



The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Kennedy Recruitment  
**Nursing Agency ID No:** 10682  
**Inspection No:** 20901  
**Date of Inspection:** 2 December 2014  
**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority**  
**Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**



**General Information**

<b>Name of agency:</b>	Kennedy Recruitment Ltd
<b>Address:</b>	31 May Street Belfast BT1 4NG
<b>Telephone number:</b>	028 9033 3990
<b>E mail address:</b>	enquiries@kennedyrecruitment.co.uk
<b>Registered organisation/ Registered provider:</b>	Kennedy Recruitment Ltd/ Mrs Evelyn Kennedy
<b>Registered manager:</b>	Ms Polly Adegry
<b>Person in Charge of the agency at the time of inspection:</b>	Ms Polly Adegry
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	10
<b>Date and type of previous inspection:</b>	31 March 2014: 10.00 to 16.00 hours
<b>Date and time of inspection:</b>	2 December 2014 09:30 hours to 12:30 hours
<b>Name of inspector:</b>	Michele Kelly

## 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 nursing agencies. A minimum of one inspection per year is required.

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

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. 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 the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

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

## Methods/Process

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

- Discussion with the registered manager
- Examination of records
- 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.

## **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 DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

The inspector rated the centre's compliance level against each criterion.

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**

Kennedy Recruitment Ltd is a nursing agency operating from 31 May Street Belfast, BT1 4NG. The service currently provides temporary and permanent staffing solutions / service provision on a daily basis, to clients and service users in various settings throughout Northern Ireland. These include Hospital Trusts, GP Surgeries, Health Centres, Private Nursing Homes, Residential Homes, Dental Organisations, Industry, Private Individuals and Northern Ireland Civil Service.

## **Summary of Inspection**

This is the annual unannounced inspection report for Kennedy Recruitment Ltd which was undertaken on 2 December 2014 by Michele Kelly from the Regulation and Quality Improvement Authority (RQIA) starting at 9.30 hours and finishing at 12.30 hours

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies (2008).

The Registered Manager, Ms Polly Adgey, and the Health Care Manager, Ms Kim Shannon were in attendance throughout the inspection.

The previous inspection occurred on 31 March 2014 and resulted in one requirement and one recommendation. Review of these two matters showed compliance with the one requirement but the recommendation will be restated.

The focus for this inspection was to examine a selected number of criteria from standards extracted from DHSSPS Nursing Agencies Minimum Standards document (2008). To validate compliance levels for two of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Three personnel files reviewed electronically were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. Since the last inspection the outcome of one complaint is pending, this issue has been reported to RQIA and continues to be investigated

Out of the twelve criteria examined during this inspection, the agency was found to be compliant with nine, one criteria was not applicable, one was substantially compliant and one was moving towards compliance.

A review of the self-assessment documentation and discussions with the registered manager confirmed that the agency do not provide nursing care to private patients in their own home at this time therefore Standards 11-15 were not assessed during this inspection.

Two recommendations are made and relate to orientation and induction, a recommendation made at the last inspection in respect of an annual report is also restated. This is discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards ( 2008) Policies are centrally indexed and three policies were viewed on the day of inspection. These had been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure. One area for quality improvement has been made in relation to this standard. The policy in relation to orientation and induction of new staff was discussed with the registered manager; it appeared to indicate that the responsibility for induction lay solely with the client.

It is recommended that this policy is reviewed to ensure the agency has procedures in place to ensure newly appointed staff complete a structured orientation and induction.

The agency was judged to be 'compliant' with this standard.

- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records. As stated previously, it was not evident that nurses employed for placement had a structured orientation and induction which included management of records.

It is recommended that the induction programme to be devised includes information on the management of records and record keeping and that agency nurses verify their attendance at induction and that they have read the agency's policies and procedures.

The agency was judged to be 'compliant' with this standard.

The inspector would like to extend her gratitude to Ms Polly Adgey, and Ms Kim Shannon and the staff of for Kennedy Recruitment Ltd for their hospitality and contribution to the inspection process.

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirement</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1	Regulation 12 (1) (b)	The registered manager is required to ensure all staff receive annual appraisals as discussed within theme two standard 6.5 and 6.7.	<b>A spreadsheet has been developed with schedules for supervision and annual appraisals which the registered manager ensures take place. Files examined on the day of inspection confirm the process of annual appraisal for agency nurses.</b>	<b>Compliant</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Minimum standard 10.2	The registered manager is recommended to develop an annual quality report. A summary of the annual quality report findings should then be shared with all service users, staff and other interested parties.	<b>This report is not fully developed and was not available for inspection. This recommendation will be restated.</b>	<b>Not Compliant</b>

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Kennedy Healthcare have all the required policies and procedures in place stipulated by the RQIA. These policies conform to the guidance provided by the RQIA in the DHSSPS Minimum Standards and also conform to all guidance received by other regulatory bodies such as the NMC, HSE, DEL etc	Compliant
<b>Inspection Findings:</b>	
<p>There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspector viewed three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. The policy in relation to orientation and induction of new staff was discussed with the registered manager; it appeared to indicate that the responsibility for induction lay solely with the client.</p> <p>It is recommended that this policy is reviewed to ensure the agency has procedures in place to ensure newly appointed staff complete structured orientation and induction. Participants in induction programmes should also provide evidence that they have read and understood the agency's policies and procedures.</p>	Moving towards compliance

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	
<b>Provider's Self Assessment:</b>	
The views of Kennedy Healthcare's clients, both in the private and public sector, are sought as per our policy on Obtaining Comments from People who use the Nursing Agency via a formal feedback system (Feedback Questionnaires and Quality Management Assurance Calls), as well as via Complaints and Incidents investigations and informal comments . Where feedback suggests improvements in our practice or our service, this is reviewed and implemented where applicable. Furthermore when policies and procedures are reviewed it is considered good practice to ensure that they are fit for purpose by the clients whom they affect, therefore views would also be sought at this time where appropriate.	Compliant
<b>Inspection Findings:</b>	
The quality of services is monitored by the registered person on an ongoing basis and recorded monthly in a monitoring report. The registered manager makes regular weekly and sometimes daily contacts with clients regarding the quality of service provided by the agency. Information obtained from formal and informal contacts is used to ensure service improvement. The agency has a policy entitled Obtaining Comments from People who use the Nursing agency. The registered manager outlined a complaint which is currently unresolved and discussed how issues raised by the nurse involved and the placement area would lead to a review of policy.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Kennedy Healthcare's policies and procedures are centrally indexed and compiled into a policy manual.	Compliant
<b>Inspection Findings:</b>	
On the day of inspection Policies and procedures are centrally indexed and available in a policy manual in accordance with Appendix 3.	Compliant
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Kennedy Healthcare's policies and procedures are dated when issued, reviewed or revised.	Compliant
<b>Inspection Findings:</b>	
All policies and procedures are dated when first issued and any reviews or revisions are also dated and signed.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Kennedy Healthcare's registered manager undertakes a systematic three yearly review of all policies and procedures. The registered person ratifies all revisions to current policies and the introduction of any new policies.	Compliant
<b>Inspection Findings:</b>	
The inspector viewed the policy manual and it was evident that policies are reviewed at least three yearly. The registered manager and the registered person are involved in all reviews of policies and procedures. It was evident that the registered provider is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Kennedy Healthcare do not currently provide private nursing, however should that ever be the case Kennedy Healthcare would provide access to the patient's records as per our policy, Completion of Case Records, and in accordance with the Data Protection Act	Not applicable
<b>Inspection Findings:</b>	
The registered manager confirmed that the agency do not provide nursing care to private patients in their own homes at present.	Not applicable
<b>Criterion Assessed:</b> <b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Kennedy Healthcare's Management of Records and Information policy details arrangements for the creation, use, retention, storage, transfer, disposal of and access to records in line with DHSSPS and NMC Guidance and in accordance with the Data Protection Act.	Compliant
<b>Inspection Findings:</b>	
The agency has a Management of Records and Information policy which sets out arrangements for the management of records in accordance with legislative requirements.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All records required under the HPSS are available for inspection at all times.	Compliant
<b>Inspection Findings:</b>	
On the day of inspection all records requested were made available to the inspector. The agency has a bespoke computerised system which records information and is programmed to provide alerts for indemnity insurance, NMC status and training needs.	Compliant
<b>Criterion Assessed:</b> <b>3.4 The information held on record is accurate, up to date and necessary.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All information held by Kennedy Healthcare relating to clients or staff is accurate, up-to-date and necessary. Information is held as per requirements listed in the Management of Records and Information Policy, in line with DHSSPS Regulations and informed by the Data Protection Act, until such a time as that information can be archived or destroyed.	Compliant
<b>Inspection Findings:</b>	
Records inspected were current, necessary and confirmed by the manager as accurate.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Kennedy Healthcare does not provide private nursing care at this time, however should that change our Nurse Manager would ensure that all staff follow the guidance set out in the NMC Guidelines which is detailed in Kennedy Healthcare's Completion of Case Records policy.	Compliant
<b>Inspection Findings:</b>	
There were no nursing care records available for inspection as the agency does not provide private nursing care. The registered manager did confirm that staff are alerted to NMC guidelines incorporated within the Completion of Case Records policy.	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All staff employed by Kennedy Recruitment are trained as part of the Company's Induction in the creation, use, management and disposal of records within the remit of their role. As Kennedy Healthcare uses a secure automated on-line system for all records pertaining to staff and clients, this ensures ease of adherence to the legislative requirements.	Compliant
<b>Inspection Findings:</b> Staff employed within the agency offices are inducted and trained in relation to the creation, use, management and disposal of records in line with good practice and legislative requirements. It was not evident that nurses employed for placement had a structured orientation and induction which included management of records. It is recommended that this is included in induction and that agency nurses confirm their attendance at induction and that they have accessed and read policies.	Substantially compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> As per Kennedy Healthcare's Policy on Management of Records and Information, all records are held for the periods of time specified in DHSSPS guidelines. As Kennedy Healthcare uses a secure automated on-line system for all records pertaining to staff and clients, this ensures ease of adherence to the legislative requirements as records are automatically archived and destroyed within the parameters set. Records are retained per requirements listed in the Management of Records and Information Policy, in line with DHSSPS Regulations and informed by the Data Protection Act, until such a time as that information can be archived or destroyed.	Compliant
<b>Inspection Findings:</b> The Management of records and information policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines.	Compliant

<b>Standard 11 - 15</b>	
<b>Inspection Findings:</b>	
A review of the self-assessment documentation and discussions with the registered manager confirmed that the agency do not provide nursing care to private patients in their own home at this time therefore Standards 11-15 were not assessed during this inspection	Not applicable

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Polly Adeg, Registered Manager, as part of the inspection process.

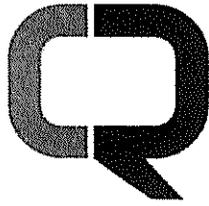
The timescales for completion commence from the date of inspection.

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:

**Michele Kelly**  
**The Regulation and Quality Improvement Authority**  
**9<sup>th</sup> Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Unannounced Primary Inspection**  
**Kennedy Recruitment**  
**2 December 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 Ms Polly Adeguy 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.

**Recommendations**

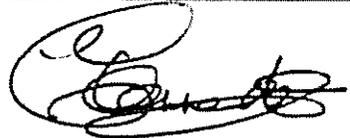
These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.2	<p>The registered manager is recommended to develop an annual quality report. A summary of the annual quality report findings should be then shared with all service users, staff and other interested parties.</p> <p>This recommendation is restated from the previous inspection on 31 March 2014.</p>	Two	Annual Quality Report (January 2014 - December 2014) to be issued to all Healthcare Clients/Service Users, active Temporary Workers and other interested parties; by 30 January 2015.	Within four months of the date of inspection 24 March 2015
2	6.1	<p>The registered manager must ensure that all newly appointed staff complete a structured orientation and induction.</p> <p>Participants in induction programmes should also provide evidence that they have read and understood the agency's policies and procedures.</p>	One	<p>Induction and Orientation Policy (KN30/11) has been revised to incorporate an agreed Induction programme incorporating:</p> <ul style="list-style-type: none"><li>* Reading and discussing the Kennedy Healthcare Handbook which contains all information required by Kennedy Staff within their role</li><li>* Attendance at Mandatory Training</li><li>* Workplace Orientation (requirements for this are set out within the Handbook and the Sign-Off).</li></ul> <p>Handbook has been fully</p>	Within two months of the date of inspection 27 January 2015

				<p>updated and includes:  shortened versions of relevant policies and how to access the full versions if/when required. Staff are asked to sign off that they:</p> <ul style="list-style-type: none"> <li>*Understand Kennedy Healthcare's Induction</li> <li>*Have read the handbook</li> <li>*Understand that Kennedy hold a Policy and Procedure file and that it is recommended that the staff member requests to read through this as part of their induction</li> <li>*Have attended their Mandatory Training, which includes Documentation and Record Keeping Training for trained nurses</li> <li>*Will ensure that they undergo a Workplace Orientation.</li> </ul> <p>Handbook, Policies, Statement of Purpose and Service User Guide updated accordingly.</p>	
3	3.5	The registered manager must ensure that the induction programme includes training in completing nursing care records in accordance with NMC guidelines.	One	As of this date all newly registered Trained Staff must undergo Documentation and Record Keeping Training as part of their induction.	Within two months of the date of inspection 27 January 2015

				All currently registered nurses will be asked to undertake this training. This will be reviewed at their appraisal.	
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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:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<del>No</del>	MAIRE HARLEY	4/4/15
Further information requested from provider			