

Inspection Report

3 September 2021



Kennedy Recruitment Ltd

Type of service: Nursing Agency
Address: 31 May Street, Belfast, BT1 4NG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kennedy Recruitment Ltd Responsible Individual: Mrs Evelyn Kennedy	Registered Manager: Mrs Fiona Archer Date registered: Application received
Person in charge at the time of inspection: Mrs Fiona Archer	
Brief description of the agency operates: Kennedy Recruitment Ltd is a nursing agency supplying nurses to a range of health care settings. At the time of inspection no private nursing care was being supplied to service users living in their own homes.	

2.0 Inspection summary

An announced remote care inspection took place on 3 September 2021 from 10 a.m. to 12 p.m.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information.

We reviewed the dates that criminal records checks (AccessNI) for staff employed by the agency had been completed. We checked that nursing staff were registered with the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations.

There were no areas for improvement identified during this inspection.

Evidence of good practice was found in relation to staff registrations with the NMC, staff training and staff recruitment processes. There were good governance and management oversight systems in place.

RQIA were assured that this agency supplied nurses who were providing safe, effective and compassionate care; and that the agency was well led.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the services were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA in respect of the agency. This included the previous inspection report and any written or verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

The inspection focused on contacting service users and staff to obtain their views of the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored.

We discussed complaints and incidents during the inspection with the manager and reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005.

Information was provided to service users and staff that will encourage feedback on the quality of service delivery. This included an electronic survey to enable staff and service users to provide feedback to the RQIA. One staff response and one service user response was received. The respondents confirmed that they were either satisfied or very satisfied that care was safe, effective, compassionate and well led.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the agency?

Discussion with staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Staff comments

- "Very good training available on eLearning."
- "The new manager is very approachable. Manager available at the end of the phone."
- "Very good agency to work for; I have only positive views in relation to the agency."
- "Medical alerts and other information forwarded in a timely manner."
- "I am happy with the agency and the support provided."
- "Relevant training provided and a reminder sent near update training due date."

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 23 January 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, pre-employment checks were completed before nurses were supplied to the various health care settings. Records viewed evidenced that AccessNI checks had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the NMC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a good system in place to ensure that the nurses' skills were appropriately matched to the placements. The agency requests feedback from service users with regards to staff supplied.

Nurses were provided with training appropriate to the requirements of the health care settings they were being placed in. This included Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

The manager had a system in place to monitor alerts issued by the Chief Nursing Officer (CNO). This ensures that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005. Reports relating to the agency's monthly monitoring were reviewed.

The process included evidence of engagement with service users and staff. The reports included details of the review of accident/incidents; safeguarding matters; complaints; staff recruitment and training and staff appraisal. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been addressed. Quality monitoring reports were of a good standard.

There was a process for recording complaints in accordance with the agency's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

The manager confirmed that there was a process for recording incidents and accidents in accordance with the agency's policy and procedures. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager confirmed that organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

There were no areas for improvement identified during this inspection.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Fiona Archer, Manager, as part of the inspection process and can be found in the main body of the report.



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