

Inspection Report

8 August 2022



Majestik Care Ltd

Type of service: Nursing Agency
Address: 84 Spencer Road, Waterside, Londonderry, BT47 6AG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Majestik Care Ltd	Registered Manager: Patricia Dube (registration pending)
Responsible Individual: Mrs Corra Carlisle	
Person in charge at the time of inspection: Recruitment Consultant	
Brief description of the agency operates: This is a nursing agency which supplies nurses to a range of health care services including nursing homes and the Northern and Western Health and Social Care Trusts.	

2.0 Inspection summary

An unannounced inspection was undertaken on 8 August 2022 between 9.30 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

Enforcement action resulted from the findings of this inspection.

RQIA received intelligence on 24 July 2022 which highlighted serious concerns in relation to a lack of robust governance arrangements and effective oversight by the Manager and Responsible Individual.

Serious concerns were identified in relation to the quality of Managerial oversight and governance arrangements in place.

An intention to serve three Failure to Comply Notices meeting was arranged on 18 August 2022 under the Nursing Agencies Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 – relating to the Responsible Individual managing the agency with sufficient care, competence and skill
- Regulation 12 – relating to staff recruitment and selection
- Regulation 20 – relating to the review of the quality of service provision

The Responsible Individual informed RQIA during this meeting that they lacked the requisite operational authority to ensure that robust governance and Managerial arrangements were put in place.

Given this lack of assurance from the Responsible Individual, an intention to serve a Notice of Proposal to cancel the registration of Majestik Care Limited (RQIA ID: 020641) for which Mrs Corra Carlisle is the Responsible Individual was arranged on 24 August 2022. While some actions / intended actions were outlined by the Responsible Individual during this meeting, RQIA remained concerned that ongoing deficits significantly compromised the Responsible Individual's ability to effectively undertake the legislative responsibilities commensurate with their role; RQIA also lacked assurance that robust governance arrangements were in place and that this deficit has the potential to place patients at risk of harm.

RQIA issued a Notice of Proposal to cancel the registration of Majestik Care Limited, for which Mrs Corra Carlisle is the Responsible Individual. The Notice of Proposal was issued on 26 August 2022, under Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, (the 2003 Order).

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included a questionnaire and an electronic staff survey.

4.0 What people told us about the agency?

As part of the inspection process we spoke with a number of service users and registered nurses.

Comments received included:**Registered Nurses' comments:**

- “Most of the time, I don't have any problem contacting the office.”
- “Training was adequate.”
- “Most shifts booked through the office, but can book directly as well.”

Service users' comments:

- “Nurse block booked, very reliable and willing to undertake tasks.”
- “Occasionally late for the start of the shift.”
- “Staff profile sent from office.”

There were no responses to the questionnaire or the electronic staff survey.

5.0 The inspection**5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?**

The last care inspection of the agency was undertaken on 29 July 2021 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings**5.2.1 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records did not confirm that pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings. This area for improvement was discussed during the meeting on 24 August 2022.

5.2.2 What are the arrangements to ensure robust Managerial oversight and governance?

A review of the records did not provide assurance that robust checks were in place by the Manager in regard to confirming that all registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC). Information regarding registration details, renewal and revalidation dates was monitored by the Manager; this system was reviewed and found not to be in compliance with regulations and standards. An area for improvement has been identified in this regard.

The system in place for ensuring that nurses received formal supervision in an effective and consistent manner was inadequate. An area for improvement has been identified in this regard.

Also, it was noted that arrangements in place to ensure that registered nurses were placed into settings where their skills closely matched the needs of patients, was inadequate. An area for improvement was identified.

Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included: Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, National Early Warning Score (NEWS) and the Management of Actual or Potential Aggression (MAPA). However, a review of training records evidence that multiple training topics were undertaken by nurses on the same day; a review of these training arrangements is required to ensure that all training is provided in a robust and thorough manner. An area for improvement has been identified in this regard.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland.

There were quality monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was a lack of engagement with service users and staff. It was noted that the reports were not signed as being reviewed by the Responsible Individual. This deficit was discussed during the meeting on 24 August 2022.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The alphabetical list of staff employed by the agency was not up to date. An area for improvement has been identified in this regard.

The agency's registration certificate was not up to date and the address was incorrect; the person in charge agreed to address this with RQIA.

The Manager had submitted an application to RQIA for registration as Manager of this agency and also Majestik Care Agency (RQIA ID: 020068). This was discussed with the Responsible Individual during the meeting on 24 August 2022 and RQIA is concerned that while they acknowledged the inadequacy of these current managerial arrangements, an application was still submitted to RQIA on 27 May 2022 in respect of registering the current Manager for both nursing agencies.

During the meeting on 24 August 2022, the Responsible individual advised that they did not have meaningful control of the operation of the agency; they stated that they did not have the operational authority to make decisions on how the agency is operated. The Responsible Individual advised RQIA that Mr Clifford Omorogie, Managing Director of Majestik Care Limited (RQIA ID: 020641), is the person who exercises overall control of the operations within the agency and it is he who makes all key decisions with regard to the running of the agency.

The Responsible Individual also described during this meeting how their ability to carry out their role and responsibilities remains significantly and adversely affected on an ongoing basis due to the lack of administrative and managerial staff in the agency. They stated that they lack meaningful support from their senior management team. RQIA is concerned that these deficits significantly compromise the ability of the Responsible Individual to fulfil the legislative responsibilities of the role. RQIA therefore lacks assurance that robust governance arrangements are in place and that this deficit has the potential to place patients at risk of harm.

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. RQIA issued a Notice of Proposal to cancel the registration of Majestik Care Limited, for which Mrs Corra Carlisle is the Responsible Individual. The Notice of Proposal was issued on 26 August 2022, under Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, (the 2003 Order). Five new areas for improvement were also identified.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	5	0

The areas for improvement and details of the QIP were discussed with the Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 10 (1) Stated: First time	The registered person shall develop and implement a robust system which ensures that the registration of nursing staff with the NMC is effectively monitored by the Manager. Ref: 5.2.2
To be completed by: Immediately from the date of inspection and ongoing	Response by registered person detailing the actions taken: All nurse files must have a statement of entry and a valid NMC practitioner details form with their registration status on file. NMC checks are carried out by the registered manager once a month. The compliance matrix has the NMC Pin and expiry date on it. This is signed off when reviewed. Revalidation is discussed and support offered during supervision and appraisals.

<p>Area for improvement 2</p> <p>Ref: Regulation 14(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall develop and implement a robust system which ensures that each employee of the agency –</p> <p>(a) receives appropriate supervision;</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>Response by registered person detailing the actions taken:</p> <p>A record of each nurses' last supervision is recorded on the Compliance matrix. Supervision is facilitated by the registered manager every 6 months. The registered manager monitors the compliance matrix monthly and arranges a supervision session in advance of being due. All supervisions are recorded.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall develop and implement a robust system which ensures that all staff are appropriately trained for their roles; this refers to those matters outlined in the body of this report.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>New nurses to the Agency must complete all mandatory training. Basic Life Support and Moving and Handling must be attended in person for practical purposes. Nurses can attend a full days training covering all mandatory training or they can opt to complete all training over and above the practicals online. The Agency receives notification when online training is</p>

	<p>completed and a certificate can be saved. The Compliance officer and the registered manager arrange annual training updates and no nurses can book shifts until training is up to date. This is monitored weekly when the Compliance matrix is updated every Friday.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 18(a) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are –</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Each nurses's file contains evidence in relation to all 10 areas that Regulation 18 schedule 4 specify that must be maintained for inspection. These files are in a locked filing cabinet in the Agency office and are available at all times for inspection.</p>



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