



# Announced Care Inspection Report 29 March 2021



**Type of service: Nursing Agency**  
**Address: Makini Health Care Ltd**  
**40 Clintonville Gardens**  
**Garvagh BT51 5AH**  
**Tel No: 07718265866**  
**Inspector: Joanne Faulkner**

[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 from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Makini Health Care Ltd as a Nursing Agency; the agency's office is located in Garvagh. The agency provides a small number of registered nurses to nursing homes within Northern Ireland. Due to Covid-19 restrictions the agency are not currently supplying nurses on a regular basis.

### 3.0 Inspection summary

<b>Organisation/Registered Provider:</b> Makini Health Care Ltd	<b>Registered Manager:</b> Mrs Margaret Akuona Akayi
<b>Responsible Individual:</b> Mrs Margaret Akuona Akayi	
<b>Person in charge at the time of inspection:</b> Mrs Margaret Akuona Akayi	<b>Date manager registered:</b> 13 June 2018

### 4.0 Inspection summary

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.

The last care inspection of the agency was undertaken on 30 April 2018. Since the date of the last care inspection, RQIA was not informed of any notifiable incidents. Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the patients who receive care from the agency, the decision was made to undertake a remote inspection, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 29 March 2021 from 13.00 to 14.00 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information.

We reviewed the dates that criminal records checks (AccessNI) for all staff employed by the agency had been completed to ensure that they were in place before staff were supplied. We checked that all staff were registered with the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registration status. In addition, we reviewed Covid-19 related information which had been provided to staff.

Three areas for improvement identified during the previous inspection were assessed as not met and have been stated for a second time. One additional area for improvement was identified during this inspection with regards to the quality monitoring report.

Evidence of good practice was found in relation to recruitment practices and staff registrations with the NMC.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3*

One area for improvement was identified during this inspection with regards to the quality monitoring process.

\*Three areas for improvement identified during the previous inspection were assessed as not met and have been stated for a second time.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 30 April 2018

The completed QIP was returned and approved by the care inspector.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and QIP and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

To ensure that the required pre-employment checks were in place before staff were supplied, we reviewed the following:

- Recruitment records specifically relating to Access NI checks and NMC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance.

We identified that no complaints had been received by the agency; we discussed with the manager any incidents that had occurred.

RQIA provided information requesting feedback from staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for staff, to feedback to the RQIA.

We would like to thank the registered manager and staff for their support and co-operation throughout the inspection process.

## 6.0 What people told us about this agency

During the inspection we spoke with the manager with the use of video technology.

Following the inspection we received correspondence from two registered nurses employed by the agency. Comments are detailed below:

- “I've been working for Makini as a staff nurse in nursing homes. It's been a great joy to work for this employer. The manager has good communication with her staff, free line of communication at all times which means she avails herself at any given time. She offered sufficient support to her staff and education opportunities. She would always make us aware of the alerts that have been identified for safety of the residents.”
- “The manager never stopped preaching to the agency staff to have a good professional relationship with the permanent staff, work as a team with them, and deliver high standard of care to the residents.”
- “The hardest part of working for agency is not being able to get stability in the workplace and not being able to get employee benefits as permanent staff.”
- “Working with Makini is a very good experience. They make sure that their agency staff are well look after more so I am more updated on all on line trainings as required by the company. I felt am more confident and improved my skills and knowledge in delivering care to my clients.”

Staff responded to the electronic survey. The feedback received indicated that they were satisfied with the current care and support. One comment was received:

- “Satisfied with all.”

## 7.0 Inspection

### 7.1 Review of areas for improvement from the last care inspection dated 30 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date	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: 6.1	<b>Not met</b>

of inspection	<p><b>Action taken as confirmed during the inspection:</b> It was identified that the policy was required to be further reviewed as it included details relating to another nursing agency.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 2.4 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of inspection</p>	<p>The registered person shall ensure that policies and procedures are dated when issued, reviewed or revised.  Ref: 6.1</p> <p><b>Action taken as confirmed during the inspection:</b> It was identified that policies viewed did not consistently detail the date when issued, reviewed or revised.</p>	<b>Not met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 8.4 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of inspection</p>	<p><b>Area for improvement 3</b> 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: 6.1</p> <p><b>Action taken as confirmed during the inspection:</b> It was identified that the policy was required to be further reviewed.</p>	

## 7.2 Inspection findings

### Recruitment

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 12, Schedule 2 and Standard 4. The review of the agency's staff recruitment records specifically relating to Access NI checks confirmed that the checks were managed in accordance with the regulations and minimum standards and completed before staff members commence employment and direct engagement with patients.

A review of the records confirmed that all registered nurses employed by the agency are appropriately registered with the NMC. We noted that there was a system in place for

monitoring staff registrations on a monthly basis. The manager stated that staff are not permitted to work if their professional registration lapses.

## **Covid-19**

Discussion with the manager identified that they had a good understanding of the procedures to follow whilst providing care to patients and in the event of patients or staff being diagnosed with Covid-19. We noted that staff had received Covid-19 training.

The manager stated that staff had been provided with a range of information with regards to Covid-19 specifically relating to IPC, Covid-19 awareness and environmental cleanliness. This also included guidance on the donning (putting on) and doffing (taking off) of PPE. The manager stated that information with regards to Covid-19 is emailed to staff as required.

It was identified that a minimal number of staff had been supplied since the start of the Covid-19 pandemic.

The manager advised that the managers of the homes staff are supplied to have been supportive to them with regards to providing Covid-19 specific training and guidance to staff.

## **Governance and Management Arrangements**

The agency's provision for the welfare, care and protection of patients was reviewed. On the day of the inspection we were informed that since the last inspection no referrals with regards to adult safeguarding had been made. Discussions with the manager indicated that they had an understanding of the process to be followed with regards to reporting adult safeguarding matters. It was identified that the agency's Adult safeguarding policy is required to be reviewed and updated.

We reviewed incidents that had occurred since the previous inspection and noted that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

The agency maintains a policy relating to complaints and compliments. From discussions with the manager it was identified that no complaints have been received by the agency since the previous inspection.

We reviewed the agency's quality monitoring reports for December 2020, and January and February 2021. It was noted that the reports were short and lacked detail. An area for improvement has been identified.

## **Areas of good practice**

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with the NMC.

## Areas for improvement

One area for improvement was identified during this inspection with regards to the agency's quality monitoring reports.

\*Three areas for improvement identified during the previous inspection were assessed as not met and have been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3*

### 8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Margaret Akuona Akayi, registered 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.

### 8.1 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.

### 8.2 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 20.- (1)(3)(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Response by registered person detailing the actions taken:</b></p>

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p>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.</p> <p>Ref: 7.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 2.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p>The registered person shall ensure that policies and procedures are dated when issued, reviewed or revised.</p> <p>Ref: 7.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <hr/> <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> <p><b>Response by registered person detailing the actions taken:</b></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)

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