



*Making Social Care  
Better for People*

# inspection report

## NURSES AGENCY

### **Keystone Healthcare Limited**

**3b Cartwright Court  
Bradley Business Park  
Dyson Wood Way  
Bradley  
Huddersfield  
HD2 1GN**

*Lead Inspector*  
Tony Brindle

*Key Unannounced Inspection*  
12th June 2008      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

| <b>Reader Information</b> |   |
|---------------------------|---|
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Nurses Agencies*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

|   |  |
|---|--|
| <b>Name of service</b>  | Keystone Healthcare Limited  |
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| <b>Telephone number</b>                                       | 01484 545990   |
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| <b>Email address</b>  | enquiries@keystonehealthcare.co.uk   |
| <b>Provider Web address</b>                                   |  |
| <b>Name of registered provider(s)/company (if applicable)</b> | Keystone Healthcare Limited  |
| <b>Name of registered manager (if applicable)</b>             | Mr Martyn Stuart Young   |
| <b>Type of registration</b>                                   | Nurses Agencies  |

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**            14th June 2006

## **Brief Description of the Service:**

Keystone Healthcare provides qualified nursing staff of all grades to the NHS and Private hospitals. They also provide Operating Department Practitioners, health care support workers, porters and radiographers. At the moment the agency do not provide nursing staff to service users private dwellings or care homes. Information about the Agency and the services provided are available from the Agency in the statement of purpose and service user's guide.

# SUMMARY

This is an overview of what the inspector found during the inspection.

**The quality rating for this service is three (3) stars. This means the people who use this service experience excellent quality outcomes.**

This unannounced visit started at 10:30 hours and ended at 14:00 hours. This was a very positive and enjoyable visit.

Information considered as part of this inspection included the agency's returned Annual Quality Assurance Assessment (AQAA) and surveys that were returned Commission for Social Care Inspection.

## **What the service does well:**

The process for recruitment and selection of nurses meets all the requirements of legislation and employment law. People are confident that the nurses supplied by the agency will provide good quality care and will not jeopardize the safety of patients. Nurses supplied by the agency are trained to undertake the activities for which they are employed and responsible. Complaints are listened to, taken seriously and acted upon. People are protected from abuse by way of good reporting and investigation procedures. The health, safety and welfare of people are promoted and protected by way of good training, policies and procedures. Nurses supplied by the agency are told about what is expected of them and are made aware of the agency's organizational policies.

## **What has improved since the last inspection?**

The agency used to be operated from the registered providers own home, however, it now operates from an office base in Huddersfield. The Registered Provider has completed his Registered Managers Award.

## **What they could do better:**

No recommendations or requirements have been made following this inspection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Statutory Requirements Identified During the Inspection

# Information

## **The intended outcome for Standard 1 is:**

- 1.** Prospective service users have the information they need about the agency in order to make an informed decision on whether to engage its services.

## **JUDGEMENT – we looked at the outcome for standard:**

This standard was not inspected, as it is not a key standard.

## **EVIDENCE:**

This standard was not inspected, as it is not a key standard.

## **Registered Persons**

### **The intended outcome for Standard 2 is:**

- 2.** Service users are assured of the integrity of the agency and have confidence that it is run by a fit person or organisation.

### **JUDGEMENT – we looked at the outcome for standard:**

This standard was not inspected, as it is not a key standard.

### **EVIDENCE:**

Not all of this standard was inspected as it is not seen to be a key standard, however, it was noted that since the last inspection, the Registered Provider has completed his Registered Managers Award.

## **Recruitment and Supply of Nurses**

### **The intended outcomes for Standards 3 - 6 are:**

- 3.** The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including that related to equal opportunities and anti-discriminatory practice.
- 4.** Service users are confident that nurses supplied by the agency will provide good quality care and will not jeopardise the safety of patients.
- 5.** The agency has documentary evidence demonstrating the personal identification, registration, ongoing eligibility to be employed as a nurse, and relevant qualifications of each nurse to be supplied.
- 6.** Nurses supplied by the agency are competent and trained to undertake the activities for which they are employed and responsible.

**The Commission considers Standards 3, 4 and 6 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

**3, 4, 6**

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The best interests of people who use this service are promoted by way of effective recruitment procedures and training for nurses supplied by the agency.

### **EVIDENCE:**

Information contained within the agency's policies and procedures demonstrated that its processes for the recruitment and selection of nurses meets the requirements of relevant legislation and employment law. Evidence that seen included applications forms, membership cards of professional bodies, copies of professional qualifications and work permits. The registered person explained that the recruitment procedure extremely well, and showed an excellent understanding of it, and his employment history demonstrated that he has the relevant experience to undertake the assessment, selection and placement of nurses with clients according to their qualification, competencies and skills. The company owner explained that part of the recruitment and

selection involves collecting information relating to equal opportunities, and evidence of this was seen.

The registered person said that he believes that the company's clients can be confident that nurses supplied by the agency will provide good quality care and will not jeopardize the safety of patients. When asked to verify this claim with the evidence, he explained in great detail how all the necessary and appropriate checks are undertaken on nurses by the agency, prior to them commencing employment. The registered person clearly demonstrated through the use of the agency's policies and procedures, and extensive records how an applicant's health record is checked. These checks include obtaining a copy of the applicant's immunisation record and current status showing that all the necessary immunisations for their practice are current. The records show that nurses are not engaged or supplied by the agency if s/he has a history of illness that would make them unsuitable for duties to which s/he may be assigned.

The company owner explained that there is a written and formal induction process that is completed by every new nurse to be supplied. The induction process covers, as fully as possible, the responsibilities that the nurse supplied will have. The agency shall supply details of qualifications and experience of the person being supplied to the service user. The agency shall assure itself, by confirming current registration and examining such other certificates as indicate specialist or advanced knowledge and skills, that nurses supplied to service users have been trained to work in the field of practice to which they are being assigned.

Feedback from people who completed our survey indicated that they believed the agency had good systems in place in relation to the recruitment and supply and nurses such as checking people's registration status, obtaining the correct pre-employment checks and ensuring people were legally entitled to work in the UK.

# Complaints and Protection

## The intended outcomes for Standards 7 - 11 are:

7. Service users are confident that their complaints will be listened to, taken seriously and acted upon.
8. Service users who are also patients are protected from abuse, where the agency is an employment business.
9. Service users who are patients are protected by the agency's procedures for assistance with medication, where the agency is an employment business.
10. Action is taken to protect confidentiality of information relating to service users who are also patients, their carers and advocates.
11. The health, safety and welfare of service users who are also patients, and of nurses, are promoted and protected, where the agency is an employment business.

**The Commission considers Standards 7, 8, 9 and 11 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

**7, 8, 9**

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The best interests of people who use this service are promoted by way of effective complaints and protection procedures.

## **EVIDENCE:**

It was clear from looking at the information held by the agency, that it maintains a clear written procedure for handling complaints. The company owner explained that positive action is taken to publicise the complaints procedure and enable people to make a complaint if they so wish. This is done by supplying clients with the procedure, and telling them about it at face-to-face meetings or on the telephone. The publicity material was seen to include advice about CSCI and its role as a regulator. The procedure was seen to set a clear investigative process with timescales for action, ensuring that all complaints are thoroughly followed through. The record of complaints was

looked at and those who had complained had given feedback to the company explaining that they were satisfied with the way their complaint had been dealt with, and were happy with the outcome. The records show that all complaints have been acknowledged promptly, and that the agency keeps a full written record of the nature of the complaint and details of the action taken as a result. The company owner explained that he operates a system to analyse and identify any recurring area or pattern of complaints, and the records showed that no trends had been identified. The registered person said that a summary of all complaints and action taken by the agency could be supplied to the Commission if required, however, this was not necessary as the small number of minor complaints received by the agency had been looked into properly. Information contained with the personnel records of staff supplied by the agency showed that they had been fully informed of any complaints relating to themselves. The company owner explained that there is a procedure in place for reporting nurses to the NMC where there is evidence of misconduct. Information contained with the employment records confirmed this.

The registered person explained how people are safeguarded from abuse, by way of robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle-blowing). The procedures were seen to include the involvement of the police and the passing on concerns to now CSCI as and when required. The company owner explained that any allegation and/or incident of abuse would be followed up promptly and the details and action taken are recorded. He confirmed that since the agency started operating, no allegations or incidents of abuse had been reported. The registered person explained that the agency has a system in place for referring nurses to the Protection of Vulnerable Adults list, if this required following any proven allegation. Information contained within the policies and procedures of the agency confirmed this.

It is clear from information held within the policies and procedures of the agency, that a clear, written medication policy is in place. The registered person explained that it identifies the circumstances for administering or assisting with medication, and identifies the limits to assistance and the tasks, which may not be undertaken without specialist training. It also makes clear that a patient's informed consent should be sought for all aspects of care. Information contained within the policy makes it clear that any administration of or assistance or support with medication is only given when it is within the competence of the nurse.

The registered person explained that there are systems in place for reporting concerns, responding to incidents and seeking guidance if unanticipated events occur such as drug errors. Information contained within the agency's policies and procedures confirmed this.

The registered person explains how the agency ensures the health, safety and welfare of clients and, and of nurses. He explained that this involves undertaking risk assessments, complying with relevant health and safety regulations, employment law and the regulations set out under the Care Standards Act. Information contained within the agency's extensive health and safety documentation and records, confirmed that the agency has satisfactory systems in place to as far as reasonably possible protect the health and safety of by employees and the agency's clients.

Feedback from people who completed our survey indicated that they believed the agency had good systems in place in relation to safeguarding people by way of employment checks, training and reporting procedures, and by supplying people with information about how to complain if they need to.

## Management and Administration

### The intended outcomes for Standards 12 – 18 are:

12. Approved accounting and financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.
13. There are designated premises suitably equipped for the purpose of the day to day operation and management of the service.
14. An appropriate management structure and clear lines of accountability are in place.
15. Nurses supplied by the agency know the standards of conduct expected of them and are aware of the agency's organisational policies, where the agency is an employment business.
16. There is a written agreement between the Agency and nurses.
17. Service users' and nurses' interests are safeguarded by the agency's record keeping policies and procedures.
18. The agency operates in the best interests of service users and of nurses supplied by it.

### The Commission considers Standards 15 and 18 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 15, 18

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The best interests of people who use this service are promoted by way of effective management and administrative procedures.

### EVIDENCE:

The registered person explained that all the nurses supplied by the agency are given information about know the standards of conduct expected of them and are made aware of the agency's organizational policies and procedures by way of a through induction and on going training. Three personnel and training files were sampled, and information contained within them confirmed what the registered person had said. Nurses supplied by the agency are given a staff

handbook which includes information such as the conduct expected of nurses supplied by the agency; the role and responsibilities of nurses supplied by the agency; record keeping requirements; training and development requirements and opportunities; disciplinary action which may be taken against staff and them the agency's policy for dealing with allegations of abuse.

The registered person explained how the agency operates in the best interests of its clients and of the nurses supplied by it, by way of a Quality Assurance system, based on consulting with relevant stakeholders in order to measure success in meeting the aims and objectives of the agency. Evidence of stakeholder feedback was seen, and all of it was highly complimentary.

Feedback from people who completed our survey indicated that they believed the agency had good systems in place in relation to the management of the service, e.g. the supply of information to nurses about what is expected of them.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Nurses Agencies have been met and uses the following scale.

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion  
 "N/A" in the standard met box denotes standard not applicable

| INFORMATION        |              |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| <b>1</b>           | X            |

| REGISTERED PERSON  |              |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| <b>2</b>           | X            |

| RECRUITMENT AND SUPPLY OF NURSES |              |
|----------------------------------|--------------|
| <i>Standard No</i>               | <i>Score</i> |
| <b>3</b>                         | 4            |
| <b>4</b>                         | 4            |
| <b>5</b>                         | X            |
| <b>6</b>                         | 4            |

| COMPLAINTS AND PROTECTION |              |
|---------------------------|--------------|
| <i>Standard No</i>        | <i>Score</i> |
| <b>7</b>                  | 4            |
| <b>8</b>                  | 4            |
| <b>9</b>                  | 4            |
| <b>10</b>                 | X            |
| <b>11</b>                 | 4            |

| MANAGEMENT AND ADMINISTRATION |   |
|-------------------------------|---|
| <b>12</b>                     | X |
| <b>13</b>                     | X |
| <b>14</b>                     | X |
| <b>15</b>                     | 4 |
| <b>16</b>                     | X |
| <b>17</b>                     | X |
| <b>18</b>                     | 4 |

Are there any outstanding requirements from the last inspection?

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|     |          |            |             |                      |

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|-------------------------------|
|     |                   |                               |

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