



The Regulation and  
Quality Improvement  
Authority

Kennedy Recruitment Ltd  
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**Unannounced Care Inspection  
of  
Kennedy Recruitment Ltd**

**14 and 28 July 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place over two days on 14 July 2015 from 10.30 am to 13.00 hours and 28 July from 12.30 pm to 14.00 hours. Overall on the days of inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the quality improvement plan appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

## 2. Actions/Enforcement Taken Following the Last Inspection

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

## 3. Actions/Enforcement Resulting From This Inspection

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

## 4. Inspection Outcome

	Requirements	Recommendations
Requirements and Recommendations made at Previous Inspection	0	3
Previous Requirements and Recommendations Validated as Compliant/Substantially Compliant	0	3
Previous Requirements and Recommendations Restated	0	0
New Requirements and Recommendations Made at this Inspection	0	6
<b>Total Requirements and Recommendations Made</b>	<b>0</b>	<b>6</b>

The details of the QIP within this report were discussed with the Responsible person Evelyn Kennedy and Kim Shannon Health Care Manager on 14 July 2015 and with the registered manager Polly Adgey on 28 July 2015 as part of the inspection process. The timescales for completion commence from the date of inspection

## 5. Service Details

<b>Registered Organisation/ Registered Provider:</b> Kennedy Recruitment Ltd/Evelyn Kennedy	<b>Registered Manager:</b> Polly Adgey
<b>Person in Charge of the Agency at the Time of Inspection:</b> Kim Shannon Health Care Manager	<b>Date Registered:</b> 12 September 2014
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 5 Health Care Trusts	<b>Number of Registered Nurses, Health Visitors and Midwives on the Agency's Books:</b> 30

## 6. 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 themes: Nurse Training and Vulnerable adults and children and young people are protected from abuse.

## 7. Methods/Process

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

- discussion with the responsible person
- discussion with the office health care manager
- discussion with the registered manager
- review of staff training records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were examined:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

The following records were examined in the inspection:

- the statement of purpose
- staff placements
- staff training records
- dates of staff supervision history
- selected policies and procedures
- accident and incident records
- record of complaints

## 8. The Inspection

### 8.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The annual report was made available at inspection and was found to be satisfactory. Management confirmed a summary report had been made available to service users, staff and other interested parties.</p>	
<b>Recommendation 2</b> <b>Ref:</b> Standard 6.1	<p>The registered manager must ensure that all newly appointed staff complete a structured orientation and induction.</p>	<b>Met</b>
	<p>Participants in induction programmes should also provide evidence that they have read and understood the agency's policies and procedures.</p>	
	<p><b>Action taken as confirmed during the inspection:</b>            The induction records viewed confirmed that staff were provided with structured orientation and induction.</p> <p>There was evidence that staff signed the induction record to indicate that they have read and understood the agency's policies and procedures</p>	
<b>Recommendation 3</b> <b>Ref:</b> Standard 3.5	<p>The registered manager must ensure that the induction programme includes training in completing nursing care records in accordance with NMC guidelines.</p>	<b>Met</b>
	<p>The registered manager provided evidence that the induction programme highlighted the need for nursing care records to be written and maintained in accordance with NMC guidelines.</p>	

**8.2 Theme 1: Nurse Training** -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

### **Is Care Safe?**

Kennedy Recruitment Ltd is a nursing agency which currently provides temporary and permanent staffing solutions / service provision on a daily basis, to clients and patients in variety of settings throughout Northern Ireland. These include Hospital Trusts, General Practitioner Surgeries, Health Centres, Dental Organisations, Industry, Private Individuals and Northern Ireland Civil Service.

The agency's Induction policy, March 2014 outlines the process for induction of staff; the Training and Development policy details the training that staff are required to undertake prior to employment; it was noted that this was in accordance with RQIA guidance on mandatory training. The person in charge stated that agency staff are not employed until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The agency has an electronic record management system in place which records training completed by staff. The system was viewed by the inspector and it was noted that the system will highlight when training updates are required. The health care 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. Records viewed indicated that staff had received necessary mandatory training.

The responsible person could describe instances when staff are required to complete specific training to meet the needs of individual clients.

### **Is Care Effective?**

Prior to employment agency staff are required to complete required mandatory training and provide documentary evidence of attendance. In addition staff are required to complete the agency's induction programme; the person in charge stated that staff are provided with a staff handbook and the contents discussed at the initial induction meeting with the registered manager. It was identified that staff were required to sign that they had received the handbook; however it was noted that no record was maintained of the specific areas discussed during induction.

The health care manager stated that staff receive annual appraisal during which training and development is discussed and a plan developed to address identified training needs; they stated that staff are encouraged to liaise at any time with the manager in relation to training needs or concerns. The responsible person stated that service users are informed of the process for contacting the registered manager 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 competence of staff provided. It was identified that the agency has a process for addressing competency issues with staff.

The registered person stated that when concerns relating to a staff member are identified to the agency the registered manager will address the concerns with the individual immediately and whilst the process is ongoing the staff member would not be provided to work.

## Is Care Compassionate?

The agency has a process for obtaining the views of service users'; the responsible person described the process for engaging with the relevant HSCT representatives and other service users in order to obtain feedback; it was noted from records viewed that this process involves issuing a questionnaire to service users monthly.

The responsible person stated that the agency incorporates feedback received in the agency's monthly quality monitoring report.

## Areas for Improvement

There was one area for improvement identified within this theme; it was in relation to the agency ensuring that a record is maintained of specific areas discussed during induction and that staff record to confirm that the information was discussed and understood.

Number of Requirements	0	Number Recommendations:	1
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### 8.3 Theme 2: Vulnerable adults and children are protected from abuse.

The agency policy for protecting vulnerable adults and safeguarding children and young people was examined. The policy should be reviewed to ensure the document reflects current legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC Trusts.

Staff training records examined confirmed that procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction programme for staff.

On induction each nurse is provided with a hand-book that contains information on the action a nurse should take in the event of suspected, alleged or actual incidents of abuse been identified. The hand-book should be updated to ensure that nurses employed by the agency are fully familiar with the reporting arrangements in accordance with DHSSPS guidance, and regional and local procedures issued by the relevant HSC Trusts.

There is a written policy on "Whistle Blowing" and procedures that identify to whom staff report concerns about poor practice.

The registered manager confirmed that to date there had been no reported issues or concerns regarding the protection of vulnerable adults and children. The registered manager was fully familiar with the reporting of any such event.

## Is Care Effective?

During the inspections we were told of the range of safeguards the agency had implemented to ensure vulnerable adults, children and young people are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment checks are completed and considered.

The registered manager reported that she was confident that prior to placement, agency nurses were provided with the relevant information to ensure they took appropriate action in the event of a suspicion of, or actual abuse. The manager was confident with her role and responsibility regarding any investigation in the event of an allegation of abuse being made and expressed that they had developed good working relationships with all the Health and Social Care Trusts.

## Is Care Compassionate?

The registered manager is a trained registered nurse and is fully involved in the recruitment process. There was evidence that the agency had sound recruitment and processes in place and appropriate pre-employment checks are completed.

Nurses employed complete an induction that includes training in all aspects of abuse and the protection of vulnerable adults and safeguarding children and young people. Refresher training is provided for nurses on an annual basis. There was evidence that the registered manager had introduced a programme of supervision for the nurses employed in the agency.

Discussion with the registered manager, review of training materials and two nurses training records demonstrated that the agency promotes the core values of care and takes account of the minimum standards and regulations.

There was evidence to confirm that the agency had arrangements in place to obtain service users views about nurses regarding their performance and competencies.

The agency supplies an out of hours telephone contact for nurses should they need support or guidance during their shift.

### Areas for Improvement

There were two areas for improvement identified within this theme; these were in relation to the following:

The policy for protecting vulnerable adults and safeguarding children and young people must be further developed. The policy should reflect current legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC Trusts.

We were informed that during induction the registered manager provides nurses with the agency staff hand book and the content is discussed as part of induction. It is recommended that the hand book is further developed to include the reporting arrangements in the event that nurses have any concerns regarding protection of vulnerable or safeguarding children or young people. These reporting arrangements should be in accordance with local and regional guidance.

Number of Requirements	0	Number Recommendations:	2
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## 9. Additional Areas Viewed

### Private Nursing Care

We were informed that the agency supplies nurses into two patients' homes as part of a health and social care trust contract. It is acknowledged that the HSCT are responsible for the overall co-ordination of the patients' care plans. However, where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place for those nurses working in the patient's home. A system should also be in place to confirm that the nurse is competent in the use of any equipment used by the nurse in the patient's own home.

In addition processes should be in place to enable patients to make comments about the quality of care provided by the agency nurse.

The registered manager agreed to review the current practices regarding the supply of nurses to patients in their own home and to inform RQIA of the outcome of this review.

## 10. Quality Improvement Plan

The issues identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with Responsible Person, Evelyn Kennedy and Kim Shannon, Health Care Manager on 14 July 2015 and with the registered manager Polly Adgey on 28 July 2015 as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers 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 / 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.

### 10.1 Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (Northern Ireland) 2005.

### 10.2 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 Person may enhance service, quality and delivery.



### 10.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The responsible person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) to be assessed by the inspector.

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

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 6.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>14 September 2015</b></p>	<p>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.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Induction Sign-Off has been updated to reflect the nature of the discussion undertaken during Induction, and an Induction Checklist has been added which lists individually the specific requirements to be discussed at Induction with a section for both the Temporary Worker and the Recruitment Consultant to sign once the Induction is complete.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 9.1 and 9.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>14 September 2015</b></p>	<p>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.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Policy for Protecting Vulnerable Adults and Safeguarding Children has been updated as per the above. In addition there are now 2 individual policies: A Safeguarding Vulnerable Adults Policy and a Safeguarding Children and Young People as per best practice guidelines.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>14 September 2015</b></p>	<p>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.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Handbook contains all of the policies vital to supporting the Temporary Worker's daily performance. The updated Safeguarding policies have replaced the previous policies within the Handbook, along with the updated flowcharts which clearly demonstrate the reporting arrangements.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 7.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>14 September 2015</b></p>	<p>The registered person must ensure that effective clinical supervision arrangements are in place for nurses supplied to a patient's home.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Effective Clinical Supervision arrangements are in place for all nurses, including those who provide care in the patient's own home.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 6. 4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>14 September 2015</b></p>	<p>The registered person must ensure: nurses are competent in the use of any equipment used by the nurse in the patient's own home.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>14 September 2015</b></p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Individual Managers for the Patients concerned have been contacted and asked to supply a list of the equipment in place in the individual Patient's home. Once this list has been supplied a Competence Checklist will be put in place with review dates to ensure that it is always as accurate and up-to-date as possible.</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> There are processes in place to enable Patients and/or their carers to make comments about the quality of care provided by the agency nurse. Client Feedback Questionnaires have been issued on a regular basis throughout the Assignments (originally on a monthly basis however at request from Clients, this has now been reduced to quarterly). Quality Control calls are also carried out on a regular basis by both the Healthcare Manager and Registered/Responsible Person.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Polly Adgey</p>	<p><b>Date Completed</b></p>	<p>07/09/2015</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Evelyn Kennedy</p>	<p><b>Date Approved</b></p>	<p>07/09/2015</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Maire Marley</p>	<p><b>Date Approved</b></p>	<p>07/09/2015</p>

*\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**