

Unannounced Care Inspection Report

05 December 2017



Kennedy Recruitment Ltd

Type of Service: Domiciliary Care Agency

Address: 31 May Street, Belfast, BT1 4NG

Tel No: 02890330555

Inspector: Bridget Dougan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 which currently provides services to service users living in their own homes.

3.0 Service details

Organisation/Registered Provider: Kennedy Recruitment Ltd Responsible Individual: Evelyn Kennedy	Registered Manager: No registered manager (currently recruiting) Evelyn Kennedy, responsible person was acting manager
Person in charge at the time of inspection: Evelyn Kennedy	Date manager registered: See above

4.0 Inspection summary

An unannounced inspection took place on 05 December 2017 from 13.30 to 15.30 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. The agency was compliant in respect of the requirement identified in the previous Quality Improvement Plan.

Evidence of good practice was found in relation to staff recruitment, staff supervision and appraisal, and quality monitoring processes.

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 the responsible person, the associate director of compliance and the healthcare 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 06 March 2017

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 06 March 2017.

5.0 How we inspect

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

- previous inspection report and quality improvement plan (QIP)
- record of notifiable events from 06 March 2017 to 05 December 2017
- record of complaints received by the agency

During the inspection we spoke with the responsible person, the associate director of compliance and the healthcare manager.

No service users or relatives were available to speak with the User Consultation Officer (UCO) either in their own homes or by telephone prior to the inspection.

At the request of the inspector, the responsible person 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 from staff.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Three staff recruitment and induction records
- Three staff supervision and appraisal records
- Three staff training and competency assessment records
- Staff training matrix
- A range of staff rotas
- Staff NISCC registration and renewal of registration processes
- One long term service users' record regarding ongoing review and quality monitoring
- Three monthly monitoring reports completed by the registered person
- A range of compliments records
- Complaints records
- Incidents records

One area for improvement was identified at the last care inspection.

The findings of the inspection were provided to the responsible person, the associate director of compliance and the healthcare manager.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 March 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 06 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: 16(5)(a)(b) Stated: First time	(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.	Met

	Action taken as confirmed during the inspection: Review of three staff members' induction records evidenced compliance with this regulation.	
--	--	--

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.

The agency currently provides services to two service users living in their own homes.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. These policies were found to be up to date and compliant with relevant regulations and standards.

The personnel files of three recently appointed staff members were reviewed. The responsible person verified that all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. Review of three staff files supported an induction process lasting more than three days and compliant with Regulation 16(5)(a).

Records reviewed and discussion with the responsible person evidenced all staff members' registration with NISCC and a system was in place to review staff renewal of registration.

Staff training records viewed for 2017-18 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2017-18 was viewed and contained each of the required mandatory training subject areas. The majority of mandatory training was provided through an online training programme, with practical training being provided by an external consultant. Staff were assessed during practical sessions both during the training and within service users' homes on an ongoing basis, and evidence of these assessments were contained within staff files reviewed during inspection.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The agency maintains a record of staff supervision and appraisal; the records reviewed by the inspector indicated that staff receives supervision and appraisal in accordance with the agency's policies and procedures.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency had 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 agency's whistleblowing policy and procedure was found to be satisfactory.

Records maintained in relation to safeguarding adults were reviewed. It was noted that the agency retains details of referrals made to the Health and Social Care Trust safeguarding team and other relevant stakeholders relating to allegations of abuse. Records viewed and discussions with the responsible person indicated that the agency has acted in accordance with their policies and procedures when dealing with any adult safeguarding allegations.

The responsible person confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of two service users' records. The responsible person confirmed that Trust representatives were contactable when required regarding service user matters, and evidence of communication with Trust professionals was evident during inspection.

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

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment processes, supervision, and adult safeguarding.

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 inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided were outlined within the Statement of Purpose and Service User Guide.

Service user records viewed included referral information received from the appropriate referring professionals 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 ongoing reviews completed by the agency evidence that service users and/or representative's views were obtained and where possible incorporated. The Service User Guide issued to service users at commencement of the care package included details regarding advocacy services should service users require support in reviewing their care package or making a complaint. Review of the Service User Guide and agreements and discussion with the responsible person confirmed service users receive this information within an appropriate timeframe compliant with regulations and standards.

The records management policy was reviewed and outlined the procedures for the creation, storage, retention and disposal of records. The agency maintains recording sheets in each service user's home file on which care staff record their visits. The inspector reviewed two completed records during inspection and found good standards of recording.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and communication with service users and relevant stakeholders.

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 agency handbook is provided to all staff at induction and includes details on maintaining confidentiality. A policy on confidentiality was in place and reviewed during the inspection.

Systems were in place to record comments made by service users and their representatives. The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through the rolling annual quality survey. Records reviewed during inspection support ongoing review of service users' needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members.

The feedback from staff members on the quality of the service provided is obtained via a number of methods including monthly online surveys, supervisions, annual quality surveys and exit interviews. Staff feedback is included in the monthly quality monitoring reports completed by the responsible person.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's processes for engaging with service users and relevant stakeholders.

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 inspector reviewed the management and governance arrangements in place within the agency. The responsible person informed RQIA, prior to the inspection that the registered manager left her post in November 2017 and recruitment was underway for a replacement. In the interim, the agency was being managed by the responsible person and these arrangements were approved by RQIA.

A current RQIA registration certificate was displayed appropriately.

Review of the Statement of Purpose and discussion with the responsible person evidenced that there was a clear organisational structure within the agency.

The policy and procedures which were maintained electronically and in paper format were reviewed and contents discussed with the responsible person. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

It was identified that the agency has procedures in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the review of risk assessments for individual service users. It was noted from records viewed and discussions with the responsible person that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlined the process for managing complaints. It was noted from the records reviewed that the agency had received no complaints since the previous care inspection on 06 March 2017.

Review of three monthly quality monitoring reports for August, September and October 2017 evidenced that they had been shared with the agency manager for implementation. Monthly monitoring was found to be in accordance with minimum standards and included feedback from service users, relatives and staff.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	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
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)