

Short notice announced Care Inspection Report 14 March 2017



Kennedy Recruitment Ltd

Type of service: Nursing Agency
Address: 31 May Street, Belfast, BT1 4NG
Tel No: 02890333990
Inspector: Amanda Jackson

1.0 Summary

A short notice announced inspection of Kennedy Recruitment Ltd took place on 14 March 2017 from 09.00 to 14.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, the Nursing Agencies Minimum Standards, 2008 and previous inspection outcomes and any information we have received about the service since the previous inspection

Is care safe?

The agency operates robust recruitment systems and ensures sufficient supply of appropriately skilled and competent staff at all times. The agency's provision for the training needs of staff has been assessed to be in compliance with the minimum standards. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the agency is responsive to the requirements of service users.

Is care effective?

The inspector saw evidence of the implementation of quality monitoring in accordance with minimum standards and guidance issued by RQIA. The agency has in place a system for review and monitoring the quality of care in conjunction with service users. There are systems in place to effectively communicate with service users; this was verified by two service users/service managers who spoke to the inspector.

Is care compassionate?

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted from discussions with three staff members and service users that the agency seeks to obtain and value the views of service users. This feedback supported positive outcomes for service users. The agency has a system in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users.

Is the service well led?

The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and manager fulfil their responsibilities in order to promote effective service delivery and operate the agency in accordance with the regulatory framework. Evidence of effective working partnerships with service users, HSC Trust representatives and other external stakeholders was evident during the inspection. Two service users provided satisfactory feedback regarding the management of issues should they arise.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Polly Adgey, Registered Manager, and the health and social care manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 and 28 July 2015.

2.0 Service details

Registered organisation/registered person: Kennedy Recruitment Ltd/Mrs Evelyn Kennedy	Registered manager: Mrs Polly Adgey
Person in charge of the home at the time of inspection: Mrs Polly Adgey	Date manager registered: 12 September 2014

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered manager and the health and social care manager
- Consultation with three staff
- Consultation with two service users
- Examination of records
- File audits
- Evaluation and feedback.

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

During the inspection the inspector met the registered manager and the health and social care manager.

Following the day of inspection the inspector spoke with four nursing staff and spoke with the two service users to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Four staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Induction procedure
- Two staff recruitment records
- Two staff induction and training records
- Staff training and development plan
- Three long term staff training records
- Three staff supervision and appraisal records
- Monitoring and auditing the quality of service policy
- A range of staff quality monitoring reports
- Protection of Vulnerable adults policy and procedure
- Safeguarding children and young people policy and procedure
- Three monthly monitoring reports by registered person
- Annual quality report 2016
- Whistleblowing policy and procedure
- Confidentiality policy
- Two staff skills and competence assessments
- A range of staff monthly NMC checks
- Management of records policy and procedure
- Statement of purpose
- Service user guide
- Staff handbook
- Accidents and adverse incidents policy and procedure
- One incident report
- Two complaints records.

4.0 The inspection

Kennedy Recruitment Ltd nursing agency operates from premises on May Street in Belfast. The agency currently supplies 24 registered nurses into a range of facilities across all Health and Social Care Trusts.

The inspector would like to thank the registered manager, the health and social care manager, service users, and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 14 and 28 July 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 14 and 28 July

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.1 Stated: First time	The registered person should ensure that a record is maintained of the specific areas discussed during staff induction. A record should be retained indicating that staff confirmed the information was provided.	Met
	Action taken as confirmed during the inspection: Review of two recently recruited staff files confirmed a staff induction process outlining all areas covered and sign off by the registered manager and staff member. Discussions with staff post inspection confirmed a detailed induction process had taken place with competency sign off prior to placement.	
Recommendation 2 Ref: Standard 9.1 and 9.2 Stated: First time	The registered person should ensure that the policy for protecting vulnerable adults and safeguarding children and young people is further developed and reflects the current legislation, DHSSPS guidance, regional protocols and procedures issued by the Health and Social Services Board and the relevant HSC Trusts.	Met
	Action taken as confirmed during the inspection: Review of both policies for protecting vulnerable	

	adults and safeguarding children and young people confirmed compliance with Standard 9.1 and 9.2.	
Recommendation 3 Ref: Standard 9.3 Stated: First time	The registered person should further develop the staff hand book to include the reporting arrangements in the event that nurses have any concerns regarding protection of vulnerable adults or safeguarding children or young people. These reporting arrangements should be in accordance with local and regional guidance. Action taken as confirmed during the inspection: The staff handbook has been updated to reflect safeguarding arrangements in accordance with Standard 9.3.	Met
Recommendation 4 Ref: Standard 7.3 Stated: First time	The registered person must ensure that effective clinical supervision arrangements are in place for nurses supplied to a patient's home. Action taken as confirmed during the inspection: Review of three staff records confirmed supervision and appraisal arrangements in place in accordance with Standard 7.3.	Met
Recommendation 5 Ref: Standard 6. 4 Stated: First time	The registered person must ensure: nurses are competent in the use of any equipment used by the nurse in the patient's own home. Action taken as confirmed during the inspection: Review of both a skills competency and equipment competency assessment for two staff members confirmed compliance with standard 6.4.	Met
Recommendation 6 Ref: Standard 10.2 Stated: First time	The registered person must ensure processes are in place to enable patients in their own homes to make comments about the quality of care provided by the agency nurse. Action taken as confirmed during the inspection: A process of requesting feedback from service users is ongoing and varies according to the individual needs of specific service user groups. Review of a range of processes confirmed compliance with Standard 10.2.	Met

4.3 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency. The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. It was identified from records viewed that the agency has in place a pre-employment checklist which records the checks that have been completed; the registered manager stated that nurses are not provided until all required checks have been completed.

The registered manager stated that a skills profile is completed during the interview process to identify skills and experience of individual staff; evidence of this process was reviewed during inspection. An update skills assessment is reviewed by the agency ongoing following staff supervision, appraisal and training processes and these were available for review during inspection. The agency's induction programme outlines the process provided to staff prior to their commencement of employment. The agency maintains a record of the induction training provided to staff; review of induction for two staff members recently recruited outlined the training provided during the induction period. Staff questionnaires returned indicated that staff had received appropriate training for their job role and this was also confirmed by three staff members spoken with post inspection.

The agency's supervision and appraisal process was reviewed during inspection. The agency maintains a record of staff supervision; records viewed indicated that they are completed in accordance with the agency's procedures. The agency undertake staff appraisals on an annual basis and this was confirmed within three staff files during inspection. Staff who completed questionnaires indicated that they receive supervision and appraisal. This was also confirmed by four staff members spoken with post inspection.

The inspector examined the agency's provision for the welfare, care and protection of service users. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; and have revised their in accordance with the guidance.

The inspector was unable to review records maintained in relation to safeguarding vulnerable adults as no matters had arisen since the previous inspection. Discussions with the registered manager clearly indicated that they had knowledge of safeguarding within the agency and could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

Two service users who spoke to the inspector stated that issues or concerns do not generally arise in relation to the staff members provided by the agency. The service users stated they would be confident that any matters arising would be handled appropriately and in a timely manner.

Discussions with the registered manager indicated that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. It was discussed how staff are being support regarding NMC revalidation (Nursing and Midwifery Council) and this was confirmed by the staff members spoken with post inspection. The registered manager discussed their plans to support staff in this process ongoing.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified and their responsibility in highlighting and raising concerns. Staff are provided with information in relation to the agency's safeguarding and whistleblowing policies (within the staff handbook) during their induction.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's registered premises includes a range of offices which is suitable for the operation of the agency as described in the Statement of Purpose. The registered manager confirmed the agency computers are password protected. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

The registered manager could describe the process for assessing the needs and requirement of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency retain records of such assessments which are completed during interview with the staff member and reviewed on an ongoing basis. The agency has a process for checking the NMC register at recruitment and on an ongoing monthly basis for staff members employed; records maintained were viewed by the inspector.

Two service users stated that they are requested by the agency to complete members assessments in relation to staff provided; the inspector viewed a number of those returned.

Four staff questionnaires were returned to the inspector and rated 'Is care safe?' as 'Satisfied' or 'Very satisfied'. One staff commented, 'The service users I care for all with specific medical conditions each have individualised care plans in place.'

Service users' comments:

- 'I have a good relationship with Kennedy and the staff provided are very skilled.'
- 'Kennedy stand out from the other agencies.'

Areas for improvement

No areas for improvement were identified during the inspection.

4.3 Is care effective?

During the inspection the inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's policy on 'Management of records' which was viewed by the inspector clearly detail the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

From discussions with three staff and records viewed it was identified that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this include a review of training, complaints, incidents and safeguarding referrals. The inspector noted that the agency requests that service users complete a quality monitoring record for each staff nurse provided. Records of audits viewed included the views of service users. The registered manager confirmed they are in contact with service users to obtain their views on the service provided and a communication system reviewed during inspection confirmed this process.

Service users feedback is contained in an annual satisfaction survey. This feedback is detailed within the annual report reviewed during inspection for 2016. The inspector discussed the inclusion of all stakeholders in the annual quality survey including staff and a recommendation has been made in this regard.

Service users spoken with post inspection confirmed they are provided with details of the agency's complaints procedure and indicated that they are confident any matters arising would be handled appropriately. No matters have arisen within the services spoken with.

There was evidence of systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders. Discussion with three service users confirmed appropriate communication processes are in place.

The registered manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided; they could describe the process for engaging with service users with regard to receiving feedback as to the competency of staff provided. It was identified that the agency has a process for obtaining the views and comments of service users in relation to staff provided and for addressing competency issues as necessary.

The registered manager confirmed, when concerns relating to a staff member are identified the agency will address the concerns with the individual immediately. Whilst this process is ongoing the manager confirmed the staff member would not be provided to work. Review of one matter in this respect during inspection, supported appropriate procedures carried out by the agency.

Four staff questionnaires were returned to the inspector and rated 'Is care effective?' as 'Satisfied' or 'Very satisfied'. One staff commented, 'I aim to provide high quality care on evidence based practice and adhering to local and national guidelines i.e. NICE guidelines.'

Service users commented:

- 'Communication with the agency is very good, we receive the same staff members ongoing are far as possible and staff are generally well suited to the service.'
- 'Kennedy provide a good service with highly skilled staff members.'

Areas for improvement

One area for improvement was identified during the inspection in relation to Standard 1.13 and inclusion of all stakeholders in the annual quality survey.

4.4 Is care compassionate?

Staff were aware of the need to ensure confidentiality and had knowledge of the areas of confidentiality applicable to their placements. The staff handbook is provided to all staff at induction, the handbook includes details on confidentiality. The agency has a policy on confidentiality and this was reviewed during inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback; it was noted from records viewed that this process involves issuing a quality assessment for each staff member provided on an ongoing basis dependent on the service requirements.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff members spoken with stated that they receive training specific to their role; all three staff members commented the training is very good. Staff confirmed that they receive effective supervision and appraisal and can speak with the registered manager at any time. One staff member commented supervision provided by Kennedy is better than what they receive in their main employment.

Discussions with two service users and agency staff indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. The service users spoken with confirmed staff members are very competent and skilled and provide a good quality of care.

The registered manager stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training and the staff handbook which details such information.

The agency has in place 'Supervision and appraisal procedures'; it was noted that staff are required to complete an annual appraisal and quarterly supervision. The manager stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs. The manager stated that staff are encouraged to liaise at any time with the manager in relation to training needs; this was confirmed by the staff members spoken with at inspection who all confirmed training and support from Kennedy is excellent.

It was confirmed by the registered manager that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. This was confirmed by the staff member spoken with during inspection.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. It was identified that reference to the role of RQIA in relation to whistleblowing was not detailed and has been recommended for inclusion post inspection.

The registered manager confirmed the agency maintains a record of all incidents of suspected, alleged or actual abuse identified. No matters have arisen since the previous inspection.

It was noted that the agency has in place systems to ensure that the views and opinions of service users are sought and taken into account. A range of relevant agency documentation viewed recorded the feedback received from service users. Formal processes to record and respond to service users are maintained through the complaints process, monthly quality monitoring and annual service user satisfaction processes.

The registered manager described the range of processes for receiving feedback from service users following the provision of staff. The inspector viewed the annual quality report for 2016 which presented feedback from service users.

Four staff questionnaires were returned to the inspector and rated 'Is care compassionate?' as 'Satisfied' or 'Very satisfied'. One staff commented, 'I operate from the principle that, I treat others in the way I would like to be treated, with care, compassion, dignity and respect. I aim to ensure that my compassion is unbiased and each individual treated with equality.'

Service users commented:

- 'The staff we receive are skilled and competent and provide a good quality service.'
- 'Excellent staff provided.'

Staff Nurses' comments:

- The staff spoken with following the inspection discussed respect and dignity and demonstrated a clear knowledge around confidentiality and raising concerns to their line manager as appropriate. Staff were clear regarding their role in relation to whistleblowing.

Areas for improvement

No areas for improvement were identified during the inspection.

4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed ongoing and in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained in electronic format stored within the agency's IT system. Staff confirmed they can request policies if required and hold a range of policies within the staff handbook provided to them at induction to the agency.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has not received any complaints for the period 01 April 2015 to 31 March 2016. Discussion with the registered manager indicated that the agency could deal with complaints received in accordance with their policy and procedures. Review of three complaints received since 31 March 2016 confirmed appropriate processes in place within the agency.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the registered person. Records viewed provided evidence of staff supervision and appraisal in accordance with the agency policy and procedure.

The agency delivers all mandatory training through their online and external training agency. The registered manager stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. It was confirmed by the manager that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of two recently recruited staff members files confirmed compliance with the recruitment and training procedures.

The agency has a system in place for recording training completed by staff within individual staff files and this was reviewed during inspection. Records viewed indicated that staff have received the necessary mandatory training. The registered manager could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. Staff spoken with post inspection also verified an alert process in place within the agency when training, supervision and appraisals are due for update.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description and a staff handbook which outline the roles and responsibilities of their individual job. In addition they are provided with information relating to the process for contacting their line manager. The agency retains a record to confirm staff have read and understood the agency's information provided to them during their induction programme and this was reviewed during inspection.

The registered manager has worked with RQIA during the past year to operate the service in accordance with the regulatory framework. The agency's Statement of Purpose and Service User Guide are kept under review.

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

Discussion with the registered manager and service users indicated that there are good working relationships with external stakeholders, including HSCT representatives. The service users could describe the process for contacting the agency's staff in relation to issues or concerns and indicated that no matters of concern have arisen. The service users confirmed they had confidence in the agency to respond effectively to any issues highlighted.

The agency has a process for requesting feedback from service users following staff placements; the inspector viewed feedback documentation received by the agency and noted that they contained positive feedback in relation to the service provided.

Four staff questionnaires were returned to the inspector and rated 'Is care well led?' as 'Satisfied' or 'Very satisfied'. One staff commented, 'I feel the service is extremely well led. Care is chosen regarding, fitting the right people into the right jobs and not just 'there's a vacancy to be filled. I receive tremendous support and encouragement from my manager and the guidance provided is very helpful with preparation for revalidation.' A second staff commented, 'Very good nursing agency.'

Service users' comments:

- 'Quality of service delivered is very good.'

- ‘The manager and management staff are very good at communicating with us.’

Areas for improvement

No areas for improvement were identified during the inspection.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Polly Adger, registered manager, and the health and social care manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing agency. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Nursing Agencies Minimum Standards, 2008. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 1.13</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2017</p>	<p>The quality of service provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process. (Regarding staff inclusion).</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The views of Key Stakeholders, with specific regards to Temporary Workers, will be incorporated into service evaluation. Feedback from Key Stakeholders (Temporary Workers) will be added to the Annual Quality Monitoring Report.</p>

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



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