

Unannounced Domiciliary Care Agency Inspection Report 06 March 2017



Kennedy Recruitment Ltd

Address: 31 May Street, Belfast, BT1 4NG
Tel No: 02890333990
Inspector: Amanda Jackson

1.0 Summary

An unannounced inspection of Kennedy Recruitment Ltd took place on 06 March 2017 from 09.30 to 15.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. One area for improvement was required in line with Regulation 16(5)(a)(b) regarding the completion of a third day to the induction process for all staff. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

One area for quality improvement was identified as outlined above.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary.

No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Polly Adgey, Registered Manager, and the Healthcare manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 January 2016.

2.0 Service details

Registered organisation/registered person: Kennedy Recruitment Ltd/Mrs Evelyn Kennedy	Registered manager: Mrs Polly Adgey
Person in charge of the agency at the time of inspection: Mrs Polly Adgey	Date manager registered: 12 September 2014

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and Healthcare manager
- Consultation with two care staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with three relatives, by telephone, on 02 March 2017 to obtain their views of the sitting service provided by the agency.

Following the day of inspection the inspector spoke with two care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with four questionnaires to distribute to all staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Two staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Staff induction policy and procedure
- Two staff members recruitment records
- Training and development policy
- Two staff members induction and training records
- Two long term staff members quality monitoring, supervision and appraisal records
- Two long term staff members training records
- Two service user/staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- One safeguarding record
- One new service user record regarding referral, assessment, care planning and introductory visits
- One long term service user record regarding review, reassessment and quality monitoring
- Management, control and monitoring of the agency policy and procedure
- Recording and reporting care practices policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Staff handbook
- Two service users home recording records
- Three monthly monitoring reports
- Three compliments
- Confidentiality policy and procedure
- Complaints policy and procedure
- Untoward incidents policy and procedure.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 January 2016

The most recent inspection of the agency was an unannounced care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.5 Stated: Second time	The registered person and registered manager are recommended to ensure the manager and senior staff receives supervisions in line with their procedure timeframes.	Met
	Action taken as confirmed during the inspection: Review of supervision and appraisal records for the registered manager and Healthcare manager confirmed compliance with Standard 13.5.	

4.3 Is care safe?

The agency currently provides services to two service users living in their own homes within the Belfast Health and Social Care Trust area (BHSCT). A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Two files were reviewed relating to recently appointed staff. The registered manager verified all the pre-employment information and documents had been obtained as required. Review of two records during inspection confirmed compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of both staff files highlighted the agency induction process does not currently incorporate three days in compliance with Regulation 16(5)(a)(b); a requirement has been stated. Three of the four staff are currently registered with NISCC with the remaining staff working towards registration with NISCC. The agency registered manager confirming support is provided to assist staff in meeting the NISCC timeframes for 2017. Two of the four care staff spoken with post inspection, had commenced employment within the previous year. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Kennedy Recruitment. Care was provided by one or a small number of carers and any new carers were introduced to the service user by the registered manager.

No issues regarding the carers' training were raised with the UCO by the relatives and carers had received additional training depending on the needs of the service user. All of the relatives interviewed confirmed that they could approach the carers and registered manager if they had any concerns. Examples of some of the comments made by the relatives are listed below:

- "Would recommend them."
- "No complaints at all."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through external training agencies. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge such as dementia.

Records reviewed for two long term staff members evidenced mandatory training, quality monitoring and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. One staff member commented, 'ongoing updating of care plans according to needs as and when new needs and risk are identified.'

Safeguarding was discussed during inspection; the registered manager confirmed one matter had arisen since the previous inspection which was reportable to RQIA. The registered manager presented appropriate knowledge in managing matters when they arise. Review of the one safeguarding matter confirmed appropriate procedures in place with the agency. All records were centrally maintained and available for review.

Each of the two staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of two service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered manager confirmed that the agency implement an ongoing quality monitoring process as part of their review of services and this was evident during review of two service users' records. The registered manager confirmed that trust representatives were contactable when required regarding safeguarding matters, both packages of care are privately funded and hence communication between the agency and trust professionals is not routinely required.

Service users spoken with by the UCO, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for improvement

One area for improvement was identified during the inspection and relates to a three day induction process for all staff in accordance with Regulation 16(5)(a)(b).

Number of requirements	1	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the relatives interviewed that there were no concerns regarding the carers' timekeeping or that calls had been missed by the agency. Service users are usually introduced to new carers by the registered manager. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Kennedy Recruitment were raised with the UCO. The relatives advised that home visits and phone calls have taken place on a regular basis. The majority of the relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

Examples of some of the comments made by the relatives are listed below:

- "The consistency is great as my XXX is confused."
- "The manager was professional and efficient; she kept a close eye on everything."

The agency's recording and reporting care practices policy and associated procedure had been revised in 2017. The agency maintained recording sheets in each service user's home file on which care staff record their visits. The inspector reviewed two completed records returned from service user's homes, which confirmed procedures in place. The inspector did however discuss with the registered manager staff handwriting in one record reviewed in terms of legibility of the staff signature attending the calls, the registered manager will keep this matter under review and also holds a staff signature sheet for reference purposes.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed confirmed ongoing quality monitoring is completed by their manager to ensure effective service delivery.

Service user records viewed included referral information completed by the agency registered manager and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The assessments and care completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the service user guide in an alternative format but confirmed this would be accommodated as necessary to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Questionnaires are

provided for service users to give feedback on an annual basis. Evidence of this process was discussed during inspection in terms of the annual quality report completed for 2016. Review of the 2016 annual report confirmed satisfaction with the service being provided. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed post inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. One staff commented, 'Regular meetings take place with service users and family to ensure effective care according to need.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

All of the relatives interviewed by the UCO felt that care was compassionate and the carers treated the service users with dignity and respect. Views of service users and relatives have been sought through home visits and phone calls on a regular basis to ensure satisfaction with the care that has been provided by Kennedy Recruitment.

Examples of some of the comments made by the relatives are listed below:

- "The carer was top class and got on well with XXX."
- "Great support and good communication between the agency and us."

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users' homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding the registered manager presented evidence to support appropriate follow up processes to address matters arising.

Staff spoken with post inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

The agency implement service user quality monitoring practices on an ongoing basis through home visits by the registered manager. Records reviewed during inspection support ongoing review of service user’s needs with evidence of revised care plans in both files reviewed. Quality monitoring from service user visits alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members. Compliments reviewed during inspection taken from the annual quality report provided the following information in support of compassionate care:

- ‘The service is fantastic – don’t know what I would do without you – I struggled so much in the past trying to sort extra carers out. I know it’s difficult and hard for someone to look after xxx but everyone you have provided has been brilliant with him. Definitely recommend your company and staff to anyone – and do, every chance I get. The managers just seem to understand exactly what is required and they just sort everything out for me – just a brilliant service. Thank you’.
- ‘We are so pleased with the service from Kennedy Health & Social Care. All carers/temporary workers have been excellent and have fitted in so well - part of the family really. The service is always excellent – your staff are always so kind and helpful and they know and understand exactly what we need for my xxx. I can’t think of any improvements you could make – it is really first class. We couldn’t be happier’.
- ‘We are extremely happy with the service currently provided by Kennedy Health and Social Care. All the temporary workers we have had have been brilliant and my xxx feels very settled with them. Excellent service at all times from both your own staff and your temporary workers’.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Mrs Polly Adgey the agency provide domiciliary care to two people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff where able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No issues regarding the management of the agency were raised during the interviews.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016, with no complaints logged. No further complaints had arisen in 2017. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incidents had occurred since the previous inspection. One safeguarding matter which had arisen was notifiable to RQIA, review of this matter during inspection supported appropriate procedures in place.

The inspector reviewed the monthly monitoring reports for November and December 2016 and January 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards. The reports are discussed with the registered manager and action plans implemented.

The two care staff spoken with indicated that they felt supported by their manager who were described as always available and keep staff informed regarding service user updates/changes. One staff commented 'Nothing is too much for the staff in the office'. Staff discussed quality monitoring, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are appropriate in meeting service users and this was also reflected in staff questionnaires returned to RQIA. One staff commented, 'I currently provide one to one service which meets the needs of the individual.' Ongoing communications with trust professionals/commissioners were not reviewed during this inspection as both packages of care are privately funded.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Polly Adgey, Registered Manager, and the Healthcare manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 16(5)(a)(b)

Stated: First time

To be completed by:
With effect from the date of inspection

(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—

(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and

(b) during that induction training—

(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;

(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;

(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty;

and

(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.

Response by registered provider detailing the actions taken:

Kennedy Health & Social Care currently have a standardised Domiciliary Induction Training Programme in place which normally equates to 3 full working days, where the Mandatory Training provided by our external Providers is delivered over 2 full working days (Day 1 and Day 2). On Day 3 the new Temporary Worker completes their "Cleared to Work" Interview, is given access to Policies and Procedures to review and undertakes an Induction in to their specific post. Induction includes; Care Plan training and an introduction to the Service User, which is normally supervised by the Registered Manager (or a family member if specifically requested by the Service User/Service User's Representative). In addition, our Temporary Workers undertake Client Specific Training and Competencies to evidence adherence to Standards. However in certain circumstances these competencies were completed after the Temporary Worker commenced their role. This therefore meant that it fell outside of the understanding of the " 3 Day Structured Induction". The reason why our Domiciliary Induction Training Programme fell below Standard on this occasion was because in one instance the Temporary Worker had completed their Mandatory Training in one working day. This was checked with the Training Provider who has confirmed that this is the normal practice of how his training is provided. However this meant the Temporary Worker's Induction was completed in 2 days and not 3 days despite additional Client-specific training being undertaken as part of her role; Neither party realised that this meant that the required Standard had not been met. In order therefore to ensure that we always remain fully compliant with the required Standards, our Domiciliary Induction Training

	<p>Programme has been revised to calculate how many hours have been spent on Mandatory Training and on Client-Specific Training and to ensure that Competencies are completed prior to the Temporary Worker commencing in their role; this in addition to Policy and Procedure information, Care Plan training and supervised introductions which are now completed on Day 3. Due to the nature of our business and that, in particular, we are not a "typical" Domiciliary Agency, it is also important to note that our Induction may be completed in parts over a number of days. Therefore while our revised Standard does reference "Day1,2,3", it further calculates and documents the minimum number of hours required for Induction to total 22.5 hours prior to commencing post.</p>
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