Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

PULSE - Plymouth

1st Floor Fox House, 8-10 Whimple Street,
Plymouth, PL1 2DH

Tel: 01752229195

Date of Inspections: 16 October 2013
11 October 2013
10 October 2013

Date of Publication:
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Pulse Healthcare Limited
Registered Manager	Ms. Dawn Mather
Overview of the service	PULSE provide care and treatment for children and adults who have dementia, learning disabilities or autistic spectrum disorder, mental health, older people, people who misuse drugs and alcohol, people with an eating disorder, physical disability, sensory impairment, younger adults.
Type of services	Community healthcare service Domiciliary care service
Regulated activities	Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 October 2013, 11 October 2013 and 16 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with other authorities.

What people told us and what we found

Pulse care agency in Plymouth provided personal care services to 10 people with complex care needs and employed 50 care workers. We looked at the care records for three people. We visited two of these three people in their own home and spoke with them or their relative about the care and support they received from the agency staff. We spoke with four care workers, the agency's office staff, and the registered manager.

People who used this service and their relatives told us the care staff were "a good team" and, "a very good team in the office". One person told us they liked the variety of staff ages because it provided a mix of outlooks and ideas.

People told us and we observed they were involved in their care, and their privacy, dignity and independence were respected.

We found care workers referred to people's care plans. They contacted health and social care services when this was needed. Care plans and records were regularly reviewed and updated. This meant people received care and support that met their needs.

People told us care workers were competent. The care workers told us they received training and supervision which enabled them to provide appropriate care to people using this service. This meant people received effective, safe and person centred care that met their needs.

We found people benefited from safe, quality care and support because there were effective systems in place to monitor and manage risks to people's health, welfare and safety.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The people receiving a service and their relatives told us that care staff were "friendly", and "always polite", and they felt their dignity and privacy was respected. One person told us they were always respected and the care workers were also respectful about how they treated the person's home and any equipment they needed to use.

People told us they felt they were involved in their care. They said the care workers consulted the care plans and spoke with them about their care. People confirmed a log of each visit was maintained by the care workers.

People said that generally the same care workers visited them. The management team told us they tried to ensure that each person received visits from a regular team of care workers so the care was provided in a consistent way. One person told us they found the management team considered which care workers were suitable and able to meet their care needs. They also said they were able to tell the management team if, for any reason, there were any care workers they preferred did not visit them. People said they felt they were listened to when they approached the management team about anything. One person said "If I'm not happy and I tell them, it's sorted". Another person told us [they are] "a very good team in the office. They usually know about issues before we do". This person also said that the office team contacted them if there were any issues about providing care workers for a shift (they usually had the same team). This person told us "occasionally no-one is able to get here but the office let me know and they do their best to cover". We found people had contingency plans as part of their care plan in the event no care worker was available, for example, a family member or a suitably trained care worker from another agency.

We saw that people were provided with information about the service, including how to make a complaint. People told us they felt confident about contacting the registered manager or any of the management team if they had any queries or complaints. We also

saw a handbook for staff which included the company's confidentiality policy. This ensured that people's privacy and confidentiality was maintained and people were kept safe.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that would ensure people's safety and welfare.

Reasons for our judgement

Pulse provided care and support to people with multiple care needs related to their physical/mental health and medical needs across twenty four hours, seven days a week. This meant care workers either worked long shifts of twelve hours or they provided a "live in" service which meant they stayed at the person's house for approximately two weeks. Some people had their care and support provided by Pulse care workers and their family; other people were totally reliant on "their team" of care workers.

We looked at the care records for one person held in the agency's office and two people's care records kept in their homes. These included daily logs that the care workers completed during each shift that were periodically collected and taken to the agency's office for safe storage. We found that each plan held detailed information about the person, their medical history and assessments of the person's care needs. This included information about what people could do for themselves and what they would need prompting, encouragement and / or assistance to do. We found there were risk management plans about the person's home, assisting the person with personal care, medication management, and individual plans in place, for example, accompanying the person when they wished to go out. We also saw a copy of a service agreement (contract) that identified the required competencies of care workers, for example, understanding and knowledge of spinal injury care. This meant people's risk of receiving inappropriate care and support was reduced.

We read the daily logs and saw that care workers recorded detailed information in a diary style about the tasks they had completed and any observations they made about people's health and/or well-being. For example, one daily log noted that during a pressure and skin check, the care worker had seen a "small red mark" which on further checks they had attributed to the person's finger nails needing to be filed. We also saw that any marks or bruises were recorded on pressure area charts and/or body maps, with a note in the daily log stating where else this information was recorded. The daily logs included diet and fluid intake, any incidents, and any relevant comments about changes in the person's care needs. We also saw records of night checks. These were less detailed however provided sufficient information to show, for example, the person's sleep pattern and pain management.

We spoke with four care workers who told us they looked at the person's care plan at the beginning of their shift to ensure they were up to date about the person's care and support needs. The care workers told us they worked mainly with the same person and team. They said they had had to complete specific training to ensure they had the required competencies to work effectively and safely with the person.

One person told us they had a small team of five care workers and it was "a good team". This person said "staff ask and I tell them. They do cleaning, cooking, accompany me out and when I need to go to hospital appointments". They also told us they were totally reliant on the care workers for help with all their personal care and management of their medicines. This person confirmed they could choose the gender of care workers, particularly with personal care and intimate medical treatments. This meant people received consistency and continuity in their care, and were involved in choosing who provided their care and support for them.

We found care plans contained documentation providing care workers with information about particular chronic health conditions, illnesses and conditions. We noted additional information was sent out during a period of hot weather reminding care workers to ensure people stayed hydrated. This included people who received their fluids by other means because they were unable to take food/fluids orally. There was also information about the effects of heat on people with certain conditions and how care workers should monitor this.

We saw people's equipment was logged in the care records with information about who took responsibility for maintenance, who/where to contact in the event of a fault, and there were copies of routine service checks. We also saw that for each piece of equipment, a risk assessment identified if care workers required any training to be able to use it. Where this was assessed as "yes", training was then classed as "mandatory", and training about how to use certain equipment was included in the competencies required of care workers.

We saw records of people's care plans showing that health and social care professionals had been contacted by the care workers when this was needed. Care workers also told us that they had regular contact and consultation with family members to ensure they were involved and up to date with their relative's care. We found the office team completed regular social and clinical reviews of care plans with people and/or their family/representative, and updated care plans to show any changes in people's needs.

The care workers we spoke with told us they had completed first aid training. They had also completed training about epilepsy and how to manage an epileptic seizure in the event of this occuring. This showed the care workers were able to provide a rapid response to protect people if this was needed.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We received information of concern about this service that was being investigated under the local safeguarding procedures. At the time of this inspection the registered manager confirmed that, as a consequence of the alert, she had taken appropriate action to ensure people were safe from harm.

The care workers we spoke with confirmed they had received training about safeguarding vulnerable adults that included the Mental Capacity Act 2005, and Deprivation of Liberties Safeguards (DoLS). They had also, where relevant, had training about how to manage potentially aggressive or violent behaviour. This would help staff to feel more confident about how to keep people and themselves safe from harm.

We saw a copy of the Lone Worker policy and care workers told us they had read this and knew what to do in the event of an incident. This showed the provider considered staff safety.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at three people's medication records. We saw each person's care and support plan included information and risk assessments about what assistance the person needed with their medication, such as "unable to self-medicate", "medication managed by care worker as prescribed by GP". We saw information about how and from where medicines were delivered or needed to be ordered, for example, "delivered in compliance pack by the pharmacy", and "[X] needs re-ordering from the hospital". This meant people knew the levels of medication assistance they should expect.

We saw records of people's prescribed medicines on their care plans. These detailed the name of the medication, the dosage, how much and how often it should be taken, and why it was prescribed. We looked at medication administration records in people's homes we visited. We saw these contained any specific instructions, for example, "wear gloves to lightly rub gel into affected areas. Leave four hours between applications". We found the administration records were signed on each occasion the medication was administered or the person was prompted to take their medicines, and medicines were accounted for if they were omitted for any reason. This could be, for example, pain relief prescribed to be given as required and it was omitted because it was "not required".

We saw care workers had included information about medication and any side effects, GP appointments about medication, changes to medication, and details of new deliveries of medicines in the daily log. There were also stock checks and logs of any medicines returned to the dispensing pharmacy. These were signed and dated by the care worker completing this. We also saw a record of sample signatures of care workers. This meant audits of medication administration records, stock checks and returned medicines' records were easily traceable to individual care workers.

We spoke with four care workers and looked at training records. The care workers told us they had completed a course about medication management as part of their induction training and they also had annual refresher training on this subject. The office team told us that care workers who either did not complete medicines management training or who completed the training but did not pass the "competency test", would not be allowed to work. They told us this was an essential competency expected of every care worker and

the office team, including the registered nurses. They also said that this competency had to be achieved before any new care worker could go into anyone's home even if they were shadowing an experienced, competent care worker as part of their induction. This showed that people receiving assistance and/or prompting with medicines were receiving their medicines when they needed them and in a safe way.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The people we spoke with were pleased with the care workers who provided the care and support for them or their relative. People told us new care workers were always introduced to them and they worked alongside more experienced care workers before they started visiting people alone.

The care workers we spoke with told us they had "lots of training" and they were up to date with training. Two care workers told us about their induction. Their comments included "it was a long process, everything was done thoroughly" and included a three days training on first aid, health and safety at work, moving and handling, administration and management of medicines, and safeguarding vulnerable adults. Another care worker told us that all new care workers also had to complete training about tracheostomy care. (Tracheostomy is a surgical procedure to create an opening in the neck at the front of the windpipe to assist someone who cannot breathe.)

The office team explained that all new staff had to attend the three days induction training and pass the competency tests for each subject. They were then able to shadow more experienced staff but only for generic work. The office team told us that induction included how to record in the care records, and new care workers were also shown how to do this whilst they were shadowing more experienced staff. If a care worker had been employed to work with a specific individual, then the care worker was expected to complete training required to be able to care and support that particular individual. This could be, for example, two days of training about care and support of someone with a spinal injury, care and management of tube feeding, and/or catheter care. We were told that any clinical competencies were recorded on a data base and all staff had to complete the training and be "signed off" as competent before they could work. The case manager told us "training is very thorough". They gave an example about catheter care and said the training included the purpose of catheter and how to ensure good infection control. They said all staff training was overseen by the company's head office to ensure everyone was working was up to date and competent to provide safe and effective care. This meant care workers were appropriately supported and trained to enable them to deliver care to people safely and to an appropriate standard.

The care workers we spoke with told us they had one to one supervision about every three months. They said they received a text message or an email prompting them to arrange this with their line manager. One care worker told us they "had to fit it in or we cannot work". The registered manager confirmed that one to one supervisions were mandatory for all staff. She showed us a weekly email she had received from the company's head office listing everyone who was due/overdue for supervision. The registered manager told us informal supervision also took place and the care workers we spoke with confirmed they could contact either the registered manager or their line manager any time if they needed support or help with their work. They also told us that when they worked weekends, they were always contacted by the manager on call for the weekend. They said this was usually to check that everything was all right and "a call to say hello". The care workers we spoke with said the one to one meetings were an opportunity to discuss their work, any training needs, and professional development. They all said the office team was approachable and other comments included "responsive", "always someone available", "[any issues] everything sorted pretty much straight away", and, "very supportive". The registered manager confirmed that staff could "pop in [to the office] for the sake of popping in" and there was always someone available. We were told "it's important to support staff".

The office team told us the recruitment process for Pulse was "incredibly stringent". Prospective employees had to have worked in a care environment in the UK for at least six months. The office team explained that a pre-screen check was completed to ensure people had the necessary experience and qualifications, and the hours they were available. They were also told about the type of work Pulse provided. This meant prospective employees met the recruitment criteria and also understood about the nature of the work they would be required to do before they formally applied for a job.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We found that people we visited in their homes received a consistent and reliable service from the agency. We found they were confident they could raise any issues and these would be addressed immediately and appropriately. We saw in care records and the office team told us that social and clinical reviews of people's care and support plans were held with people about every six weeks. These were to review the plan of care was correct and up to date, and also an opportunity for people and/or their family/representative to provide feedback about the service they received. This was to make sure people received the care and support they needed at the times, and in the way, they preferred.

We saw records showing that risk was considered as part of people's care assessment, and reviews took place regularly to ensure that any changes or new risks were identified quickly. The care workers told us that the office team was approachable. One care worker told us that at weekends "even if there isn't a problem we get a phone call". They said they felt confident to take any issues or concerns to their line managers and they knew these would be addressed. A relative confirmed they would contact "the office" if they had any questions or concerns.

The office staff told us that at weekends care workers were contacted by the "on call" manager to ensure everything was all right. The number of times a care worker was contacted depended on the assessed risk of the person receiving care and support. The "on call" team was based in Manchester however the Pulse Plymouth office team also provided "on call back up" support. The office team explained that a clinical nurse was part of the national "on call" team so if there were any clinical concerns or needs, clinical support was available. They said there was also "on call" support from the senior management team.

The registered manager, office team and care workers told us they received one to one supervision every three months. They also confirmed appraisals of all staff took place. This demonstrated the care workers had opportunities to feedback information about the agency to the managers.

The office team told us they had three monthly "spot checks" by the company's compliance team. These internal audits checks were to ensure all records including care plans, care reviews, supervision records and staff competencies were signed and up to date. They also told us a client satisfaction survey was completed annually. We saw the last one of these was in February 2013. This meant the agency had effective systems in place to assess and monitor the quality of services provided so they were protected against the risks of inappropriate or unsafe care.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk