

Keystone Healthcare Ltd

Keystone Health Care Group Ltd

Inspection report

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Tel: 01484546015

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26 September 2017

28 September 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Keystone Health Care Group Ltd took place on 25 and 26 September 2017 and was followed on 28 September 2017 by telephone calls to people using the service. This was the first inspection of the service at this location.

Keystone Health Care Group Ltd provide personal care support to people living in their own homes. At the time of the inspection there were 24 people using the service.

There was a registered manager in post and they were available on both site visit days. 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.

People and relatives told us they felt safe and confident with the staff. There was evidence of appropriate reporting of any concerns to other agencies with follow ups if needed.

Risks were managed in a person-specific way and responded to people's preferences and usual routines. Staff displayed high levels of competence in their role which was supported through regular supervision and training. The service promoted active reflection on how things were progressing and staff were encouraged to share best practice.

Rotas were managed well with consistent provision of staff and appropriate timings between calls. Although some calls had reduced length no concerns were raised by people who were happy all tasks were completed as required.

Medication support was offered in line with requirements and staff displayed a good awareness of wider issues around the impact of infection and self prescribing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Nutrition and hydration needs were provided safely and records kept if there were concerns. People were supported to access health and social care services if needed.

Staff were kind, caring and knowledgeable about the people they cared for. They were attentive to slight changes and responded well, to alleviate complications further on.

Privacy and dignity was respected and promoted, and staff had a cultural awareness of different needs of their local community.

Care records showed person-centred practice in line with people's choices and routines. The service was flexible in how people's needs were met.

The service had not received any complaints but showed a high level of responsiveness to any concerns which were dealt with swiftly.

Keystone Health Care Group was managed by a skilled registered manager supported by an informed and knowledgeable team. They were always available and staff felt valued.

Quality assurance processes showed a wide range of measures assessing the standards of the service with a strong focus on person satisfaction and well trained staff. The service had a clear and shared value base which was evidenced in its provision of care to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and we saw robust risk reduction measures in place.

Staffing levels met the needs of people and rotas were reflective of people's preferences.

Medication was administered safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported with regular training, supervision and observations of their practice.

The service was acting in accordance with the requirements of the Mental Capacity Act 2005.

People's nutritional and health needs were supported appropriately and in a timely manner.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

They respected people's privacy and promoted their dignity.

People were encouraged to be as independent as possible and included in all elements of their support package.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and reflected people's needs.

People were supported to maintain their daily routines and the

service responded flexibly to this.

There had been no complaints but we saw many compliments.

Is the service well-led?

Good ●

The service was well led.

People were happy with the service and highly positive about the staff.

Staff felt valued and praise was frequently recorded.

There was evidence of clear leadership and guidance based on best practice, and all who worked for Keystone Health Care shared the same values and purpose.

Keystone Health Care Group Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 September 2017 and was announced on both days to ensure someone would be in the office. On 28 September 2017 telephone calls were made by to people using the service. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with three people using the service and two of their relatives. In addition, we spoke with four staff including two care workers, the care manager and the registered manager.

We looked at three care records including risk assessments, three staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person told us, "Yes I do [feel safe]. They're so kind and they start conversations with me." One relative we spoke with also said, "Yes, they do feel safe and they're always talking and chatting with them." A further relative echoed this view, "Yes [name] feels safe with them. They can understand them. There are three or four of them mainly and they're very good with them." This relative also stressed, "They notice things, like if they've got bruises. They notice and report it." This person used other community services including day care provision.

We looked at safeguarding records and saw appropriate referrals had been made which included reporting where potential abuse had occurred in other settings such as hospital or day care provision. Staff were very alert to any minor changes in a person's physical or emotional wellbeing and took prompt action where any such differences were noted. One care worker had identified concerns regarding a person's money that morning and we heard conversations as to how this was to be stored safely.

We saw risk assessments relating to environmental, financial, medication, nutrition and hydration, falls and skin integrity risks. Each considered the potential hazards and how the risks could be mitigated for the specific person. Staff told us people's call alarms and carbon monoxide alarms were tested monthly, and we saw records which confirmed this.

Falls risk assessments were comprehensive and measures to minimise the risks were clearly recorded. People's moving and handling plans provided staff with specific instructions on how to move a person safely, using the correct pieces of equipment. There was also evidence of regular checks being conducted by staff before use of such equipment, during any procedure (for example, both staff to check a sling was correctly fitted before using a hoist) and the service also kept a log of when external checks were due to ensure these were completed.

Accidents and incidents were also recorded with evidence of appropriate action being taken including contacting other agencies where necessary for advice, reviewing care plans and alerting staff to any changes they needed to be aware of.

We looked at staffing records and found that all appropriate checks had been carried out. References were obtained and followed up if further information was required, and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We asked people if staff stayed their allotted time. One person told us, "Yes they do stay the time, a quarter of an hour. They make tea and help me with my meals; they put them in the microwave and write it in the book." A relative said call times were consistent, enabling their relative to attend community activities; "Two people come to help [name] and there's four in the team. They know them extremely well." We checked daily logs which showed staff usually arrived on time and stayed for the full call time. We also saw two staff attended calls where this was required. Where call times had been slightly shorter this had not raised any

issues and all tasks had been completed. Staff told us rotas were manageable and they had a regular working pattern.

We also asked if the same staff visited, and whether they had had any late or missed calls. One relative told us, "They get different ones but they always knows who is coming because they get a rota saying what time they're coming and for how long, three quarters of an hour. They've never missed a call (in over eight years); they've never left them high and dry." This relative did tell us, "They were late twice (since last December) and the office phoned both times" which showed staff and the office had systems in place to ensure care was covered.

Staff told us their rotas were consistent and based on small geographical areas to reduce travel time. We checked the rotas and saw evidence of this. One care worker told us, "If we have a new service user we are given all the information before we visit especially around any risks such as allergies." The registered manager and care manager undertook any urgent visits in the event of staff sickness and agency staff were not used.

One relative told us, "[Name of person] has to take medication morning and night. Staff put it in an egg cup for [name], watch them take it and write it down." Medication care plans contained detailed guidance for staff administering medicines including people's cultural beliefs, the level of support required and key contact information in the event of any problems. There was also direction for where people lacked capacity to agree to medication or if they refused to take it. We saw 'consent to administer' forms signed by either the person or their lasting power of attorney where any support with medication was provided. Staff received medication training during induction and annually thereafter, in conjunction with regular competency assessments. One care worker explained the process of ensuring the right, person, date, time and route of medication in detail.

Medication administration records were completed correctly and where staff administered cream, body maps showed where to apply this. If medication was prescribed PRN (as required) signatures reflected where it had been offered or refused. One person was encouraged to self-administer medication and appropriate risk assessments were in place to manage this. We found any medication error was dealt with promptly and with further training and support for staff if needed. One care worker told us about a visit where they noticed a person was taking two products containing paracetamol (as their own choice to manage a cold) and so the care worker raised this promptly and the medication was removed.

Is the service effective?

Our findings

We asked people if they felt staff were competent in their role. One person told us, "Yes I do. They wash me twice in the morning call and make my food at dinner time; I have ready meals delivered." Another person said, "Yes, I'm confident about that. I wanted my hair washed today and they did it." A further person said, "Yes they're very efficient." One relative also said, "They're very well trained." Another relative also echoed this saying, "I am confident with them. They spot things and they are proactive."

We found all staff received induction training which was then renewed annually. Staff new to the care role completed the Care Certificate which included a mix of theory and practical observations. Training topics included moving and handling, medication, safeguarding, first aid, nutrition and dementia awareness among others. All staff undertook a period of shadowing before being allowed to work on their own. One care worker told us, "I have supervision twice a year in addition to quarterly observations and spot checks of my practice. We are never told when this is going to happen as they want to see how you work normally." We saw evidence of supervision and observations, and staff also had an annual appraisal which showed high levels of praise for staff. Sessions provided the opportunity to reflect on what had gone well with questions covering key areas of care provision.

The records we saw evidenced staff operated with a good level of knowledge and expertise, and staff were encouraged to share examples of where they felt they had made a difference with people. One record stated, "One person was depressed when we started working with them but through talking issues through with them, their mood has improved. This work has been by all the Keystone team who have shown kindness and listened, and had laugh. For this I am proud of my colleagues and the work we do."

Where people had more complex needs such as a catheter or a percutaneous endoscopic gastronomy (PEG) feeding tube, staff had received specific training around both the care of this equipment and specific moving and handling techniques. One care worker told us, "I have had training about behaviour which challenges and also dementia awareness. I have used this in working with some people, knowing when to encourage and when to back away."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. One person told us their consent was sought before any care intervention, "Yeah, they do." We saw records were signed where people had the ability to agree to care provision. Where people lacked capacity, we saw evidence of a mental capacity assessment in place with corresponding best interest decision-making. However, we did note not all were decision-specific or were completed with the necessary information. We spoke with the

registered manager about this and they agreed to re-assess all people where they lacked capacity to make specific decisions and amend their assessments accordingly.

We spoke with people to see if their choices were respected. One relative told us, "Yes, they do listen and promote choice-making as far as [name] is able. They are given a choice at tea time about what they want." Another relative stressed how good communication was, "Oh yes, they ask us, like...if things are needed like [name's] special shampoo and toothpaste." One care worker, when asked how they ensured people's needs were met, said "I look after people's psychological wellbeing and enable them to make as many decisions for themselves as possible. I know some people have advocates to help them with this." Another care worker was mindful of the impact of infections on people's level of confusion and took necessary action if they suspected this was the case.

Where people received assistance with their nutritional and hydration needs records were kept and showed risks were being managed appropriately, whether due to high or low level body weight. We noticed people's weights were not always recorded, and the registered manager agreed to consider this as part of their service if nutritional support was being provided.

We checked to see if the service responded to health concerns promptly. One relative told us, "[Name] had swollen ankles once coming from respite and they noticed. The GP gave her water tablets. But we sat down and talked and they have been encouraging her to do a fair bit of walking." One care worker said, "We monitor skin every day while we are washing someone. If there are any areas of red we take note and report it. We don't have anyone currently on bed rest but I would ensure all turns were recorded, by alternating sides a person lay."

Is the service caring?

Our findings

People and relatives spoke positively of all the care staff. One person told us, "Staff are kind and caring." One relative said, "Yes, they are very kind to them and (name) gets on very well with them. They let [name] do stuff for themselves and then they finish off what they can't do." Another relative told us how supportive staff were following an unexpected bereavement, "I was in complete shock, they were too. I could not have carried on without the compassion they showed me. They just took over all responsibility for my relative for a week while I had to cope with everything."

We overheard a conversation in the office between a person using the service and the care manager. Staff had rung in earlier to indicate the person was not too well, and the care manager agreed to ring them. This showed the service was responsive to any concerns and concerned about people's general welfare. The conversation was empathetic, kind and caring in nature.

In the concerns log we found records relating to a broken down washing machine. The care worker had called the insurance service on behalf of the person and found it was out of warranty. They then obtained a duplicate receipt from the seller to use as proof of ownership and contacted an engineer to resolve the issue. This showed the care worker went over and above their role to ensure the person had working equipment and was safe. We also saw staff made arrangements for the care of pets if the person was admitted to hospital.

One care worker spoke with us about a person who did not have verbal communication skills. However, they explained as they had been working with this person for some time they knew what certain movements meant, such as raise of the eyebrows or a thumbs up.

We asked people if they felt they were respected. One person told us, "Yes they respect my privacy and are very gentle with me – they go at my pace. I'm very 'shaky' and they're kind." They stressed how the support was offered in a relaxed manner, "They go at my pace and in the mornings I'm sat down in the shower and can do it, but in the evenings they have to help wash me." A relative echoed how "all of them are very respectful of their dignity and privacy and they do encourage [name] to do what they can for themselves." Another relative said care staff ensured their relation was supported to be as independent as possible, "Yes, for instance, they give [name] a hairbrush to brush their own hair." This was reflected in a comment passed on by the local authority where it was noted one person had returned to be independent in all care tasks thanks to the support of the care workers.

Staff were able to explain how they would respected different cultures. They were aware of key festivals and the impact some of these could have on people, such as during Ramadan when people chose to fast.

One care worker was able to demonstrate all measures they used to promote a person's privacy and dignity including, "I ensure all curtains are closed, obtain their consent before any intervention and use towels to cover them up." Another care worker emphasised how they always explained what they were doing and ensured any family members were not present to preserve confidentiality.

One relative commented on how positive feedback had been received from other services who had involvement with their relation as they had been told "[name] was always immaculately turned-out, and appropriately clean." We saw a compliment from 2016 which stated, "Staff are genuinely caring, loving and supportive."

Is the service responsive?

Our findings

People and their relatives spoke highly of the care received. One person told us, "They're all right. They do what I want and how I want it, and that's that!" A relative said, "They are always asking about changes to the care plan and the staff always read it." Another relative told us, "They're very organised, nice and everything."

One relative told us how flexible the service was, "Oh yes. Anytime we have a hospital appointment they always oblige us with a 7am call." Another was asked if people were supported with their usual activities, and said, "Yes, if they're well enough. They are sensitive to [name's] abilities and respond accordingly." We saw in care records evidence of how encouraging staff were with people who would otherwise be at risk of self neglect. Records showed staff were considerate but persistent in engaging with people, discussing the benefits of receiving support. Notes showed any refusal to receive support was logged with clear direction for staff which emphasised the person had capacity and was entitled to refuse.

We looked at care records and found they were detailed and provided staff with clear guidance as to what support was required. Records were organised in a logical manner showing people's current needs, reviews of these, any concerns, complaints or accidents and a consent form. People's needs were outlined in an overview and then listed with more information as to how each one was to be met on each visit. Staff had clear written direction about people's preferred routines, especially where they were unable to give this information themselves due to a lack of mental capacity.

Each person had a memory book which contained a photograph and key information such as a person's preferred name. Other information included people's family and friends, a biography to date, any previous occupation they had held and their interests. One book had personal photographs in it including a wedding photograph and another was based on one person's perception of themselves which was not factually correct, but reflected how the person wanted to be seen, which demonstrated the service acknowledged this person's view of their identity. The registered manager had thanked all people who had completed a memory book for their willingness to share such personal information.

We spoke with staff about these booklets and they explained how they helped them understand people better and build relationships. One person enjoyed singing and the care worker explained how they used this medium to communicate with the person. It stated "[name] is a fabulous singer and many of our staff are jealous of their talent."

Each care record also had a concerns log which noted any issue observed by staff. In one record we noted, "[Name] is not well. Is very sleepy. GP has visited but staff still concerned and feel a further visit is needed." This was raised directly with the office and the care manager went to visit the person to see if they could be encouraged to have the GP again. Where other relatives were present there were records of care staff appropriately raising their concerns and offering advice. This demonstrated the service was offering person-centred care by using their in-depth knowledge about people to ensure extra support was offered where needed. The registered manager advised us these concerns were not archived until an outcome had been

achieved ensuring nothing was forgotten and they were reviewed on a regular basis.

Care records were reviewed regularly, and included people's own views of the service. Questions were asked around their level of overall satisfaction, times of calls and whether any changes were needed. All documentation was checked at the same time to ensure it reflected current need and where it didn't it was updated.

We asked if people knew how to complain and one person told us, "Yeah, I'd ring the key worker and go through them but I've got no complaints." One relative said they had only had one concern, "and it was not a formal complaint. They shifted a 4.30pm call to 5pm which is not a good time for [name's] medication. It took two days to sort it out so it was more like us sharing information about something that needed to get sorted out but it did get resolved." The registered manager advised us there had been no recent complaints but any issues, however minor, were dealt with promptly ensuring the person was happy with the outcome.

We saw the service had received many compliments which included comments such as, "Keystone are the best carers I've ever had. They are fantastic, brilliant and I can't praise them enough. They are thoughtful, kind and I couldn't manage without them. All staff are great," "All staff are excellent and must be doing something right to retain their excellent staff" and "You have always helped when I have asked. I thank all of your carers. If anyone is in need of a care company I will tell them of Keystone. They do indeed, care." These endorsements by people using the service were reflected in comments from the local authority social work team including, "Really impressed. I feel Keystone are really on the ball" and "the family can't speak highly enough of [name of care worker] and Keystone. They are extremely pleased."

Is the service well-led?

Our findings

There was a registered manager present and we spoke with them on both days of the inspection.

We asked people for their views about the service they received from Keystone Health Care. One person told us, "I've had the service for a few months and it's very good." Another person said, "They're OK. I've got no problem with them; I'm happy." Their relative confirmed, "We know the team, three people including the team leader. They're all approachable and would probably discuss anything with me or my relative." Another relative stressed they knew the registered manager and how happy they were with the service; "I know how to get hold of them. From my perspective it is and I would tell them if not."

We queried if people felt involved in decisions around their care needs and one relative told us, "Yes, they do feel involved in decisions; they do involve us." One person said they knew who key people were, "Yes but I'd tell my son and daughter; they'd speak up for me." One relative told us, "I am completely satisfied. Most of the staff are like friends to me. They're a small company and they're [name's] friends."

The agency had a robust quality assurance process in place. People received at least annual reviews within their own home to assess the quality of the service provided which was supported by annual questionnaire sent in November to people using the service and their relatives. People and relatives told us they were asked to complete survey forms. One relative said, "Survey forms? Every six months but they're updating all the time." Another one told us, "Every year there's a paper questionnaire."

We saw a detailed analysis of the feedback from November 2016 collated in a booklet shared with all people using the service which was very positive and complimentary. Comments included, "carers stay for full length, and longer in an emergency", "staff are patient and helpful" and "Yes, they understand I want to do things for myself." One person had noted due to their relatives' holiday they were unable to get any food after their fridge broke down but were very pleased when the care manager went to buy some for them. If a concern had been raised this was acknowledged and action taken to remedy it, such as one person saying their care record was not reviewed often enough. People nominated their care worker for 'Carer of the Year' and these were duly recognised in the feedback booklet. No one said the service could be improved.

In addition to this staff received an unannounced observation at least every three months to ensure their practice reflected what was required and all records were checked on a monthly basis including log sheets and all medication records to ensure the service provided matched what had been commissioned. The service also kept a log of all hospital admissions to ensure they kept track of people's progress and were ready to respond in the event of a discharge.

Staff spoke positively of the support they received. One care worker said, "If we have any concerns, they are actioned immediately. I feel listened to and I always get feedback on the outcome which shows me concerns were dealt with." They also told us out of hours cover was comprehensive and managers always responded if assistance was needed. Another care worker told us, "Yes, I love working here. I have never worked anywhere where I feel as valued as I do here." The registered manager echoed this support network

as they, in turn, had regular input from the provider and the service had access to all the resources it needed.

We saw a weekly newsletter was sent to staff with their rotas and included information regarding any policy changes, updates of people's conditions (referred to by initials only to preserve confidentiality) if they had been unwell and celebrations of key events for both staff and people using service such as birthdays and anniversaries. Staff were also given praise; in one note we read, "Remember you are all doing a fantastic job. You are the difference to someone remaining safe." In addition to the weekly bulletins there was a more detailed newsletter, colourfully designed, which focused on 'Carer of the Month' awards, welcome to new staff members, reminders of key procedural changes and any other pertinent information. These newsletters were supported with regular staff meetings which ensured all staff met face to face and discussed practice in an open forum. A key part of these meetings was a focus on team building.

We asked staff what they felt the values of the service were, and one care worker told us, "To promote people's independence, this is really important. We also promote their dignity and respect, protect from harm where we can and promote their interests." It was evident from supervision and other records staff's views were taken into consideration at every opportunity and where they identified any issues these were responded to promptly. Another care worker said, "We aim to keep people safe in their own home ensuring we follow their usual routine as this helps them feel safe."

One care worker told us they knew they were doing a good job due to, "the feedback from people receiving the service and feedback from their managers, the reactions of people and the time spent reflecting in the service on what they were doing well and where more knowledge was needed."

The registered manager was linked into a local authority wide network of other managers to assist in their knowledge and expertise. They found this a useful forum for raising any practice issues and developing service provision in line with current requirements.