



The Regulation and
Quality Improvement
Authority

Kennedy Recruitment Ltd
RQIA ID: 10984
31 May Street
Belfast
BT1 4NG

Inspector: Amanda Jackson
Inspection ID: IN21747

Tel: 028 9033 0555
Email: pollya@kennedyrecruitment.co.uk

**Unannounced Care Inspection
of
Kennedy Recruitment Ltd**

21 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 21 January 2016 from 10.30 to 13.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with the registered manager and the agency Health and Social care manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Kennedy Recruitment Ltd/Ms 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
Number of service users in receipt of a service on the day of Inspection: Two	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015

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
- Consultation with two service users' relatives
- Examination of records
- File audits
- Evaluation and feedback

During the inspection the inspector spoke with two service users relatives by telephone to obtain their views of the service. The service users interviewed live within the Belfast area and receive assistance with the following:

- Prompt medication
- Support with daily living and social activities
- Sitting service

The findings from their feedback have been included within the body of this report.

During the inspection the inspector spoke with one care staff and their feedback is contained within the body of this report.

Five staff questionnaires were provided to the registered manager on the day of inspection. She was asked to forward these to all five care staff, to find out their views regarding the service. Two staff questionnaires were received following the inspection.

The following records were examined during the inspection:

- Statement of purpose
- Staff recruitment procedure.
- Recording and reporting policy
- Staff supervision and appraisal policy
- Two service user files in respect of referral, assessment, care plan, review and quality monitoring information
- Two service user home recordings by care staff

- One compliment/relative testimonial
- One staff feedback record regarding changes in service user's needs
- Additional training records for one staff member
- 2014 Annual quality report
- Staff rotas
- Management of missed calls policy and procedure
- Agency contact log/duty log
- One monthly monitoring report (January 2016)
- On call rota

5. The Inspection

Kennedy Recruitment Ltd was established in Belfast in 1993 and is a registered domiciliary care agency and also has a registered nursing agency division. The agency provides assistance with personal care, social and domestic tasks to primarily older people and adults with a disability. At the time of the inspection the agency have two service users and five staff. The agency accepts referrals from HSC Trusts and from individuals wishing to secure a service privately.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 25 September 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 5	The registered manager is required to update the 'Statement of Purpose' with the recently appointed registered manager details. The complaints section of this document is required to be expanded to specify the role of the NI Ombudsman and RQIA in relation to unresolved complaints and also to detail the role and contact details of independent advocacy services.	Met
	Action taken as confirmed during the inspection: The revised Statement of Purpose dated 05/01/16 was reviewed as compliant.	
Requirement 2 Ref: Regulation 13 Schedule 3	The registered manager is required to expand their 'Staff Recruitment' procedure to include each of the elements listed within schedule 3.	Met
	Action taken as confirmed during the inspection: The revised procedure dated 28/10/14 was reviewed as compliant.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Minimum Standard 5	The registered manager is recommended to review their policy on 'Recording and Reporting' to ensure they appropriately reflect domiciliary care staff requirements. (Restated from 3 December 2013)	Met
	Action taken as confirmed during the inspection: The revised policy dated November 2014 was reviewed as compliant.	
Recommendation 2 Ref: Minimum Standard 1.8 & 1.9	The registered manager is recommended to complete an annual quality review of services provided. (Restated from 3 December 2013)	Met
	Action taken as confirmed during the inspection: Review of the 2014 annual quality report confirmed compliance with Standard 1.8 and 1.9.	
Recommendation 3 Ref: Minimum Standard 13.2	The registered manager is recommended to expand their 'Staff Supervision and Appraisal' policy and procedure to detail the processes for management staff supervision.	Met
	Action taken as confirmed during the inspection: The revised policy dated 30/10/14 was reviewed as compliant.	
Recommendation 4 Ref: Minimum Standard 13.3 & 13.5	The registered person and registered manager are recommended to ensure the manager and senior staff receives appraisals and supervisions in line with their procedure timeframes.	Partially Met
	Action taken as confirmed during the inspection: Appraisals reviewed during inspection for the registered manager and Health and Social Care manager where compliant and completed May 2015. Peer supervision commenced in November 2015 with the nurse manager and the nursing team. Clinical line management supervision has not been implemented in line with the policy and has been restated in the QIP.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is care safe?

Service user referral information captured by the agency contained a good level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The care plans completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user contracts had been provided to service users and were signed by service users or their relative.

The inspector was advised that new carers are always introduced to the service user by a member of management and a thorough induction carried out; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to two service users was reviewed by the inspector during the inspection. The files reviewed contained a copy of the service user's care plan and log sheets were being completed appropriately by carers.

Is care effective?

Both relatives interviewed are aware of whom they should contact if any issues arise. Both relatives informed the inspector that they had no reason to complain regarding the service.

Visits are carried out by the agency on a regular basis to obtain the views of the service from service users or their representatives and evidence of this was reviewed during the inspection within service user records. Management visits also include observation of staff practice and again these were evidenced in the records.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality report for 2014 where reviewed during inspection. The reports include service users'/relatives feedback while the current draft of the 2015 report in currently including staff feedback also. Commissioner feedback is not appropriate at this time given that both packages are privately arranged.

The agency has not received any complaints since the previous inspection and this was confirmed during inspector discussions with both service user's relatives.

The compliments records from service user relatives reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

- "Since meeting the staff from Kennedy recruitment and them matching staff with my XXX needs, My xxx and my life have improved immensely".

The agency has monitoring reports completed by the registered person with both service users however these do not take place monthly given that the service has only two service users.

One recently commenced service user is currently receiving additional quality checks while the package settles in whilst the second service user who has received the package for over a year receives quality checks quarterly. The manager confirmed during inspection how the relative of the long term package has expressed their wish not to be contacted monthly given that the package is running satisfactorily. Discussion between the inspector and this relative confirmed satisfaction with the package of care ongoing. The inspector recommended the registered person and manager to consider the RQIA template for monthly quality monitoring given the additional areas which the agency may wish to reflect within this process.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users' needs. The manager highlighted that communication of changes to service user's needs would more frequently come from the staff to the manager given the staff daily contacts with the service user.

Two staff spoken with via telephone on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as daily contact with their line managers share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users' specific needs and staff spoke positively regarding additional training provided when requested by staff. Two staff questionnaires received post inspection also confirmed appropriate training provided.

Is Care Compassionate?

The two relatives spoken to by the inspector raised no concerns regarding the quality of care being provided by the carers from Kennedy Recruitment. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users are given their choice in regards to support and activities they wish to undertake. Examples of some of the comments made by both relatives are listed below:

- "The staff member gets on with XXX like a 'house on fire'. They are out and about socially and all goes well. The staff member has gone out of her way to make friends with friends of my XXX. I (the relative) receive regular contact from office managers and registered person which is great as it prevents matters from arising".
- "Kennedy are marvellous with punctual, pleasant and very kind staff".

Relatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included brain injury and the needs of the service user.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also

given the opportunity to comment on the quality of service either during home visits and via telephone contact from the agency.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs especially in cases such as brain injury.

Staff discussed service users specific needs and how they are guided by what the service users wishes to do at any given time.

Two staff questionnaires returned post inspection raised no issues regarding delivery of safe, effective and compassionate care to service users.

Areas for Improvement

The agency has met the required standards in respect of theme one.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has a policy and procedure for management of missed calls (within the untoward incidents policy dated January 2016) and this was reviewed as appropriate during inspection. The agency has not experienced any missed calls given the size and nature of the service. Review of staff rota's during inspection for five staff member/ one service user reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Is Care Effective?

The inspector was informed by both relatives interviewed that there were no concerns regarding the carer's timekeeping. The people interviewed also advised that they had not experienced any missed calls from the agency.

The managers confirmed that missed or late calls would not occur in the current services due to the size and nature of the service.

Procedures in place for staff quality monitoring processes were reviewed during inspection as appropriate.

Monthly monitoring reports completed by the registered person were reviewed but do not reference missed or late calls as such matters have not arisen for the agency.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and do not miss calls with service users.

Is Care Compassionate?

As previously detailed under theme one of this report, relatives spoken with by the inspector highlighted service quality to be excellent with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day stated they do not miss calls with service users.

Areas for Improvement

The agency has met the required standards in respect of theme two.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

Incidents

The agency had not notified RQIA of any incidents and this was confirmed during inspection.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Mrs Polly Adgey and the Health and Social Care manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 13.5 Stated: Second time To be Completed by: 21 April 2016	<p>The registered person and registered manager are recommended to ensure the manager and senior staff receives supervisions in line with their procedure timeframes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Supervision between the Registered Manager and the Health & Social Care Manager took place on 08/02/2015 and will continue 12 weekly as per Policy (DKN 61). Clinical Supervision for the Health & Social Care Manager will be undertaken by the Registered Person 12 weekly and a date for this has been arranged for Tuesday 23rd February 2016.</p>		
Registered Manager Completing QIP	Polly Adgey	Date Completed	11/02/16
Registered Person Approving QIP	Evelyn Kennedy	Date Approved	11/02/16
RQIA Inspector Assessing Response	A.Jackson	Date Approved	11/02/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address