Pulse Healthcare Limited

Pulse - Newcastle

Inspection report

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Tyne And Wear
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Tel: 03335773014

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11 October 2016
21 October 2016
08 December 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service during February and March 2016. Three breaches of legal requirements were found at that time. These related to breaches of regulations regarding safe care and treatment, specifically in relation to the safe management of medicines, ensuring suitable systems were in place to deal with allegations of abuse and good governance (management).

We undertook this focused inspection on 11 and 21 October 2016 to check if the provider now met legal requirements. We requested some additional information, which we obtained from the service on 8 December 2016. This report only covers our findings in relation to the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pulse – Newcastle on our website at www.cqc.org.uk.

Pulse Newcastle is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of the inspection there were 15 people in receipt of a service. Personal care was provided to people across the Tyneside area either by contract with the local authority, the NHS or by private arrangement.

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.

Following our previous inspection we asked the provider to submit an action plan explaining how they would meet the legal requirements. This was not received by us.

We found the provider had complied with the legal requirements in relation to the safe management of medicines and dealing with allegations of abuse. We found further improvements had been made in relation to good governance, although further work was needed to ensure logistical arrangements and travel time were managed efficiently and fairly.

The registered manager and staff had taken steps to ensure that accurate medicines records were maintained. The registered manager had taken steps to ensure staff were aware of incidents that required notification to the Care Quality Commission (CQC) and the local safeguarding team. Management arrangements had been strengthened, however despite improvements in the allocation and planning of visits, staff continued to raise concerns about the impact this had in terms of visit duration, travel time and geographical spread.

Staff had developed care plans outlining the support people needed with their medicines. They also completed Medicine Administration Records accurately and clearly. The registered manager and senior staff audited medicine management arrangements and checked the competency of staff.

The registered manager had provided guidance to staff on responding to and reporting incidents and allegations of abuse. Staff expressed confidence that such incidents would be handled appropriately.

The registered manager had overseen improvements to the way work was allocated to staff and the way visits were planned. We heard mixed views about how successful this had been. Communication with staff had improved and a registered manager was in post.

We made a recommendation about the management and planning of care visits. We also made a recommendation about the way action plans are submitted to CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

We found action had been taken to improve the safety of the service.

Staff ensured that medicines were administered as prescribed.

Allegations and incidents were reported appropriately.

We could not improve the rating for: 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A registered manager was in post, who had improved arrangements for consultation with staff.

Improvements had been made to the way care visits were planned, but further work was required.

An action plan we required from the provider was not submitted to us in the correct manner.

We could not improve the rating for: 'Is the service well led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Pulse - Newcastle

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Pulse – Newcastle on 11 and 21 October 2016. We requested some additional information, which we obtained from the service on 8 December 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection of February and March 2016. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well led?' This was because the service was not meeting legal requirements at the time of our initial inspection and we had received some information of concern.

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.

This inspection was undertaken by one adult social care inspector. During the inspection we spoke with three staff members and the registered manager. We examined logistical planning records. We looked at audit records relating to medicines as well as medicine administration records for three people. We looked at incident reporting arrangements and cross referenced these with notifications received from the provider. Notifications are events the provider is legally obliged to inform us about.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February and March 2016 three breaches of legal requirements were found, two affecting the safety of the service. One breach related to the safe management of medicines. At the time of our last inspection we found inconsistencies in the recording of medicines. Office staff had difficulty in retrieving Medicine Administration Records (MARs) that we requested which had been archived. A sample of people's MARs had showed numerous omissions. The provider's own incident reporting log highlighted several repeated issues of missed signatures, stock discrepancies, administration errors and situations where people had ran out of stocks of their medicines.

We requested an action plan from the provider to detail how they would meet legal requirements. This was not received.

During this inspection we found improvements had been made. Staff told us they had received thorough training on medicines and had their competency checked and assessed. One said, "I've had constant updates and training. The nurse looks at the MAR (Medicine Administration Record) charts." Another told us, "Everyone has the medication competency. They're very good on training. I've just done my oxygen therapy competency." Staff told us they took steps to ensure stocks did not run out. One commented, "We write messages in the communications book to ensure stocks never run out."

Staff completed MARs in a clear way and few errors or omissions were made. Where these had occurred they had been identified by senior staff who took steps to ensure people were safe and the risk of repeated errors was minimised. This included re-checking staff competency where appropriate and sending reminders on procedural issues to staff by e-mail. Staff carried out weekly stock checks, which help ensure new supplies could be ordered in a timely way and errors could be identified promptly. The provider was no longer in breach of the regulation relating to safe care and treatment.

At our last inspection we found a breach of legal requirements relating to responding to and reporting allegations of abuse, such as neglect or omissions in care. At that time we found records of incidents showed that within the organisation there was an open reporting culture, however some safeguarding and other reportable incidents had not been notified to the Care Quality Commission (CQC) or the relevant local safeguarding team. Incidents included staff being asleep on duty, staff failing to attend scheduled shifts, incidents reported to the police and medication errors. This meant the systems to report and appropriately investigate concerns were not operated effectively or consistently.

During this inspection we found improvements had been made. Staff told us they knew how to raise concerns and expressed confidence these would be handled appropriately. One staff member told us, "If really concerned I'd ring the police. We have two nurses and can always ring them." Records held by the provider corresponded to matters reported to CQC for the period we sampled. The registered manager and other senior staff raised notifications for reportable incidents. The actions taken were appropriate to ensure people's welfare was promoted and protected. For example, where a worker failed to arrive for work, prompt action was taken to cover the shortfall and ensure the person's care needs were met. The provider

was therefore no longer in breach of the regulation relating to responding to and reporting allegations of abuse.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February and March 2016 three breaches of legal requirements were found, one affecting the management of the service. At the time of our last inspection staff had raised concerns about the consistency of management, and the logistical planning for short visits. We identified concerns in record keeping. At the time of the last inspection there was no registered manager and there had been changes in the management oversight of the service. Staff who needed to travel between calls often had to drive to people in a dispersed geographical area. We saw there was no time allowance built in for travel time between calls. This placed pressure on staff and had not promoted positive working relationships between managers and front line workers. Record keeping in relation to medicines was not robust, with archived records difficult to retrieve and those we were able to access were inconsistently completed.

We requested an action plan from the provider to detail how they would meet legal requirements. This was not received in the appropriate form or correct manner from the provider. We recommend the provider reviews the process for submitting actions plans to the Care Quality Commission to ensure these are submitted in the correct manner.

During this inspection we found improvements had been made, although further work was required to ensure visits were planned and carried out effectively. A manager had been appointed and had registered with the Care Quality Commission. Staff made positive comments about their approach and the support they offered. Comments from staff included, "[The manager] is approachable, pleasant and polite", "She will ask if you are okay and any time you've got a problem says just tell me", "She does listen and comes over calm and polite", "Standards are improving now [manager] has been recruited" and "[Manager] is absolutely great … she's one of the best."

Record storage and retrieval arrangements and standards of recording had improved. The registered manager was able to efficiently locate and retrieve those records we requested. Archived records were clearly labelled. Staff had ensured records were completed thoroughly and completely. These were periodically audited by senior staff to ensure expected standards were maintained.

The registered manager and senior staff had reviewed the management and planning of logistical arrangements to enable staff to work in 'patches'. The aim was to reduce the amount of travel time between care calls, ensure resources were managed efficiently and minimise any impact on people using the service and staff. However we heard mixed comments about the effectiveness of this. One staff member said, "They're trying to organise a South Tyneside run and a North Tyneside run so it's more compact. They really are working on it." In contrast another commented on the shorter visits, "They've been nothing but hassle and logistically crazy. We might finish at 12:00 and be expected at another person at 12:00." They continued by informing us, "We don't do the full amount of time or do everything that needs to be done" and "The time for the next call is allocated in the previous one." Another staff member stated, "I work [X] patch, but you're expected to go anywhere." They added, "They do try to keep people in specific patches but it's hard." A further comment was, "With staffing levels they're having real problems. As they're bringing people in, people are leaving." They continued, "We have 15 minutes either way for calls. Once you've done what you

need to do the family is happy for you to leave." They concluded, "I will ring up if I think it's not doable."

Staff time sheets and planning records for people showed that on some occasions there were no gaps between visits to account for travel time. These visits might include travel to different local authority areas, including through the Tyne Tunnel, for which staff said they received no allowance or payment.

The provider was no longer in breach of the regulation relating to safe care and treatment. However, we recommend the provider reviews the management of travel and allowance arrangements in consultation with staff to ensure these are efficient, effective and are not detrimental to people using the service or staff.