

Inspection Report

29 March 2022



Makini Health Care Ltd
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: Makini Health Care Ltd	Registered Manager: Mrs Margaret Akuona Akayi
Responsible Individual: Mrs Margaret Akuona Akayi	Date registered: 13 June 2018
Person in charge at the time of inspection: Mrs Margaret Akuona Akayi	
Brief description of the agency operates: Makini Health Care Ltd as a Nursing Agency; the agency's office is located in Garvagh. The agency currently has two registered nurses to nursing, since the last inspection staff have been supplied to a small number of nursing homes within Northern Ireland.	

2.0 Inspection summary

An announced inspection was undertaken via zoom on 29 March 2022 between 10.00 a.m. and 12.00 p.m. by the care inspector.

Progress with any areas for improvement identified during and since the last inspection was reviewed

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Good practice was identified in relation to criminal records checks (Access NI) and reference checks being undertaken before nurses were supplied to the various health care settings. Good practice was also found in relation to the system in place for disseminating Covid-19 related information and guidance to staff.

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.

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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

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 provide feedback to the RQIA.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the agency?

Due to Covid-19 restrictions the agency is not currently supplying nurses on a regular basis however, the manager is in negotiations with homes in the local area with the view to supply nurses.

One staff member responded to the electronic survey, they indicated that they were satisfied that care was safe, effective and compassionate that the service was well led. Comments included: "Manager is very responsive and professional."

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 29 March 2021 by a care inspector. A QIP was issued. The written response by the provider will be validated during this inspection.

Areas for improvement from the last inspection on 29 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 20.- (1)(3)(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.</p> <p>(3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.</p> <p>(4) The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.</p> <p>Ref: 7.2</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that the system for reviewing the quality of the service was to be further developed to ensure that the process is robust and effective in identifying areas for improvement.</p> <p>This was assessed as not met and will be stated for a second time.</p>	

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: Second time To be completed by: Immediate from the date of inspection	The registered person shall ensure the policy and procedures for the staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidelines. Ref: 7.1	Met
	Action taken as confirmed during the inspection: The recruitment policy reviewed detailed the process for ensuring that pre-employment checks are completed for nurses employed by the agency.	
Area for improvement 2 Ref: Standard 2.4 Stated: Second time To be completed by: Immediate from the date of inspection	The registered person shall ensure that policies and procedures are dated when issued, reviewed or revised. Ref: 7.1	Met
	Action taken as confirmed during the inspection: It was confirmed that the agency's policies and procedures are dated when issued, reviewed or revised.	
Area for improvement 3 Ref: Standard 8.4 Stated: Second time To be completed by: Immediate from the date of inspection	The registered person shall ensure that the complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with complaints relating to the agency. Ref: 7.1	Carried forward to the next inspection
	Action taken as confirmed during the inspection: This was not reviewed at this inspection and is carried forward for review at the next inspection.	

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, pre-employment checks are completed before nurses are supplied to the health care settings. Records viewed evidenced that Access NI checks had been completed for staff.

A review of the records confirmed that the registered nurses provided are appropriately registered with the NMC. Information regarding registration details and renewal dates are monitored by the manager.

There was a system in place to ensure that the nurses' skills were appropriately matched to the placements. The agency requests feedback from service users with regards to staff supplied. The manager stated that the agency does not supply volunteers.

Nurses were provided with training appropriate to the requirements of the places they were being placed in.

The manager had a system in place to monitor alerts issued by the Chief Nursing Officer (CNO). This supports the agency in ensuring that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

Reports relating to the agency's monthly monitoring were reviewed. The manager discussed that challenges given that the agency had not been supplying staff on a regular basis. It was identified that the system for reviewing the quality of the service provided by the agency was required to be further developed to ensure that the monitoring arrangements in place are in accordance with Regulation 20 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An area for improvement stated at the last inspection is assessed as not met and will be stated for a second time.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

It was noted that no incidents involving the nurses had occurred since the last inspection.

The agency's provision for the welfare, care and protection of patients was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made with regards to nurses supplied by the agency since the last inspection.

It was noted that staff are required to complete adult safeguarding training during their induction and annual updates thereafter.

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)

6.0 Conclusion

Based on the inspection findings one area for improvement identified at the last inspection in relation to the monitoring of the quality of service provided has been assessed as not met and is stated for a second time. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/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.

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* the total number of areas for improvement includes one that has been stated for a second time and one which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Margaret Akuona Akayi, Registered 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	
Area for improvement 1 Ref: Regulation 20.- (1)(3)(4) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.</p> <p>(3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.</p> <p>(4) The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p>
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 8.4 Stated: Second time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that the complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with complaints relating to the agency.</p> <p>Ref: 7.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

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