

# Announced Care Inspection Report 29 March 2018



## Majestik Care Agency

**Type of Service: Nursing Agency**  
**Address: Forsyth House, Cromac Square, Belfast BT2 8LA**  
**Tel No: 02895680122**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

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 in the centre of Belfast. The agency currently supplies registered nurses to a range of healthcare settings.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Majestik Care Ltd  <b>Responsible Individual(s):</b> Mr Chijioke Attoh (Registration pending)	<b>Registered Manager:</b> Catherine Marie McCorry (Registration pending)
<b>Person in charge at the time of inspection:</b> Catherine Marie McCorry	<b>Date manager registered:</b> (Registration pending)

### 4.0 Inspection summary

An announced inspection took place on 29 March 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 determined if the nursing agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to record keeping, staff recruitment, training, staff appraisal and communication with stakeholders.

One area requiring improvement was identified during the inspection in relation to the agency's quality monitoring process.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 25 August 2016

No further actions were required to be taken following the most recent inspection on 25 August 2016.

## 5.0 How we inspect

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

- Discussion with the person in charge and administrative staff
- Examination of records
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Quality monitoring reports
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to Adult Protection
- Recruitment records
- Staff induction and training records
- Statement of Purpose
- Service User Guide

During the inspection the inspector viewed a number of the agency's policies and procedures. It was identified from those viewed that they had been issued or reviewed within the previous three years which is in accordance with timescales detailed in the minimum standards.

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.

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

The inspector would like to thank the person in charge and administrative staff for their support and co-operation throughout the inspection process.

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 25 August 2016

The most recent inspection of the agency was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 25 August 2016

There were no areas for improvement made as a result of the last care inspection.

## 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.**

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

The agency's recruitment policy outlines the processes in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment. A record of the checks that have been completed is maintained by the agency; it was identified that the compliance officer checks that all information has been received and the manager verifies this information. The person in charge provided assurances that staff are not provided until all required checks have been completed. Staff recruitment records viewed by the inspector indicated that the agency's recruitment process is robust.

Staff personnel records viewed indicated that staff are not provided until the required pre-employment checks and documentation relating to training have been received and verified. The person in charge could describe the process for appropriately matching nursing skills to placement; this includes the completion of a skills profile during the interview. It was noted that the agency stores the information on an electronic system.

The agency requires registered nurses to complete an induction prior to their commencement of employment; a record of areas covered and training completed is retained. Registered nurses are required to complete training in a range of mandatory areas during their induction. In addition the agency requires that staff receive induction/orientation at the commencement of each individual work placement. The inspector discussed with the person in charge their plans to introduce a system to retain details of induction provided to staff at time of placement.

It was noted that registered nurses are required to participate in twice yearly supervision and appraisal. The agency's supervision and appraisal policy provided to RQIA following the inspection outlines the procedures and timescales for staff supervision and appraisal. Records of staff appraisal indicate that staff had received supervision and appraisal.

The agency has a system for recording staff training; it was noted that it is highlighted when training updates are required. The person in charge and administrative staff could describe the procedure for informing nursing staff when training updates are required and stated that staff are not provided with work if training updates have not been completed.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. The agency provided their updated policy and procedures to RQIA following the inspection; it reflects information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015 and outlines the role of the identified Adult Safeguarding Champion (ASC).

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the person in charge and documentation viewed indicated that there have been a number of referrals made in relation to adult safeguarding matters since the previous inspection. The person in charge 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 are required to be involved in. It was noted that the agency retains a detailed record of the referrals made and actions taken.

The agency retains a record of learning outcomes from referrals made and investigations completed; it was noted that on occasions this has resulted in staff being required to complete additional training and/or a referral being made to the NMC.

It was identified that registered nurses are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. Discussions with the person in charge and documentation viewed indicated that staff are required to complete adult safeguarding training during their initial induction and in addition are required to complete an annual training update. Training records viewed indicated that staff had completed appropriate training in relation to adult protection. The manager stated that the agency plans to provide a training update in relation to DOH policy within the next few months.

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

The person in charge could describe the process for appropriately assessing the requirements of individual service users; it was noted that this process included assessing the knowledge, skills, training, experience and suitability of the nurse to be provided. The agency provides service users with relevant staff profiles when confirmation of a shift is provided.

The agency has an electronic system for recording the nurses registration status with the NMC; the agency's manager in conjunction with the agency's compliance officer 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 had conditions placed on their registration.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection documentation was noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

The agency's records management policy details the procedures for the creation, storage and retention of records; it was identified that records retained by the agency were maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the person in charge, administrative staff and documentation viewed indicated that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training compliance, staff registration status with the relevant regulatory body, complaints, incidents and referrals relating to adult protection.

A monthly quality monitoring audit is completed and the information is reviewed and verified by the registered person. The inspector noted that the agency did not consistently produce a report; this was discussed with the person in charge. One area for improvement was identified.

Systems to promote effective communication with service users, registered nurses and other relevant stakeholders were evident on inspection. Observations of administrative staff during the inspection indicated that they communicate appropriately with staff nurses and service users.

Discussions with the person in charge provided evidence that the agency seeks to maintain effective working relationships with service users. The person in charge stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff nurses provided and that matters raised are dealt with effectively. The



agency has a system in place for obtaining the comments of service users in relation to staff provided in the format of a Quality Assurance/Improvement record.

The person in charge could describe the process for addressing concerns highlighted in relation to registered nurses. The inspector discussed with the person in charge the actions taken in relation to a number of incidents; it was indicated that the agency's procedure for dealing with concerns were effective and provided evidence of collaborative working with other relevant stakeholders.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's quality monitoring process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 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.**

It was noted that the agency's staff handbook provided to all staff includes a number of key policies including the agency's confidentiality policy. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

The person in charge described the process for engaging with service users in order to obtain feedback.

Discussions with the person in charge and administrative 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 agency has 24 hour on call arrangements in place to ensure that staff and service users can access support and guidance or report concerns.

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.

It was noted that the agency has implemented systems for obtaining the views and opinions of service users. The person in charge described the methods used for receiving feedback from service users following the provision of staff nurses such as client satisfaction surveys and visits by them to the placement area. Formal processes to record and respond to service user feedback are maintained through the agency's complaints process.



## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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. The agency has a range of policies and procedures in place; those viewed were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained in a paper format stored within the agency's office; the person in charge stated that staff can access if required.

Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures, monthly auditing of training, audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure and relevant timescales for managing complaints; records viewed and discussions with the person in charge indicated that the agency have received no complaints since the previous inspection.

Discussion with the person in charge and staff indicated that they had a clear understanding of the agency's complaints procedure and the process for managing complaints. The agency has a process for retaining details of the outcome of the investigations of complaints received.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency retains a record of incidents and of actions taken and related correspondence. Incidents are reviewed monthly by the manager.

The agency has management and governance systems in place to drive quality improvement. There are arrangements for the monitoring of incidents, accidents and complaints. The person in charge could describe the importance of regularly reviewing and monitoring of services provided to identify areas for improving the quality of the service. Records viewed by the inspector provided evidence of appropriate staff induction, training and appraisal. It was noted that registered nurses are not provided if required training has not been completed and that a

number of nurses have been required to complete additional training following incidents that have occurred.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. The person in charge stated that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided. The agency's Statement of Purpose and Service User Guide are kept under review.

Discussion with the person in charge indicated that the agency promotes effective collaborative working relationships with service users. The inspector viewed copies of staff profiles provided to service users prior to the supply of registered nurses. The agency has a process for ensuring that they seek feedback from service users following staff have been provided.

### Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures and the management of incidents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Regulations (Northern Ireland) 2005 and/or the Nursing Agencies Minimum Standards, 2008.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.12  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	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.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> The current Manager has ensured that monthly quality monitoring reports are completed on time and same is actioned.



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