

## **PRIMARY INSPECTION**

**Name of Establishment:** Kennedy Recruitment Ltd

**Establishment ID No:** 10984

**Date of Inspection:** 25 September 2014

**Inspector's Name:** Caroline Rix

**Inspection No:** 16572

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Kennedy Recruitment Ltd
<b>Address:</b>	31 May Street Belfast BT1 4NG
<b>Telephone Number:</b>	02890330555
<b>E mail Address:</b>	pollya@kennedyrecruitment.co.uk
<b>Registered Organisation / Registered Provider:</b>	Kennedy Recruitment Ltd / Mrs Evelyn Kennedy
<b>Registered Manager:</b>	Polly Adgey
<b>Person in Charge of the agency at the time of inspection:</b>	Polly Adgey
<b>Number of service users:</b>	2
<b>Date and type of previous inspection:</b>	3 December 2013, Primary Announced
<b>Date and time of inspection:</b>	25 September 2014 from 9.30am to 5.20pm Primary unannounced inspection.
<b>Name of inspector:</b>	Caroline Rix

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	0
Staff	1
Relatives	2
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	2	1

## Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

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 two staff. The agency accepts referrals from HSC Trusts and from individuals wishing to secure a service privately.

## **Review of action plans/progress to address outcomes from the previous inspection**

Kennedy Recruitment Ltd had three requirements and eight recommendations made during the agency's previous inspection on 3 December 2013. All requirements were found to be 'compliant', with six of the eight recommendations found to be 'compliant'. Two recommendations were found to be 'moving towards compliance' and these outstanding recommendations have been carried forward and included within the attached quality improvement plan (QIP).

## **Summary of Inspection**

### **Detail of inspection process**

The primary unannounced inspection for Kennedy Recruitment Ltd was carried out on 25 September 2014 between the hours of 09.30 and 17.20. The agency has made good progress in respect of the identified areas discussed in the body of this report. The registered manager Polly Adgey and the healthcare manager Kim Shannon provided assistance to the inspector throughout the inspection day.

The views of both two service users' representatives were obtained by the inspector during the inspection day, via telephone conversations as agreed and a summary of findings is contained within this report. Findings following these contacts were discussed with the registered manager.

The inspector had the opportunity to interview via telephone, one staff member on the day of inspection to discuss her views regarding the service; feedback is included within the body of this report.

### **Staff survey comment**

Two staff surveys were issued and one received which is a fair response.

Staff comments were included on the returned survey as follows;

'I find the agency to be very helpful and make sure that you are up to date with your courses, and they are always there if you need any help or advice about work. My manager is always there for me, nothing is too much trouble.'

## Service user/representative feedback summary

The representatives of two service users interviewed have been using the agency for a period of time over one year and receive at least one call per day and the following assistance:

- Personal care

The inspector was advised that care is being provided by the same care staff; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was reassuring to note that service users or their representatives are always introduced to new members of staff by the manager.

There were no concerns regarding timekeeping or the quality of care being provided by the staff from Kennedy Recruitment. The inspector was advised that no complaints had been made recently to the agency, and any issues that had been raised with the service had been addressed immediately to the satisfaction of the complainant. Both of the people interviewed were aware of whom they should contact if they have any issues regarding the service.

It was good to note that the people interviewed were able to confirm that management from the agency visit or contact them to ensure their satisfaction with the service, on a regular basis.

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

- “Very good service, delightful to work with and staff are so approachable. I would recommend them highly.”
- “Couldn’t get better, I am confident about the service. We work together as a team; the agency is flexible and easy going.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year. As part of the interviews with representatives both confirmed that recording on log sheets, which are held in the service user’s home, were being completed fully by the care staff during each visit.

## Summary

Two requirements and four recommendations (two restated from 3 December 2013) have been made in respect of the outcomes of this inspection.

## Theme one - Management and control of operations

### Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency’s ‘Statement of Purpose’ reviewed contained details of the organisational structure, however it is required that this document be expanded to include the qualifications and experience of the recently appointed registered manager.

Discussions with the registered manager and healthcare manager during inspection and review of their records supported a process in place for all areas of mandatory training

consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments are in place relevant to their roles.

Review of appropriate appraisal processes for all management staff were confirmed during inspection; however supervision processes were not in place and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template had been revised and implemented since the previous inspection and found to be appropriately detailed.

No records regarding reporting of incidents to RQIA were reviewed as none were received during the past year.

One requirement and three recommendations (one restated) have been made in relation to this theme.

The registered manager is required to update the 'Statement of Purpose' to include the recently appointed registered manager's 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.

The registered manager is recommended to expand their 'Staff Supervision and Appraisal' policy and procedure to detail the processes for management staff supervision.

The registered person and registered manager are recommended to ensure the registered manager and senior staffs receive appraisals and supervisions in line with their procedure timeframes.

The registered manager is recommended to complete an annual quality review of service provided. (Restated from 3 December 2013)

## **Theme 2 - Records management**

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Recording and Reporting' which was found contains guidance for staff on this subject. However, as detailed during the previous inspection, it is recommended for review to clearly reflect domiciliary care staff requirements.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user files during inspection supported full compliance in these areas.

The agency has a policy and procedure in place on 'Handling service user's monies' and a 'Restraint' policy which were each reviewed during inspection as compliant.

The agency templates and staff training reviewed confirmed that appropriate recording and monitoring processes are available when required in relation to handling service user's monies and restraint.



The agency does not currently provide care to any service users that require assistance with finances or require any form of restraint.

One recommendation (restated) has been made in relation to this theme.

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)

### **Theme 3 – Recruitment**

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed partial compliance with Regulation 13 and schedule 3 and Standard 11. The procedure is to be reviewed and expanded as detailed within theme three of this report. Both staff recruitment records reviewed contained all the required information and documents.

One requirement has been made in respect of this theme.

The registered manager is required to expand their 'Staff Recruitment' procedure to include each of the elements listed within Regulation 13 and Schedule 3.

**The Inspector would like to express her appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 16.5	The registered manager is required to expand the Staff induction programme in line with NISCC guidelines.  (Restated from 9 October 2012)	The Staff induction programme had been revised January 2014 and was found to be in line with NISCC guidelines.	Twice	Compliant
2	Regulation 15 (9)	The registered person must ensure that staffs complete mandatory training on Medication, Managing Service Users Money and Fire Safety.  (Restated from 9 October 2012)	Records viewed confirmed that mandatory training had been provided on all subject areas.	Three	Compliant
3	Regulation 6	The registered manager is required to revise the 'Service User Guide' to include information relating to RQIA inspections and how they may access a copy of inspection reports.  (Restated from 9 October 2012)	The Service Users Guide dated December 2013 was viewed and had been revised to include information relating to RQIA inspections and how they may access a copy of inspection reports.	Twice	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 5.1	The registered manager is recommended to expand their policy on 'Access to Records' to include information on how service users can access their office held records.  <b>(Restated from 9 October 2012)</b>	The Service Users Guide dated December 2013 was viewed and had been expanded to include information on how service users can access their office held records.	Twice	Compliant
2	Standard 8.11	The registered person is recommended to monitor the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.  <b>(Restated from 9 October 2012)</b>	Monthly monitoring reports completed by the registered person for June to August 2014 were reviewed during inspection and found to be detailed, concise and compliant.	Twice	Compliant
3	Standard 5	The registered manager is recommended to review their policy on 'Recording and Reporting' to ensure they appropriately reflect domiciliary care staff requirements.  <b>(Restated from 9 October 2012)</b>	The policy and procedure on 'Recording and Reporting' dated January 2014 was viewed; however this still needs revised to reflect domiciliary care staff requirements.	Twice	Moving towards compliance

4	Standard 12.7	The registered manager is recommended to retain records of the training content undertaken by each staff member.	Records evidenced that staff training contents undertaken by each staff member have been retained.	Once	Compliant
5	Standard 8.3	The registered manager is recommended to expand the staff supervision/spot check template to include direct observation records.	The staff supervision/spot check template viewed had been expanded to include direct observation records. Records confirmed the implementation of this template.	Once	Complaint
6	Standard 13.2	The registered manager is recommended to expand their 'Staff Supervision and Appraisal' procedure to specify the various types of supervision each staff member will receive per year.	The 'Staff Supervision and Appraisal' procedure viewed had been expanded to specify the various types of supervision each staff member will receive per year.	Once	Compliant
7	Standard 8.10	The registered manager is recommended to review their 'Service User Monitoring' procedure to specify the types and frequency of these processes.	The procedure on 'Listening to Service User's' dated January 2014 was viewed and has been expanded to specify the types and frequency of these processes.	Once	Compliant
8	Standard 1.8 & 1.9	The registered manager is recommended to complete an annual quality review of services provided.	The annual quality review of services provided has not yet been completed. The agency confirmed the review is planned for September 2014.	Once	Moving towards compliance

<p style="text-align: center;"><b>THEME 1</b></p> <p style="text-align: center;"><b>Standard 8 – Management and control of operations</b></p> <p style="text-align: center;"><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>Regulation 11 (1) - The Registered Manager is recruited and employed in accordance with relevant statutory employment legislation and in line with our company policies and procedures and we ensure that they manage the agency in line with legislative and company requirements.</p> <p>Regulation 11 (3) - Records of all documentation relating to the recruitment process are retained in their HR Records in a locked cabinet, in compliance with the principles of the Data Protection Act 1998, with AccessNI's Code of Practice and in line with our company policies and procedures / ISO.</p> <p>The Registered Manager receives on-going Training throughout their career from their initial Induction Training; this continues with on-the-job Training and they are further encouraged / fully supported both financially and physically to acquire their professional REC qualifications. They also attend various Courses / Seminars / NIPEC Workshops where appropriate.</p> <p>Standard 8.17 – The Registered Manager is advised at the commencement of their employment and throughout</p>	<p>Compliant</p>

<p>their career that they must ensure that their training is kept up to date, identify and flag-up to management any Courses / Training that they feel would be beneficial to their role.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The 'Statement of Purpose' dated April 2013 was reviewed and reflects a clear structure regarding management within the agency. This structure included the registered person, registered manager together with the healthcare manager and care staff. This document is required to be updated to include the details of the recently appointed registered manager of the agency. The complaints section of this document was viewed and 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.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The registered manager commenced employment in July 2014 and her induction training programme was completed in September 2014 as viewed on her training record.</p> <p>The registered manager's records also confirmed training had been completed on specific topics relevant to her role and responsibilities, i.e. staff supervision and appraisals, selection and recruitment, along with subjects to ensure she maintains her registered nurse professional requirements and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element that had been signed off by the assessor.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NMC with an expiry date in September 2015.</p>	<p>Substantially compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>Standard 7.13 - Our Registered Manager ensures that our Management of Medicines Policy (DKN28/11) is strictly adhered to by regular contact with the Client / Service User / Temporary Workers. The Policy covers how to deal with Medication Errors and the Training of all Domiciliary Care Staff; this is further reinforced in our Handbook for Nursing / Healthcare Staff which they receive with their Uniform (if required), ID Badge (if required), Timesheet &amp; management details and Assignment Schedule; prior to commencing their first Assignment.</p> <p>Standard 8.10 – Working practices are systematically audited through our ISO Audits in line with our company policies and procedures.</p> <p>Standard 12.9 – Training is evaluated as part of our ISO quality improvement processes.</p> <p>Standard 13.5 – Regular Review are carried out by their line Manager / Managing Director as required (NB our Appraisal system is currently under review as part of our ISO and HR systems.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency's 'Staff Supervision and Appraisal' policy and procedure viewed referenced their practices for care staff but did not clearly reflect the processes for management staff supervision. Revision of the policy and</p>	<p>Substantially compliant</p>

procedure is required in this respect. Appraisal for the registered manager has not taken place in 2013-14 as this staff member has recently been recruited. The registered manager's induction programme was completed in mid-September 2014. Supervision for managers/senior staff does not currently take place and has been requested for review.

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.

The inspector reviewed the agency template for incidents reported through to RQIA over the past year. No incidents had been received therefore no records were available to review.

Monthly monitoring reports completed by the registered person for June to August 2014 were reviewed during inspection and found to be detailed, concise and compliant.

The annual quality review of services provided has not yet been completed. The registered manager confirmed the review is planned for September 2014.



<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>Standard 7.9 – Not Applicable in either of our current Domiciliary Assignments as provided by other Professionals. However, should we identify a training deficit in any specific techniques; we ensure that our Care Workers are fully Trained as required.</p> <p>Regulation 13 (b) No Care Worker is supplied unless they have the experience and skills necessary for the work they are required to perform.</p> <p>Standard 12.4 – ‘Training Certificates’ must be presented by all Healthcare staff as part of their Registration and ‘Cleared to Work’ process. Arrangements are in place to ensure that Training requirements are in place and how to meet them.</p> <p>Standard 13.1 – Managers and supervisory staff are trained in supervision and performance appraisal - both internal and external.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency holds a 'Training and Development' policy and procedure which sits alongside their annual training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the one office based managers was found to be in place regarding all areas of mandatory training areas along with additional training deemed appropriate for her role and this is to be commended.</p>	Compliant

<b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b>	<b>COMPLIANCE LEVEL</b>
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<b>Provider's Self-Assessment:</b>	
<p>Standard 8.10 – Working practices are systematically audited as part of our ISO system and in line with our company policies and procedures.</p> <p>Standard 7.13 - Not applicable in either of our current Domiciliary Assignments as medication is provided and managed by professionals however, should this be a requirement for any new Assignments in the future, our Policy (DKN28/11) Management of Medicines is followed to the latter.</p> <p>Standard 12.9 – Training effectiveness is evaluated on an on-going basis to ensure we provide the best possible service to our Temporary Workers / Clients / Service Users.</p> <p>Standard 13.5 – Appraisals are carried out in accordance with legislation using our Performance / Appraisal Form and scanned on the Applicant File, on our management information system.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Appraisal for the helathcare managers currently takes place annually and was reviewed during inspection for 2013. Supervision for managers/senior staff does not currently take place and has been requested for review.</p>	Substantially compliant

Discussion by the inspector with the representatives of both service users confirmed that they felt the carers are well trained and that regular observation of practice takes place by the manager or team leader.

**PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED**

**COMPLIANCE LEVEL**

Compliant

**INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED**

**COMPLIANCE LEVEL**

Substantially compliant

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user's home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user's home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user's needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

Provider's Self-Assessment:	
<p>Regulation 21</p> <p>(1) – All records are maintained as specified in Schedule 4 (11).</p> <p>(2) – All Clients / Service Users have a Care Plan / Risk Assessment in place and Clients / Service Users are advised to keep in a secure manner.</p> <p>Standard 5.2 – All Care Plans records are updated as required.</p> <p>Standard 5.6 – All records are maintained in line with legislative requirements.</p>	<p>Compliant</p>
Inspection Findings:	
<p>The agency policies on 'Recording and reporting' dated January 2014 was found to be partially compliant as described within the follow up section of this report.</p> <p>The policy and procedure on 'Handling service user's monies' and the 'Restraint' policy were each reviewed during inspection as compliant. The staff handbook reviewed details all of the above areas and is provided during their induction training along with updated information when relevant.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications.</li> <li>• The agency hold a money agreement within the service user agreement</li> <li>• Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of both staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff</p>	<p>Substantially compliant</p>

competence issues arising.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for both staff members during inspection and confirmed as compliance in these areas. The staff member interviewed confirmed that training and guidance was provided in relation to recording and reporting both at induction, as part of the staff handbook and at on-going supervision meetings with the manager.

The staff supervision records viewed confirmed management discussed record management as a regular topic during meetings.

Review of two service user files held in the office confirmed appropriate recording in the general notes and medication records. The service users care plans viewed included details of the advice given regarding secure storage of records in their homes and specified the location of the home held records for staff to access.

Review of service user records and discussion with the registered manager indicated that restraint is not currently in place for their service users in respect of bedrails or lap belts.

Discussion by the inspector with the representatives of both service users confirmed that they felt the carers are well trained and always complete the record sheets at the end of their visit.

<p><b>Criteria Assessed 2: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>Regulation 15 (6) We ensure that where we arrange provision of prescribed services to a Client / Service User, all Domiciliary Care Workers / Temporary Workers are informed through our Handbook for Nursing / Healthcare Staff, Policies and additional updates as required.</p> <p>Standard 8.14 – Records are kept in line with our ISO Control and Maintenance of Quality Records Document and all such records are held for a period of 7 years in line with current legislation.</p> <p>The procedure documents the control, access and location of the records including:</p> <ul style="list-style-type: none"> <li>• Timesheets, Invoices, Applicant Records, client Records, EC Monitoring records</li> </ul> <p>Records that must be held for legal reasons are also included in this procedure.</p> <p>The Quality Manual and all Quality Procedures, Processes and Work Instructions are available on the Quality Management System. The Quality Management System will only permit authorised users to make amendments to records. Once changes are made they are subject to approval before they are made live.</p>	<p>Compliant</p>



Inspection Findings:	
Review of service user records and discussion with the registered manager indicated that financial assistance is not currently in place for their service users, therefore no records were available for review. The agency has in place appropriate templates and monitoring records along with staff training to provide assistance should this be required in the future.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

<b>THEME 3</b> <b>Regulation 13 - Recruitment</b>	
<p><b>Criteria Assessed 1:</b></p> <p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• all necessary pre-employment checks are carried out;</li> <li>• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and</li> <li>• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .</li> </ul> <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• the applicant's identity is confirmed;</li> <li>• two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;</li> <li>• any gaps in an employment record are explored and explanations recorded;</li> <li>• criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);</li> <li>• professional and vocational qualifications are confirmed;</li> <li>• registration status with relevant regulatory bodies is confirmed;</li> <li>• a pre-employment health assessment is obtained</li> <li>• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and</li> <li>• current status of work permit/employment visa is confirmed.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<b>Provider's Self-Assessment:</b>	
<p>Regulation 13 – All Domiciliary Care Worker / Temporary Workers supplied by our Agency meet fully, both legislative and company requirements.</p> <p>Standard 8.21 – All Domiciliary Care / Healthcare Workers must be Enhanced AccessNI Cleared, prior to being provided to any Client / Service User; without exception. This is also part of our 'Cleared to Work' process.</p> <p>Standard 11.2 – Prior to any offer of employment being made, all Domiciliary Care Workers / Temporary Workers; every element of our 'Cleared to Work' process must be completed; this covers all legislative and company requirements.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Review of the 'Staff Recruitment' policy and procedure dated January 2011 confirmed general compliance with regulation 13 and schedule 3. The procedure needs expanded to include each of the areas listed within schedule 3, i.e. next of kin details, evidence of satisfactory knowledge of the English language (where applicable), and a statement by the registered person/manager that the person is physically and mentally fit for the purposes of the work he is to perform.</p> <p>Both staff recruitment records were viewed, one for a staff member employed from 2005 and the other from 2013. Review of the two staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The agency had not received any complaints during this period, and on review, no complaints have been received during 2014 to date.

### **Additional matters examined**

No additional matters were reviewed as a result of this inspection.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered person Evelyn Kennedy and the registered manager Polly Adgey, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Caroline Rix**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Kennedy Recruitment Ltd**

**25 September 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered person Evelyn Kennedy and the registered manager Polly Adgey during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2007**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	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.	Once	<p>The Statement of Purpose has been updated with the recently appointed Registered Manager's details.</p> <p>The Complaints section has been expanded to specify the role of the RQIA and the Ombudsman and details of Advocacy Services have been included.</p> <p>All documents where the Complaints section is replicated (Handbooks, Complaints policy etc) have also been revised accordingly.</p>	Within one month of inspection date.
2	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.	Once	<p>The Recruitment Procedure within the Recruitment Policy has been expanded to include the elements listed in schedule 3; specifically:</p> <ul style="list-style-type: none"><li>• Inclusion of Next of Kin</li><li>• Assessment of English</li><li>• Statement of "fit to work"</li></ul>	Within one month of inspection date.

**Recommendations**

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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.  <b>(Restated from 3 December 2013)</b>	Twice	The Recording and Reporting Policy has been revised to ensure that it is relevant to the needs of Domiciliary Staff; specifically that the requirements in terms of good record keeping are laid out as opposed to re-directing staff to a website link.  All documents where the Recording and Reporting Policy is replicated, or reference is made to record keeping in any other company documents (Handbooks, Induction booklets etc) have also been revised accordingly.	Within two months of inspection date.
2	Minimum Standard 1.8 & 1.9	The registered manager is recommended to complete an annual quality review of services provided.  <b>(Restated from 3 December 2013)</b>	Twice	An Annual Quality Review of the services provided is currently in progress and will be completed within the identified 4 months period.	Within four months of inspection date.
3	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.	Once	The Staff Supervision and Appraisal Policy has been revised to include the procedures and processes for Clinical Supervision and Appraisal of Management Staff	Within three months of inspection date.



4	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.	Once	Appropriate training for Management Staff in Clinical Supervision and Appraisal has been sourced.  Dates have been identified for Clinical Supervision of Management Staff within the specified 3 month period.	Within three months of inspection date.
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Polly Adgey
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Evelyn Kennedy

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	A.Jackson	10/11/14
Further information requested from provider			