

Announced Care Inspection Report 6 December 2018



Majestik Care Agency

Type of Service: Nursing Agency
Address: Forsyth House, Cromac Street, Belfast BT2 8LA
Tel No: 028 9051 1315
Inspector: Joanne Faulkner

www.rqia.org.uk

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

Majestik Care Agency is a nursing agency operating from premises located in the centre of Belfast. The agency is currently supplying registered nurses to a range of private nursing homes and Health and Social Care Trust (HSCT) facilities.

3.0 Service details

Organisation/Registered Provider: Majestik Care Ltd Responsible Individual: Chijioke James Attoh	Registered Manager: Catherine Marie McCorry
Person in charge at the time of inspection: Catherine Marie McCorry	Date manager registered: 1 May 2018

4.0 Inspection summary

An announced inspection took place on 6 December 2018 from 11.00 to 14.30.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

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.

Evidence of good practice was found in relation to staff recruitment, induction, supervision and training and communication with service users and other relevant stakeholders.

No areas for improvement were identified during this inspection.

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 Catherine McCorry, registered 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 29 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 March 2018.

5.0 How we inspect

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

- discussion with the manager and administrative staff
- examination of records
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Staff recruitment records
- Staff induction and training records
- Records relating to staff supervision
- Records relating to Adult Protection
- Service user feedback records
- Monthly quality monitoring reports
- Complaints records
- Incident records
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with the manager and administrative staff. At the request of the inspector, the manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

In addition the inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

The inspector would like to thank the manager and administration staff for their support and co-operation throughout the inspection process.

One area for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 March 2018

The most recent inspection of the agency was an announced 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 29 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Area for improvement 1 Ref: Standard 1.12 Stated: First time	The registered person monitors the quality of services in accordance with the nursing agency’s written procedures and completes a monitoring report on a monthly basis. This report summarises the comments of people who use the services and/or their representatives about the quality of service provided, and any actions taken by the registered person or the registered manager to ensure that the nursing agency is being managed in accordance with minimum standards.	Met
	Action taken as confirmed during the inspection: It was identified that the registered person has developed a process for monitoring the quality of services and a monitoring report is developed on a monthly basis. An audit of staffing arrangements and feedback received from service users’ forms part of this process.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed staffing arrangements in place within the agency. The agency has a process for ensuring that required recruitment checks are completed prior to employment or supply of staff. It was identified that the manager and agency's compliance officer verifies that all checks have been satisfactorily completed. The manager stated that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified.

Recruitment records for two staff viewed during the inspection indicated that required checks had been completed prior to the commencement of employment and details retained. Staff recruitment records viewed during the inspection indicated that the agency's recruitment process is robust.

Registered nurses supplied by the agency are required to complete an initial induction and undertake training in a range of mandatory areas prior to their commencement of employment. A record of staff induction provided is maintained; records viewed outline the information and support provided to staff during the induction process. Staff are provided with induction information which was noted to include the agency's staff handbook, a job description, and key policies. In addition the agency requires that staff receive an induction at the commencement of a work placement; the manager stated that a number of staff are block booked for a specified period of time.

Staff are required to complete annual training updates in a range of mandatory areas; discussions with the manager and records viewed indicated that staff are not permitted to work if annual training updates have not been completed. The agency has a system for recording training completed by staff and for highlighting training required; it was noted that nurses are informed when training updates are required.

It was identified that staff are required to participate in six monthly supervisions/appraisals. Records of staff supervision indicated that staff had received supervision in accordance with the agency's procedures; staff are not provided with work placements if they do not participate in supervision. A range of areas are discussed as part of the supervision such as training, development and areas for action. It was identified that feedback received from service users in relation to individual staff is discussed with the registered nurse during the process.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. The agency's policy and procedures reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The registered manager is the identified Adult Safeguarding Champion (ASC).

Registered nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. It was identified from discussions with the manager and documentation viewed that staff are required to complete adult safeguarding training during their induction and

annually thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training in relation to adult protection.

The manager could clearly describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in.

The inspector reviewed records maintained in relation to adult protection; discussions with the manager and documentation viewed indicated that the agency had acted in accordance with their policy in relation to referrals made.

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

The manager could describe the process for appropriately assessing the requirements of individual service users. The manager could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; it was noted that it includes assessing the knowledge, experience, skills and suitability of the nurse to be provided. The agency will obtain details of staff skills and competencies during the initial induction process. The agency provides service users with relevant staff profiles when confirmation of a shift is provided; those viewed were noted to include details of skills/competencies, experience, training and registration status with the Nursing and Midwifery Council (NMC).

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered and to identify if any staff have been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status, expiry dates and revalidation dates.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided.

Comments received from feedback forms

- "Very pleased with agency staff from Majestik."
- "Overall happy with the service."
- "All staff are very professional while in ****."
- "Satisfied with the service."
- "**** is getting on great and I really value her in ****."

The agency's registered office is located in the centre of Belfast and is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected.

During the inspection the manager advised that an office is located in Londonderry; the inspector discussed with the manager the need to ensure that staff are not supplied from that additional office and that all records are retained at the agency's registered office. The manager provided email correspondence that had previously been received from RQIA in relation to the operation of an additional office; details of the email were forwarded to and

discussed with a senior inspector and the Assistant Director (AD). Following review of the information the inspector provided feedback to the manager in relation to the operation of the additional office and assurances were provided that staff were not currently being supplied from the office located in Derry and that all records relating to the agency were retained in the registered premises. The manager stated that the Registered Person may consider making an application for registration in the future for a Nursing Agency in the Londonderry area.

Areas of good practice

Areas of good practice were identified in relation to the agency's staff recruitment, induction, training and supervision processes.

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 needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

It was identified from records viewed that they were maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the manager and documentation viewed provided evidence that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of nurses' registration status with the NMC, compliance levels of training completed by staff, audits of complaints, accidents, incidents and referrals relating to adult protection. The manager liaises with the registered person to review the effectiveness of the service provided and develop an action plan for any identified matters of concern.

Monthly quality monitoring audits are completed by the registered person and a monthly report developed. The reports contain details of the review of incidents, complaints and safeguarding referrals; however the inspector discussed with the manager the need to include more detail when completing the report. Assurances were provided that this would be actioned immediately.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager and administrative staff provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to

the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and visits to service users.

The manager described the process for addressing concerns relating to individual staff members; it indicated that the agency’s process for dealing with concerns is effective. It was identified that the agency has on occasions required staff to complete training updates following identified areas of concern.

Areas of good practice

Areas of good practice were identified in relation to record keeping and communication with service users.

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?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency’s staff handbook and information provided to all registered nurses during their initial induction contains details of a number of key policies and procedures including the agency’s confidentiality policy. The manager stated that confidentiality is discussed with staff during induction.

The agency has on-call arrangements in place to ensure that staff and service users can report concerns or to access support and guidance at any time including out of hours

The agency has methods for obtaining the views of service users in relation to staff performance; they include requesting that service users complete a feedback proforma for staff provided. The inspector viewed a range of feedback that had been received by the agency and noted that where concerns had been raised further action was taken. The manager and administrative staff described the processes for engaging with service users in order to obtain feedback; this includes the agency’s quality monitoring process and regular visits to the service user by an administrator from the agency.

Discussions with the manager and administrative staff during the inspection indicated that the promotion of values such as dignity, choice, equality and respect were embedded in the culture and ethos of the organisation.

The ‘Whistleblowing Policy’ outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns; the manager stated that staff are provided with the policy at commencement of employment.

Areas of good practice

Areas of good practice were identified in relation to engagement with service users, and the promotion of values such as confidentiality, dignity and respect.

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 agency's management and governance systems in place to meet the needs of service users. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards, relevant legislation and guidelines.

Policies are retained in a paper format stored within the agency's office. Staff are provided with a number of key policies during induction; the manager stated that staff can access policies in the agency office.

Discussions with the manager and administrative staff, and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. These include the provision of required policies and procedures, monitoring compliance of staff training, registration status of staff with the NMC, monitoring of stakeholder feedback received, complaints, safeguarding referrals, accidents and incidents including those notifiable to RQIA.

The agency's complaints policy outlines the process and timescales for managing complaints. It was identified that the policy was required to be reviewed to include recently updated contact details for RQIA; assurances were provided by the manager that this would be actioned immediately following the inspection.

Records of complaints viewed indicated that the agency has managed complaints received in accordance with their policy and procedures and that the process is effective. Discussions with the manager demonstrated that they had a clear understanding of the agency's complaints procedure and the process for effectively managing complaints. The manager stated that staff are provided with information during their induction programme in relation to handling complaints. The inspector discussed with the manager the benefits of developing a process for clearly identifying complaints that related to registered nurses.

It was identified that the agency has management and governance systems in place to drive quality improvement. It was identified that the agency has a system for appropriately reporting

and retaining a record of accidents, incidents and safeguarding referrals made and of actions taken.

Documentation viewed by the inspector provided evidence of appropriate staff induction, training and supervision. The agency has a system for recording staff training and a compliance system for identifying training needs of staff provided and for reviewing the registration of staff with the NMC.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. The agency provides registered nurses with a job description at the commencement of employment which outlines the responsibilities of their job role.

The agency's Statement of Purpose and Service User Guide are kept under review. It was identified that the records were required to be reviewed to include the updated contact details for RQIA; assurances were provided to the inspector that this would be actioned.

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

Discussion with the manager and administrative staff provided evidence that the agency promotes effective collaborative working relationships with service users. It was identified that the agency has processes for ensuring that they actively seek feedback from service users.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures, engagement with stakeholders, monitoring of compliance and the management and monitoring of complaints and incidents.

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.



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