

Inspection Report

26 July 2021



Majestik Care Agency

Type of service: Nursing Agency
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www.rqia.org.uk

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: Mrs Fiona Cook
Responsible Individual: Mrs Corra Carlisle	Date registered: Application received June 2021 – pending review
Person in charge at the time of inspection: Mrs Fiona Cook	
Brief description of the agency operates: 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).	

2.0 Inspection summary

The care inspector undertook an unannounced inspection on 26 July 2021 between 10am and 2.30pm.

The inspection focused on reviewing relevant documents and systems relating to the agency's governance and management arrangements; this included the review of staff recruitment, staff registrations with the Nursing and Midwifery Council (NMC), Adult Safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), monthly quality monitoring and Covid-19 guidance.

Evidence of good practice was found in relation to staff training, monthly quality monitoring reports and staff registrations with the NMC. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

One area for improvement was identified in relation to the recruitment process.

Service users said that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

RQIA were assured that the agency supplies nurses who are providing safe, effective and compassionate care; and that the agency is well led.

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.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored by the agency.

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

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to feedback to the RQIA.

The findings of the inspection were provided to the responsible individual and the manager at the conclusion of the inspection.

4.0 What people told us about the agency?

The information provided by two service users indicated that there were no concerns in relation to the agency. All confirmed that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

No staff members responded to the electronic 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 inspection of the agency was undertaken on 16 March 2021 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

A serious concerns meeting was convened by RQIA on 3 June 2021 with the Responsible Individual (RI), director and manager to discuss the arrangements of the position of the Registered Manager. At the meeting the RI advised that a new manager had been appointed and the application would be submitted to RQIA for review. RQIA was satisfied with this action taken.

Areas for improvement from the last inspection on 16 March 2021		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 18 (a) (b); Schedule 4</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the records evidenced that the agency now has an alphabetical list of staff and service users.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 20</p> <p>Stated: Second time</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</p>	Met

	<p>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>The reports must be submitted to RQIA no later than five days after the last day of the month until further notice.</p>	
	<p>Action taken as confirmed during the inspection: The agency failed to submit these reports as requested by RQIA however following the serious concerns meeting on 3 June 2021, this issue was discussed and the RI has submitted the reports on monthly basis. It is confirmed that the monthly quality monitoring reports are being completed and the agency is compliant with this regulation.</p>	
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 8</p> <p>Stated: 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>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the complaints records evidenced that complaints were being recorded and actioned by the manager in accordance with the agency’s policy and procedure.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.6</p> <p>Stated: First time</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>Met</p>

	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A checklist has been created to ensure the competency of the person in charge.</p>	
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5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of a number of staff records identified deficits in the agency's recruitment process. Whilst two references had been received for each staff member, concerns were identified in one recruitment file regarding references being sought from previous colleagues rather than from someone in a managerial position. Concerns were also identified that personal email addresses were provided by the candidate and these were accepted by the agency. An area for improvement has been made in this regard.

There was a good system in place to ensure that the nurses' skills were appropriately placed. Nurses were provided with training appropriate to the requirements of the hospitals and nursing homes they were being placed in. This included DoLS training appropriate to their job roles.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

The alphabetical list of staff employed by the agency and the service users supplied to by the agency was up to date.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

A review of the records confirmed that all staff provided are appropriately registered with the Nursing and Midwifery Council (NMC). Information regarding registration details, renewal and revalidation dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

The management arrangements were discussed. Following a discussion with the RI regarding the registered manager position, Mrs Cook was employed prior to the serious concerns meeting and has submitted her application for registered manager. RQIA will review the application for registration in this regard.

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified in relation to the recruitment process. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with the responsible individual and manager 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person ensure that no nurse is supplied by the agency unless –</p> <p>Full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Following the inspection report a meeting was held with the recruitment team and it was explained that whenever a new applicant applies, recruitment officers need to check that the applicant has put the details of 2 professionals for their referees , not family or friends, and that both their emails must also be professional,i.e. work emails and not personal, unless there is a valid reason The RI will ensure that no applicant will be deemed compliant until we have received valid references from past employers or line managers.</p>

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