

Unannounced Care Inspection Report 19 November 2018



Kennedy Recruitment Ltd

Type of Service: Domiciliary Care Agency

Address: 31 May Street, Belfast, BT1 4NG

Tel No: 02890330555

Inspector: Michele Kelly

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Kennedy Recruitment Ltd is a domiciliary care agency based in Belfast. The agency currently provides services to one service user living in their own home within the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Kennedy Recruitment Ltd	Registered Manager: Mrs Evelyn Parker-Hoare
Responsible Individual: Mrs Evelyn Kennedy	

Person in charge at the time of inspection:	Date manager registered: 26 July 2018
--	---

4.0 Inspection summary

An unannounced inspection took place on 19 November from 13.20 to 15.00.hours

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to;

- maintaining good relationships with stakeholders
- recruitment and induction procedures
- person-centred care

No areas for improvement were identified.

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.

4.1 Inspection outcome

	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 Evelyn Parker- Hoare registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 5 December 2017

No further actions were required to be taken following the most recent inspection on 5 December 2017.

5.0 How we inspect

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 December 2017

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- correspondence with RQIA

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

- discussion with the registered manager and health and social care manager
- consultation with one staff member
- examination of records
- file audits
- evaluation and feedback

The following records were examined during the inspection:

- service user care records
- service user quality monitoring contacts
- staff quality monitoring contacts
- staff recruitment and induction records
- agency process for verifying staff NISCC registration
- staff training records
- complaints log
- monthly monitoring reports
- the agency's statement of purpose (2018)
- the agency's service user guide
- policies and procedures relating to: staff recruitment, induction, and safeguarding

The inspector spoke to a staff member and a relative following the inspection and their views are included in the body of the report.

Following the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA at the time of writing this report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 December 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were viewed relating to staff recruitment, and safeguarding. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The record of the only member of staff employed confirmed staff pre-employment details have been completed in line with regulations and standards.

The agency's induction programme lasts at least three days and is in accordance with the timescales detailed within the regulations. The inspector saw evidence of a robust programme at the onset of employment. The inspector spoke to the staff member who provided positive feedback about their induction and described how they were supported by the registered manager. Records reviewed evidenced staff member's registration with the Northern Ireland Social Care Council (NISCC) and the manager described the system in place to review staff renewal of registration.

Records of training and staff feedback indicated that staff attend a range of training in accordance with regulations, minimum standards and the agency's assessment of training needs. The inspector noted that the provision of supervision, annual appraisal, training and induction are monitored on a regular basis by the manager and by other senior staff in the organisation. Records for the staff member evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency time frames.

The agency's adult safeguarding procedures are in accordance with the regional policy and procedures.

The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose 2018) and Service User Guide (2018).

A Service User Guide is provided to service users at the commencement of the package of care and this includes details of advocacy services should service users require support.

Staff spoken with following the inspection confirmed they were provided with details of care planned for the service user. Records detailed referral information, risk assessments and the services being commissioned. The ongoing reviews evidenced involvement of the service user and their family.

Feedback received by the inspector from a staff member indicated that service users or their relatives have a genuine influence on the content of their care plans. A relative also confirmed that the staff member was very well matched to the duties associated with the care package and outlined examples of activities and experiences facilitated in the services user’s home and in the wider community.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person – centred care and communication with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

There are processes in place to promote effective engagement with service users they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings, annual survey and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with the service user and where appropriate their representatives in relation to the quality of the service provided.

Comments from a relative following inspection provided the following information in support of compassionate care:

- “XXXX fits in so well with the family.”
- “Management are very approachable.”
- “XXXX is totally prepared and meets needs very well.”

Staff spoken with following the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting the individual service user’s wishes, dignity and respect.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of the service user.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were reviewed were discussed with the manager. Staff spoken with following inspection confirmed that they could access the agency’s policies and procedures.

Staff comments included:

- “Kennedy are very supportive.”
- “I am very happy in my job I meet with the manager every few months.”

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Records of individual staff member’s registration are retained by the agency and monitored by the manager on a monthly basis. Discussions with the manager and records viewed provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The inspector reviewed monthly monitoring reports; the comprehensive reports evidenced that the quality of service provided is monitored in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and feedback from all stakeholders and evidenced how any issues arising had been managed.

The relative spoken with following the inspection confirmed that they are aware of whom they should contact if they have any concerns regarding the service. There were examples of good practice found throughout the inspection in relation maintaining good working relationships . No concerns regarding the management of the agency were raised by the representative.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care