

Announced Care Inspection Report 3 August 2020



Majestik Care Ltd

Type of Service: Nursing Agency
Address: 84 Spencer Road, Waterside, Londonderry, BT47 6AG
Tel No: 02871162121
Inspector: Caroline Rix

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

This 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).

3.0 Service details

Organisation/Registered Provider: Majestik Care Ltd	Registered Manager: Philips Obimah - application received 17 January 2020 - registration pending
Responsible Individual(s): Chijioke James Attoh	
Person in charge at the time of inspection: Philips Obimah	Date manager registered: Philips Obimah - application received 17 January 2020 - registration pending

4.0 Inspection summary

An announced inspection took place on 3 August 2020 from 10.00 to 15.00 hours.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

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. Since the pre-registration inspection on the 13 May 2019 RQIA have not completed a primary inspection. In response to this RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

Evidence of good practice was found in relation to staff recruitment records and nurse registrations with the Nursing and Midwifery Council (NMC). Good practice was also found in relation to all current Covid-19 guidance including infection, prevention and control measures.

An area requiring improvement was identified in relation to completion of monthly monitoring reports by the responsible person.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Philips Obimah, 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 13 May 2019

No further actions were required to be taken following the most recent inspection on 13 May 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection.

During the inspection the inspector spoke with the acting manager and office manager.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing and complaints.
- Statement of purpose.
- Service user agreement.
- Two staff members' recruitment records.
- Two staff members' induction records.
- Two staff members' training and competency assessment records.
- Nursing and Midwifery Council (NMC) registration checking process.
- Complaints log and records.

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

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'/patients' experience.

6.0 The inspection

6.1 Review of areas for improvement from the last pre-registration inspection dated 13 May 2019

There were no areas for improvement made as a result of the last pre-registration inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. The agency currently has four nurses employed, with two available for placement. The services where staff are being placed include the NHSCT and a private nursing home.

The agency's recruitment policy outlines the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the manager confirmed that information is reviewed and verified by the manager and that registered nurses are not permitted to work until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed evidenced that pre-employment checks had been completed as required. The agency do not complete annual AccessNI checks for nurses, this is not a regulatory requirement. However, during discussion with the manager it was agreed that annual AccessNI checking would be introduced as best practise, and to meet their commissioning providers' contractual criteria.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a monthly basis to ensure that all staff are registered. Records viewed confirmed that monthly NMC status checks for all nurses are being completed.

The agency requires registered nurses to complete an induction and in addition, to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process.

There was a planned programme of training, competency assessments, supervisions and appraisals. The agency has a system for recording training completed by staff and for highlighting when training is required. The manager stated that registered nurses are not permitted to work if annual training updates have not been completed.

Information and guidance in relation to infection prevention and control (IPC) and PPE guidance and good practice relating to Covid-19 had been provided to all staff.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records and discussion with the manager confirmed that there had been no safeguarding incidents reported since the agency became operational.

It was identified from discussions with the manager and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and regularly thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The manager could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile. The staff profiles viewed includes a photograph of staff and details of their qualifications, registration status, training, experience, skills and pre-employment checks.

Systems to promote and achieve effective communication with service users, the agency’s registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager and review of records provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and regular phone contact with service users.

The manager described the process for addressing concerns relating to individual staff members; it indicated that the agency’s procedure for dealing with concerns is effective.

Areas of good practice

Areas of good practice were identified in relation to communication with service users, the agency’s training programme and systems for reviewing the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users 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 and information provided to all registered nurses during their initial induction programme contains details of a number of key policies and procedures.

The ‘Whistleblowing Policy’ provided to staff, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement, or to access support and guidance.

The agency has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback pro-forma for staff provided. The manager described the processes for engaging with service users in order to obtain feedback; this includes the agency’s quality monitoring process monthly and telephone contact with service users to obtain their views.

Comments received from service users on feedback forms included:

- ‘The service is good’.
- ‘Very satisfied with nurse placement’.

Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager Philips Obimah is supported in the management of the agency by an office manager; and the organization has a centrally coordinated compliance officer, staff training officer, accounts manager and payroll staff.

A range of policies and procedures were in place which directs the quality of services provided by the agency. Policies and procedures were readily available, centrally indexed and compiled into a policy file. Electronic versions of policies and procedures were also available for inspection and to agency staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints management. The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has received one complaint to date. Records indicated that this matter is being managed in accordance with their policy and procedures and has not yet been resolved.

It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. No incident reports have been received or required reporting to RQIA since the agency became operational.

Discussion with the manager confirmed that monthly quality monitoring had not been undertaken until 31 July 2020 when a monitoring visit was undertaken by an external consultant. The inspector discussed the need for completion of a monthly quality monitoring report which should summarise 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 responsible individual or the manager to ensure that the nursing agency is being managed in accordance with minimum standards. The quality monitoring report viewed following the 31 July 2020 visit included a number of action plan areas to be addressed.

This area has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found in relation to the management of complaints.

Areas for improvement

An area for improvement was identified during the inspection in relation to the monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	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 Philips Obimah, manager, and the office 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 / 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.

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 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate 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 minimum 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>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Service Quality Matrix has been set up to be used to monitor the the Quality of service.</p> <p>A moitoring visit which was unannounced was carried out by the agency's monitoring officer on 26/08/2020 and Regulation 20 report was received. There was no area needing improvment. The detailed report has been forwarded to the inspector.</p> <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month.</p> <p>A quality check with Michelle Brooklands Nursing Northland Rd with the following responses - VERY POOR; POOR; GOOD; EXCELLENT</p> <p>How prompt was our team in responding to your request excellent</p> <p>Did you receive enough information about our company and the services we provided yes</p> <p>Did you receive the agency workers profile following the booking of the shift yes</p> <p>How well did agency workers perform while on assignment excellent</p> <p>Did she/he relate well with your staff and the patients</p>

	<p>excellent</p> <p>Did she meet your expectations excellent</p> <p>Overall how satisfied were you with our service excellent</p> <p>If you were to change anything about the service what would it be nothing</p> <p>Number of staff and summary of their comments on the standard of care provided.</p> <p>Have you found them professional to deal with? Yes Yes</p> <p>Were you clearly provided with information about the shifts you were given Yes Yes no problem at all</p> <p>How did you feel your induction was Very Good Yes it was good</p> <p>Have you been provided with a contract of employment? Yes since 2015 Yes</p>
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****Please ensure this QIP is completed in full and submitted via Web Portal****



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