

Inspection Report

29 July 2021



Majestik Care Ltd

Type of service: Nursing Agency
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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: 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).	

2.0 Inspection summary

The care inspector undertook an announced inspection on 29 July 2021 between 10.30am and 12.45pm.

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 recruitment, 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. 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 was assured that the agency supplies nurses who are providing safe, effective and compassionate care and that the agency was 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 NMC were monitored by the agency.

The area for improvement identified at the last care inspection was 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 (RI) 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. The agency was also praised for the ability to cover urgent shifts and that nurses' profiles are sent in a timely manner to the service users.

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 3 August 2020 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 for 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 03 August 2020		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) Stated: First time	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.	Met
	The reports must be submitted to RQIA no later than five days after the last day of the month until further notice.	
	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.	

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 and all pre-employment checks were completed before nurses were supplied to the various health care settings. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

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 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 indicated that the appropriate checks were undertaken before the nurses were 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 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 (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

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 lists of staff employed and service users supplied to by the agency were 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 were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates were 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 registration as manager. RQIA will review the application for registration in this regard.

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA was satisfied that this agency was providing safe, effective and compassionate care and that the agency was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the responsible individual and the manager, as part of the inspection process and can be found in the main body of the report.



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