

# Unannounced Care Inspection Report 16 March 2021



## Majestik Care Agency

**Type of Service: Nursing Agency**

**Address: Unit 1, 14 Lanark Way, Belfast, BT13 3BH**

**Tel No: 028 9521 5292**

**Inspectors: Corrie Visser and Jim McBride**

[www.rqia.org.uk](http://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 provider 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 which supplies nurses to a range of health care services including nursing homes and the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Majestik Care Ltd	<b>Registered Manager:</b> Mr Philips Obimah
<b>Responsible Individual(s):</b> Mr Chijioke James Attoh	
<b>Person in charge at the time of inspection:</b> Mr Philips Obimah	<b>Date manager registered:</b> application received 10 December 2019 - registration pending

### 4.0 Inspection summary

An unannounced inspection took place on 16 March 2021 from 09.20 to 12.30 hours.

Due to the coronavirus (COVID-19) pandemic, the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection raised concerns in relation to a number of matters relating to Majestik Care Ltd services. The information received related specifically to recruitment procedures, training and induction of staff, files being removed from the office, a lack of the manager's oversight of complaints and safeguarding concerns and not adhering to the guidance from the Public Health Authority (PHA) regarding risk assessments relating to COVID-19.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, where RQIA is notified of a potential breach of regulations, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

Following an assessment of the regulatory history and information of the service, and in light of the concerns raised, an inspection was undertaken on 16 March 2021 to examine the agency's current compliance with the nursing agencies regulations and standards. Consideration was given to the potential impact of COVID-19 and a decision was made to undertake an on-site inspection adhering to social distancing guidance.

The inspection findings for Majestik Care Agency did not substantiate any of the concerns raised within the information shared with RQIA. However a number of areas for improvement were made which appeared to be indicative of the lack of governance and management oversight in Majestik Care Agency. An area for improvement identified during the last inspection of the agency has been stated for a second time to address this. Further areas for improvement were identified in relation to complaints, a competency assessment for persons in charge in the absence of the manager and the alphabetical list of staff and service users.

Areas of good practice were identified in relation to the recruitment of staff, staff training and induction, staff registration on the Nursing and Midwifery Council (NMC) and information regarding COVID-19 and the current PHA guidelines.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

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>	2*	2

\* One area for improvement from the previous inspection has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the manager, 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 6 August 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 August 2020.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

The following areas were examined during the inspection:

- staff training matrix
- monthly quality monitoring reports
- staff recruitment records
- trainer qualifications
- the management of complaints
- adult safeguarding concerns
- NMC matrix
- staff induction records
- governance and management arrangements

Following the inspection we contacted stakeholders to obtain feedback in relation to the performance of the registered nurses provided. The inspector spoke with four health care professionals. Comments are detailed within the report.

We ensured that the appropriate checks were in place before nurses were supplied to the various health care setting.

- recruitment records specifically relating to Access NI checks and staff NMC registration

A poster was provided for nurses detailing how they could complete an electronic questionnaire to provide feedback to RQIA. No responses were received.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as not met.

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

## 6.0 The inspection

Areas for improvement from the last care inspection dated 6 August 2020		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) <b>Stated:</b> First time	<p>The registered person shall maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. The registered person shall complete 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 the 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.</p> <p><b>The reports must be submitted to RQIA no later than five days after the last day of the month until further notice.</b></p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>These reports were not available on the day of inspection and they had not been submitted following the last inspection as requested to RQIA. This area for improvement will be stated for the second time.</p>	

## 6.1 Inspection findings

### Staffing and Recruitment:

On the day of inspection, we reviewed six staff recruitment files and noted they were compliant with Regulation 12, Schedule 3 of The Nursing Agencies Regulations (Northern Ireland) 2005. All pre-employment checks were completed before the nurse was supplied to a service user. The recruitment process included checking for and discussing any gaps in employment, obtaining two satisfactory references (one being from the most recent employer), Access NI and NMC checks, ensuring the nurse had a valid work permit where applicable and every staff file contained a signed contract of employment.

We requested to view an alphabetical list of nurses and service users; this was not available on the day of inspection. The manager provided us with information regarding the services that the agency supplies nurses to; however, it was discussed that in accordance with Regulation 18, Schedule 4 the agency needs to have an alphabetical index of service users, including the full name, address and telephone number as well as an alphabetical index of nurses supplied or available for supply by the agency. An area for improvement was made in this regard.

### Staff Training and Induction:

We reviewed the agency's staff training matrix and staff induction records and confirmed that the nurses currently being supplied were up to date with their training. The manager confirmed that any nurse whose training had expired was not supplied to service users. The manager also confirmed that these nurses were being contacted so that they could engage in the outstanding training. The nurses spoken with following the inspection confirmed that they receive appropriate training and that it is beneficial to their skills and knowledge to deliver a high standard of care. The training included:

- Basic Life Support
- Adult Safeguarding
- Infection Prevention and Control
- Health and Safety
- COSHH
- Administering Medication
- Food Hygiene
- The Mental Capacity Act and Deprivation of Liberty

It was also identified that the six staff files reviewed contained a signed record of induction.

### Complaints:

It was noted that the agency had received three complaints since the previous inspection on 6 August 2020. We reviewed the investigation procedure and management of these complaints and noted that they were investigated and responded to appropriately however there was no evidence that these complaints were overseen by the manager. An area for improvement has been made in this regard.

## **Governance and Management Arrangements:**

As per Regulation 20 of The Nursing Agency Regulations (Northern Ireland) 2005, the registered person is required to introduce and maintain a system for reviewing the quality of services provided by the agency. We requested to view these reports on the day of inspection, however they were not available. We had a discussion with the manager in relation to these report and informed them of the requirement to regularly review and analyse the quality of the services being delivered which includes feedback from the nurses as well as the other stakeholders. We discussed that the process should include oversight into the agency's recruitment procedures, management of complaints and assists the agency in identifying any trends or patterns as well as overseeing any safeguarding concerns. This area for improvement was identified at the previous inspection on 6 August 2020 and it was requested that these reports be submitted to RQIA every month until further notice. The agency has not complied with this therefore this area for improvement will be stated for the second time.

A discussion took place with the manager in relation to the person in charge when they are not available. It was stated that a person has been identified however no competency assessment had been completed. This assessment ensures that the person in charge of the agency in the absence of the manager is competent and has the skills and knowledge to manage the agency. An area for improvement has been made in this regard.

## **Covid-19:**

The agency had procedures in place to ensure adherence to the PHA guidelines. They have implemented a buzzer system to enter the building. Upon entering the building, temperature checks were completed and hand sanitiser was available, as well as PPE. The staff observed in the office were adhering to social distancing guidelines and wore face masks if activities brought them within 2 meters of each other. There was also appropriate signage throughout the agency in relation to social distancing, signs and symptoms of Covid-19 and good hand hygiene.

We spoke with five registered nurses following the inspection and their comments included:

- “They are good as they provide training.”
- “I get block bookings and get my rota about three weeks in advance.”
- “The manager is accessible.”
- “I am happy.”
- “There has been online training during the pandemic but they have started doing face to face training again.”
- “Training is good quality.”
- “The manager is very approachable and I can contact him at any time.”
- “Very supportive.”
- “Lots of training.”
- “I am happy working for Majestik.”
- “Training is beneficial.”
- “I do not have any issues working for Majestik.”

Comments from health care professionals included:

- “The nurse was absolutely excellent.”
- “Communication was pretty good.”
- “We used regular nurses from Majestik.”

- “Any issues were addressed appropriately by the agency.”
- “Not many medication errors or complaints are being reported by providers about Majestik Care Agency.”
- “Adult safeguarding concerns are reported in a timely manner and the manager would be contactable in a timely manner.”

### Areas of good practice

Areas of good practice were identified in relation to the recruitment of staff, staff training and induction, staff registration with the NMC and information regarding COVID-19 and the current PHA guidelines.

### Areas for improvement

One area for improvement has been stated for a second time in relation to governance and management oversight into the quality of the services being delivered. In addition, three areas for improvement were identified during this inspection in relation to the complaints process, a competency assessment for the person in charge in the absence of the manager and the agency’s alphabetical list of registered nurses and service users.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

## 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 manager, 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 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 18 (a) (b); Schedule 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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; and</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry.</p> <p>This relates to the agency having an alphabetical list of staff and service users.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All Staff files have been updated and audited these are kept in a locked filing cabinets and are viewed only by staff that need to view only by authorised staff.</p> <p>An alphabetical list of staff and service users has now been updated.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. The registered person shall complete 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 the 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 regulations and standards.</p> <p><b>The reports must be submitted to RQIA no later than five days after the last day of the month until further notice.</b></p> <p>Ref: 6.0 and 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>We have been conducting quality checks as per the last QIP but failed to send them to the RQIA as recommended. This was corrected with the last quality check report for march sent to Corrie Vissal on 06<sup>th</sup> April 2021. We acknowledge there was an oversight in sending these Quality Check Reports to RQIA. Moving forward this will be sent as requested monthly.</p>

### Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all complaints are taken seriously and dealt with promptly and effectively.</p> <p>This relates specifically to the manager having oversight of the complaints received.</p>
---	---

<p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> All complaints were dealt with in a timely manner by myself (Nurse Manager) these are evidenced in Regulatory File 4. Only one complaints was done when i was off sick and i delegated it to a member of staff who is also a Registered Nurse to deal with, which i cross checked upon my return to work. The Registered Manager continues to deal with all complaints, in the event of sickness or holidays, a competent staff who is also a Registered Nurse will assist in dealing with such complaints.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that they and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.</p>
	<p>This relates to a competency assessment being undertaken for the person appointed to be in charge in the absence of the manager.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> RQIA are in receipt of Registered Manager's training certificates. The management and staff are undergoing regular training in all areas relevant to the management and enhancement of service.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)