager understood the responsibilities of their registration with us and we had received appropriate notifications about incidents and accidents they are required to tell us by law. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and, if appropriate, on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the service had displayed the ratings from their last CQC inspection on their website as required. This meant anyone visiting the website would be aware of this information and able to consider this when making any decision about using Pulse - Birmingham. We saw there was also information about the rating in the provider's 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. We found the registered manager had been open in their approach with us during the inspection. People, relatives and staff spoken with confirmed they had found the management team to be approachable.

The provider sought feedback from people and relatives. One relative told us, "We have received surveys and completed them. I think the management is good, we have had no problems." We saw the provider had the processes in place to monitor for trends that could be identified and, if appropriate, addressed with the staff. People knew who the registered manager was and felt the service was well led.

We could see from people's care plans there was an effective working partnership between the service and other agencies. For example, information was shared between agencies as and when necessary to ensure people continued to receive their individualised support.