

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

## PULSE - Norfolk

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Date of Inspection: 09 December 2013

Date of Publication: January  
2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Pulse Healthcare Limited
Registered Manager	Ms. Kate Cooksey
Overview of the service	The service supports people in their own homes, with specialist care and nursing needs.
Type of service	Domiciliary care service
Regulated activities	Personal care Treatment of disease, disorder or injury

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 December 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with four people who used the service, including one relative. They told us that they were pleased with the care and support provided. Staff were always polite and treated them with respect. One person told us that, "The staff are excellent, good carers; I have no complaints." Another person told us, "They work well with another agency who pairs up with them to provide care. Things have not been better."

We found that people were involved in making decisions about their care and treatment. We found that care was planned and delivered in a way that promoted people's independence. Staff received professional development and people told us that staff were well trained.

We saw that the provider had systems in place to gather feedback from people who used the service, and to regularly assess and monitor the quality of the service people received.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual needs. We looked at six people's care records. We saw a range of assessments had been completed. Assessments included information about people's medical conditions and their daily lives. These showed people's individual needs had been taken into account.

We saw that care records were thorough and detailed. They showed people's care needs had been assessed each time they received care and treatment. The care and treatment had been regularly reviewed to ensure it met people's needs. We were told by the manager that care plans were drawn up to ensure that the worker encouraged the person to maintain as much of their independence as possible. People we spoke with confirmed that this was correct.

We saw detailed risk assessments were also a part of people's care plans. There was a clear link between plans and the risk assessments. The risk assessments contained clear guidance for staff on how to support people and reduce risks and hazards.

This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We spoke with three members of staff. They were knowledgeable about people's care needs. They told us that any change in people's needs was passed on to them through the agency's case manager. People told us that they were usually seen by the same staff who knew them well. People said that new staff work alongside existing staff for a while till they get to know their needs.

This meant that staff were aware of people's needs before they worked independently and that they were made aware of any changes in the needs of the people they supported.

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

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### **Our judgement**

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The provider was meeting this standard.

This meant people who used 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.

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### **Reasons for our judgement**

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The provider had made suitable arrangements to protect vulnerable adults and children and respond appropriately to any allegation of abuse. All the staff had been given training about abuse, how to spot it and what action to take, as a part of their induction training. We saw this information was also detailed in the company's safeguarding policy.

We spoke with three members of staff, who told us they were aware of the company's safeguarding policy for both adults and children. Staff were able to describe the correct procedure to follow if they suspected that someone was at risk of abuse. We were told by staff their supervisions gave them an opportunity to discuss issues regarding abuse and safeguarding. Staff told us that they were aware of the whistleblowing policy and that they had access to it and the safeguarding policies.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We saw from training records that staff took part in an intensive induction when they began working in the service. The induction included assessments of skills which ensured staff were competent to support people who used the service. This meant that staff received appropriate professional development. We spoke with one member of staff who had recently completed their induction. They told us, "The induction was excellent, it was the best I have ever had anywhere."

Staff training records showed all staff were up to date with their training. We spoke with four people using the service or their relatives, who told us that the staff that supported them were well trained. One person told us, "The staff are very skilled and competent."

We looked at four staff personnel files. We saw that supervisions and appraisals included opportunities for staff to discuss their personal development and training needs. We spoke with four members of staff who told us that they received regular supervisions. They said they were observed by senior staff to ensure that they were competent and understood the training they had received. Staff told us that Pulse was a supportive organisation to work for. They said, "The management are all approachable. There is always someone available to talk to."

This meant that staff received appropriate professional development and support..

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and 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.

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### Reasons for our judgement

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We saw that there were systems in place for auditing and monitoring the service, some of which were announced and some were spot checks. These checks were carried out by the agency and also the head office quality assurance team. Care plans and health and safety risk assessments were audited monthly by the management team.

The nurse manager regularly completed clinical audits. The timescales for these were based on the level of medical interventions required as part of their clinical intervention plan. People with complex needs had their care subject to more frequent audits. We saw that care records were checked for accuracy on a regular basis. The quality assurance team carried out comprehensive quarterly assurance audits.

This meant the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Staff told us that meetings were held with the care team who were involved in providing care and support to people each day. These were to discuss the care, treatment and welfare of the people they supported. We saw written records of these meetings as evidence. During the inspections we saw that a management meeting took place where they discussed they reviewed each person's care package and reviewed staffing cover and training needs of new or existing staff.

We were told by the manager that people who used the service were sent questionnaires to comment about their experience of the service. The results were audited by head office staff. Any actions identified were discussed with the branch manager and an action plan was formulated to improve the service. In response to the surveys everyone who was sent a questionnaire was written to with the outcomes.

This meant that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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Discussions with the manager and the people who used the service confirmed that people had access to the complaints policy and that the people knew how to use it should they need to make a complaint.

The complaints policy identified timescales for acknowledging and responding to a concern or complaint. It also included details of what to do if someone was unhappy with the way a complaint was managed.

This meant that people were made aware of the complaints system.

We were informed the manager that they had not received any complaints this year.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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