

# Announced Care Inspection Report 25 August 2016



## Majestik Care Agency

Type of Service: Nursing Agency  
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Tel No: 02895680122  
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Majestik Care Agency took place on 25 August 2016 from 10.45 to 14.15.

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.

### **Is care safe?**

The inspector identified that the agency has in place recruitment systems and ensures sufficient supply of appropriately skilled and competent staff at all times. 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. It was noted that the agency is responsive to the requirements of service users. No areas for improvement were identified during the inspection.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency has in place systems for review and monitoring of quality of care in conjunction with service users. There are systems in place to promote effective communication with service users. The agency responds effectively to meet the specific needs of service users which has resulted in positive outcomes. No areas for improvement were identified during the inspection.

### **Is care compassionate?**

The inspector noted that an ethos of dignity and respect 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 observation and discussion with staff, service users that the agency seeks to obtain the views of service users. The agency has systems in place to monitor and manage the performance of nursing staff. No areas for improvement were identified during the inspection.

### **Is the service well led?**

The agency has in place governance systems to meet the needs of service users. Agency staff have an understanding of their roles and responsibilities within the management structure. Evidence of effective working partnerships with service users was evident during the inspection. Service users provided positive feedback of their confidence in the manner in which issues and concerns are addressed. No areas for improvement were identified during the inspection.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Patricia Dube, 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.

## 1.2 Actions/enforcement taken following the most recent pre-registration inspection.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 June 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Patricia Dube - application pending	<b>Registered manager:</b> Patricia Dube
<b>Person in charge of the agency at the time of inspection:</b> Patricia Dube	<b>Date manager registered:</b> 31 July 2015

## 3.0 Methods/processes

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

- Discussion with the registered manager
- Examination of records
- Consultation with service users
- Evaluation and feedback.

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff and training
- Complaints records

- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Induction Policy
- Recruitment Policy
- Matching Skills and Expertise
- Confirmation of NMC status Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Incident Policy
- Confidentiality Policy

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, the director of the organisation and one of the agency's administrators.

During the inspection the inspector requested that questionnaires were distributed for completion by staff members; two questionnaires have been returned to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

#### 4.0 The inspection

Majestik Care Agency is a nursing agency operating from premises in the centre of Belfast. The agency currently supplies 16 registered nurses to a number of nursing homes.

The inspector would like to thank the registered 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 pre-registration care inspection dated 9 June 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 5 (b) <b>Stated:</b> First time	The registered person shall prepare a service user's guide which shall include- (b)the terms and conditions in respect of the services to be provided to the service users, including as to the amount and method of payment of fees;	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The agency provides an appendix to the service user guide detailing the procedures for the payment of fees.</p>	
<p><b>Requirement 2</b> <b>Ref:</b> Regulation 15(2)(d) <b>Stated:</b> First time</p>	<p>The handbook prepared in accordance with paragraph (1) shall include a statement as to- (d) the recruitment procedures;</p> <p><b>Action taken as confirmed during the inspection:</b> It was noted that the agency's staff handbook, July 2015, includes details of the agency's recruitment procedures.</p>	<b>Met</b>
<p><b>Requirement 3</b> <b>Ref:</b> Regulation 20(1) <b>Stated:</b> First time</p>	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of the services provided by the agency.</p> <p>This requirement relates to the agency's quality monitoring policy detailing the frequency of monitoring visits.</p> <p><b>Action taken as confirmed during the inspection:</b> The agency's quality monitoring policy details the frequency of monitoring visits. It was noted that monthly monitoring visits are completed.</p>	<b>Met</b>
<p><b>Requirement 4</b> <b>Ref:</b> Regulation 16(1) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that before a nurse is supplied, the service user is supplied with relevant information of the previous experience of the staff being supplied.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed individual staff profiles provided to service users prior to placement.</p>	<b>Met</b>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 2.4 <b>Stated:</b> First time</p>	<p>It is recommended that policies and procedures are dated when issued, reviewed or revised.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed a number of the agency's policies and procedures and noted that they are dated when issued, reviewed or revised.</p>	<b>Met</b>

<p><b>Recommendation 2</b></p> <p>Ref: Standard 1.17</p> <p>Stated: First time</p>	<p>It is recommended that the agency's whistleblowing policy is amended to include details of the role of RQIA in relation to whistleblowing.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was noted that the agency's whistleblowing policy, July 2015 includes details of the role of RQIA in relation to whistleblowing.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>It is recommended that the agency's policy and procedures for protecting vulnerable adults is amended to reflect the details of the need to refer allegations to relevant organisations, including the relevant HSC trust and to reflect the instances when the agency are required to refer staff to the NMC.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the agency's policy relating to protection of vulnerable adults and noted that it details the processes for referring allegations to relevant organisations, including the relevant HSC trust and to reflect the instances when the agency are required to refer staff to the NMC.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 8.1</p> <p>Stated: First time</p>	<p>It is recommended that the agency's complaints policy is updated in accordance with the relevant legislation and DHSSPS guidance, to reflect the procedure for dealing with all complaints received by the agency.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency's complaints policy dated May 2016 was noted to have been updated in accordance with the relevant legislation and DHSSPS guidance, and reflects the procedure for dealing with complaints received by the agency.</p>	<p><b>Met</b></p>

#### 4.2 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The inspector viewed a number of pre-employment checklists 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 agency's induction policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed recorded the information and training provided during the induction period and is signed by the staff member.

The agency's supervision and appraisal policy details the timescales and processes for staff supervision and appraisal. It was noted by the inspector that the annual supervision and appraisal meetings are planned to be completed in September 2016.

The manager could describe the details of the agency's policy for matching appropriately skilled staff to placements; they stated that a staff profile is forwarded to each service user detailing the knowledge, skills and experience of the staff member being supplied.

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; it was noted that the agency has plans to review their policy and procedures to reflect information contained within the guidance.

The registered manager stated that no referrals have been made in relation to safeguarding vulnerable adults. Discussions with the registered manager provided assurances that they had knowledge of 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.

Discussions with the registered manager, the administrator and records viewed indicated that staff are provided with safeguarding vulnerable adults training during their initial induction and that they are required to complete an annual update.

The manager stated that staff are provided with information in relation to the agency's safeguarding and whistleblowing policies 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 manager could describe the process for appropriately assessing the requirements of a request for an agency nurse; it was noted that this included having in place a record of the knowledge, training and experience of the nurse to be provided. The agency has a process for checking the NMC register monthly for staff nurses employed; records maintained were viewed by the inspector.

Service users stated that they are requested by the agency to complete feedback reports in relation to staff provided; however, they stated that they do not always complete due to their individual workload demands.

The agency's registered premises include an office which is suitable for the operation of the agency.

Two staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was safe.

## Service user comments

- 'The nurses are excellent they send'.
- 'We receive a staff profile for all staff provided'.

## Areas for improvement

No areas for improvement were identified during the inspection

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3 Is care effective?

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service.

The agency's data protection policy outlines 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.

It was identified from discussions with the registered manager and records viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The inspector identified that the agency monitors monthly the effectiveness and quality of care provided to service users; this includes a review of training, complaints, incidents and safeguarding referrals. It was noted that the views of service user are recorded on a separate proforma.

It was noted that service users are requested to complete a monthly satisfaction survey; the agency has a process for maintaining a record of compliments and complaints received. The inspector discussed with the manager the benefits of having a system for recording discussions with service users on a day to day basis in relation to the quality of the service provided.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection.

The registered manager stated that the agency seeks to maintain effective working relationships with service users. Observation of staff interaction during the inspection indicated that staff communicate appropriately with service users and staff nurses employed. The registered manager could describe examples of liaison with stakeholders in relation to achieving better outcomes for service users.

The registered manager stated that service users are informed of the procedure for contacting the agency to discuss concerns in relation to the competency of staff provided.

The registered manager could describe the process that would be followed for addressing concerns relating to a staff nurse and stated that whilst the process was ongoing the staff member would not be provided to work.



Two staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was effective.

### Service user comments

- 'I have no concerns at present'.
- 'We use this agency a lot due to current staffing issues within the home'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care compassionate?

Agency staff are provided with information in relation to the agency's confidentiality policy; it was noted that all staff can access policies and procedures electronically.

It was noted that the agency has systems in place to monitor the performance of nursing staff; these include training and competency assessments completed electronically; it was noted that staff must achieve a required level before being deemed competent.

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 and discussed the challenges in receiving a return of feedback forms distributed.

The inspector noted that the agency records feedback received from service users which is collated with the agency's monthly quality monitoring report.

The agency has an electronic system for recording training completed and in addition for highlighting when training updates are required; it was viewed by the inspector. The registered manager and administrator could describe their role in identifying and highlighting gaps on a monthly basis. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

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

The registered manager stated that the agency ensures that staff nurses have the required training 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.

It was noted that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. The agency has an on call system that staff can access out of hours for support and guidance.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns; relevant reference is made as to the role of RQIA in relation to whistleblowing.

The inspector noted that the agency has in place a system for obtaining the views and opinions of service users. Documentation viewed included the feedback received from service users.

Formal processes to record and respond to service users are maintained through the agency's complaints process, monthly quality monitoring and service user satisfaction surveys.

Two staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was compassionate.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is the service well led?

The inspector reviewed the agency's management and governance systems in place 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 range of policies and procedures which were noted to have been reviewed annually and in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained electronically which all staff have access to, and additionally in paper format stored within the agency's office.

Documentation viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, monitoring of training, monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with the registered manager indicated that the agency had knowledge of the agency's complaints procedure.

The agency has in place management and governance systems to drive quality improvement. There are arrangements in place for managing and monitoring of incidents and complaints. The manager and Director of the organisation could describe the benefits of ongoing review and monitoring of services provided.

The registered manager stated that staff are required to complete training during their initial induction and ongoing updates. The manager stated that agency staff are not provided until all required pre-employment checks and documentation relating to training have been received and verified.

The inspector viewed that agency's electronic system for recording staff training; it was noted that the system highlights when training updates are required. Records viewed indicated that staff have completed required mandatory training and in addition training specific to meet the needs of service users. The training administrator 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 are required to complete a training assessment following all training provided and a satisfactory level of attainment obtained.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. The organisation is currently in the process of appointing a Responsible Person due to the previous responsible person leaving the organisation.

It was noted that staff are provided with a staff handbook which outlines the role and responsibilities of their individual job roles.

The agency has a process for obtaining feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency. Service users could describe the process for contacting the agency's staff in relation to issues or concerns.

Two staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that service was well led.

### Service user comments

- 'I know who to contact if I have any problems'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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