

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

## Keystone Healthcare Limited

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Keystone Health Care Limited
Registered Manager	Mrs. Hayley Ryan
Overview of the service	Keystone Healthcare is an independent domiciliary care agency providing personal care and support to people in their own homes in the North Kirklees area. At the time of our inspection the agency was supporting 23 people to retain their independence and continue living in their own home.
Type of service	Domiciliary care service
Regulated activity	Personal care

## 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Staffing	11
Assessing and monitoring the quality of service provision	13
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## 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 18 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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During our visit, we spoke with the registered manager, one of the company's director's, the care coordinator, IT manager, two support workers, one person who used the service and two relatives.

Everyone we spoke with was complimentary about the service and the quality of care provided.

One relative told us, "Keystone Healthcare are excellent and provide all care needed." Another person told us, "Keystone Healthcare is amazing. All the staff are friendly and know what they need to do. They respond very well to my relative and always get the best out of them." Everyone told us that they always had the same care staff and they liked the continuity of care provided.

The two support workers we spoke with told us Keystone Healthcare was a good company to work for and they felt the service provided was good. They also told us there were enough staff to meet the needs of the people using the service. They were up to date with their training and told us they felt well supported by their managers.

There were systems in place to manage infection prevention and control. For example staff wore gloves and aprons when delivering personal care. Staff also undertook infection control training and were subject to spot checks and observations to monitor their compliance with procedures.

There were effective systems in place to regularly assess and monitor the quality of service that people receive. For example the agency sent out an annual satisfaction survey to all its users.

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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. People who use the service were given appropriate information and support regarding their care or treatment.

People and relatives we spoke with confirmed that they were involved in discussions regarding their care. During our visit we looked at four people's care records and saw that people using the service had needs and risk assessments carried out at service inception. We saw family members, and where necessary other professionals, were involved in discussions to agree their care plan and the number of care hours the person would receive. This showed that people using the service and relevant others were involved in agreeing their care and support.

We looked at four care plans and saw they were signed by the person using the service or relevant other, confirming their involvement in care planning. We saw that people's preferences were recorded, for example one person's care record stated, 'Will have a male carer.' We also saw that decisions people made during their visits were recorded in their daily records, for example, 'Declined to have a drink.' This showed that people were involved in making decisions about their care and support.

People's privacy was respected. People using the service we spoke with said that modesty sheets were used, if required, when receiving personal care. People using the service and their relatives also confirmed that support workers were friendly and respectful while in their homes. They told us there was great continuity of care, where people using the service were supported by their usual support workers.

We spoke with two support workers who delivered care to people in their homes. They were able to describe how they maintained people's privacy and dignity while supporting people with their personal care needs. Both staff members said people using the service were encouraged to do as much for themselves as possible to help promote their independence.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our visit we looked at the care records of four people using the service. The records were maintained using the provider's computer system, with documents then being printed and kept as hard copies. The manager told us people's care and support needs were reviewed at least annually, which, where required, included the input of family and other professionals. We found that some care plans appeared not to have been reviewed for at least one year. We spoke with the care coordinator about this and they confirmed these care plans had been reviewed but that an updated version had not been printed to be kept in the office. They explained that the functions and use of the company's computer system was being reviewed by the provider. This was confirmed by discussions we had with the IT manager during the visit.

People's care plans and risk assessments were up to date and, should people using the services' care needs change, the plans were reviewed to reflect this. The documents were concise and easy to use and understand. The care plans set out the support people received and the timing of visits. We found that smoke alarm and carbon monoxide tests were carried out each month in people's homes. Each person's care plan also had a 'home risk assessment' in place; including the location of the stop tap and electrical trip switch. This showed the service had considered the safety and welfare of the people using the service in their own home.

Care plans that we looked at were comprehensive and personalised, including full routines, care and support provided for each call and any other person-specific information. We also saw there was an 'Emergency Carer's Support Plan' in place in one file. This was for use if the private carer employed by the person using the service was unavailable. This showed the service had plans in place for maintaining service continuity to people.

We saw that daily log books were filled in correctly after every visit made by the support workers. These included the time the support worker arrived and the time they left. However we found that medication administration records, known as MAR sheets, were

not always filled in correctly. We saw there were some gaps in the records of medication identified but no explanation was given. We spoke to the manager about this, who told us that support workers always administered people's medication using dosette boxes. Dosette boxes are boxes that contain medications organised into compartments by day and time, so to simplify the taking and administration of medications. The manager said they would remind staff about the importance of ensuring medication records were filled in correctly for all the people they administered medication to.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

We saw appropriate policies and procedures for infection prevention and control (IPC) were in place and the manager told us they were the nominated IPC lead. We saw from the training records that all staff had received training in infection control. This showed the agency had systems in place to help prevent and control infections.

We saw that personal protective equipment was available for staff to use when delivering personal care in people's homes. This was confirmed by the feedback in the annual satisfaction survey. One person commented, "The staff are smart and clean and always wear gloves and plastic aprons." The manager showed us records which demonstrated that staff regularly collected supplies of aprons, gloves and hand gel from the agency office. This showed the agency provided protection to staff to minimise exposure to infections that could be caught at work.

We saw that the three monthly spot checks and observations of staff were carried out by the care co-coordinators. These included questions about staff use of personal protective equipment and compliance with hand hygiene requirements. This showed staff compliance with the service's infection prevention and control procedures was monitored.

The provider may find it useful to note that one person's observation records recorded that the support worker had not washed their hands in two out of their three recent observations. This meant this support worker had not learnt and improved their practice following the feedback given at the end of their observations. We noted that the observation sheets, which included comments about the lack of hand washing, were signed by the both the observer and the staff member being observed.

The provider may also find it useful to note that, at the time of our visit, we found staff were not being assessed or offered immunisations in line with current national legislation. When we asked the manager and director about this they told us information about immunisation against relevant infections was provided to staff at the recruitment stage. They told us the agency had a contract with a private occupational health service. We found there was no risk assessment in place in relation to the requirements for staff immunisations; this is best

practice. This meant staff may not be protected from the exposure to infections that can be caught at work.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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The manager told us there were twelve support workers employed at Keystone Healthcare, consisting of two part-time bank workers, five part-time workers and five full-time workers. They explained that all support workers received mandatory training when they began employment with the service and any additional training required. All staff members had annual refresher training in all mandatory areas. This meant staff had the necessary skills and knowledge to support the people using the service.

The manager, director and staff we spoke with all told us they felt there were enough staff to meet the needs of the people using the service. They said any gaps in the rotas were always covered; this was confirmed by the people we spoke with. The manager told us staff were flexible about covering calls at short notice. They said if no staff were available then the manager and care co-ordinator would go out and cover calls. The manager told us that if a support worker was going to be late to their call then office staff would ring the person using the service to explain this. This showed there were systems in place to maintain effective staffing levels and respond to changing circumstances in the service.

We looked at staff rotas and found that there was not always a five minute time gap between calls to allow for travelling time. The manager told us that there usually was but they had just taken on a new care package so had to fit that person's calls in where possible for the first week. The manager assured us that there was usually a five minute gap between calls, in accordance with their policy. The provider may wish to note if calls are to be undertaken at the times agreed with people using the service, this policy should be followed to allow time for travel.

The two support workers we spoke with told us they felt supported by their manager and it was a good company to work for. They said the other team members were flexible and there was a good back-up. One of them told us "We have a really good staff team and all work together."

During the visit we saw and heard evidence that staff were suitably skilled and qualified to understand and meet the needs of the people who used the service. For example, one of the support workers we spoke to told us that Keystone Healthcare had supported them through their National Vocational Qualification (NVQ) Level 2 in Health and Social Care. They said they were now working towards completing their NVQ Level 3 in Health and

Social Care. This showed staff working at the agency also had the opportunity to obtain appropriate further qualifications.

## 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.

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### Reasons for our judgement

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

The provider sent out a satisfaction survey people and/or their representatives once a year. The manager told us they were last sent out in May 2013. We looked at the document which collated and summarised the responses to this survey. We saw that the feedback from the 26 people that had completed the survey was all positive.

For example all 26 respondents:-

- agreed that care staff had enough time to carry out the tasks in the care plan
- agreed that the support worker carried out all the tasks required
- said they felt involved in the planning of their care package
- said the support worker arrived on time and stayed for the full length of the call
- felt they had continuity of care
- felt staff were appropriately trained

Comments in the survey included:-

"Extremely happy with the care."

"I feel very happy with the care I receive – you must hand pick the care staff."

"Excellent organisation, always trying to improve the service."

We saw there were records of complaints and/or concerns and the action taken to address them. No formal complaints had been received since our last visit. All 26 people completing the satisfaction survey confirmed they knew how to complain and how to contact the office. One person commented, "I haven't got any complaints." Another person said, "Whenever I ring the office I know any concerns or questions will be dealt with."

We saw that the agency ran an annual "Service User's Carer of the Year" award. This showed the people using the service had an opportunity to give feedback about the care staff working at the service.

The director told us they were undertaking a review of the management structure of Keystone Healthcare to open up more options for the service and to look at how to maintain good quality while expanding the service. During our visit we saw evidence of audits of personal files, timesheets, staff competency assessments, controlled documents and the recruitment process. This showed the service was developing a quality management system; this would help them achieve continuous quality improvement.

The provider may find it useful to note that not all audits and checks were being documented; for example the actions taken when the daily records were audited every month by the manager and care coordinator. The manager assured us actions were taken when any deficiencies were identified but agreed these were not being recorded appropriately to provide an audit trail. We discussed this with the manager, director and IT manager during our visit. They told us they would devise and introduce a system for recording these audits.

## 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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