

Inspection Report

5 September 2023



Lloyds Pharmacy Clinical Homecare

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: Lloyds Pharmacy Clinical Homecare	Registered Manager: Mrs Lauren Lucas
Responsible Individual: Mr Wayne Large	Date registered: 22/07/2022
Person in charge at the time of inspection: Mrs Lauren Lucas	
Brief description of the agency operates: Lloyds Pharmacy Clinical Homecare is a national nursing agency which operates from offices located in Harlow. The agency supplies nurses to patients within their own homes to support the management of complex conditions by specialised therapies.	

2.0 Inspection summary

An announced remote inspection was undertaken on 5 September 2023 between 9.30 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices and dysphagia management was also reviewed.

Areas for improvement were identified in relation to; recruitment, quality monitoring, the maintaining of records and the review of the Statement of Purpose and Service User Guide documents.

Good practice was identified in relation to the monitoring of nurses' registrations with the Nursing and Midwifery Council (NMC). There were good systems for reporting and investigating incidences of delayed or omitted medications.

For the purposes of the inspection report, the term 'service user' describes the Health and Social Care Trusts, where the agency's nurses are supplied to work.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services.

4.0 What people told us about the agency?

As part of the inspection process we contacted a number of service users and registered nurses.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Staffing levels have improved."
- "The Nurse Manager has been really great."
- "Infrequently there are delays in receiving the documents from the Nurse after patient visits."
- "The process for "handling on" services has been problematic"

Registered Nurses' comments:

- "All mandatory training is up to date and we have regular catch ups including a one-to-one meeting every 6-8 weeks. "
- "With regards to my manager, I have a fantastic working relationship with her, she is extremely supportive and I would not hesitate to go to her with any issues/concerns."
- "Induction was well conducted and had an organized schedule. There were also a few team meeting / post induction calls which was very helpful to ask any questions, voice our concerns and hear experiences of my fellow induction colleagues."

- “I highly commend my Nurse Manager for being effective, timely, having good communication.”
- “I have no difficulty raising concerns to my manager nor to other staff whenever I come across any challenges.”
- “Overall, I am very happy working for Lloyds, I am glad about the management and support. We have a good team and good working relationship. I am looking forward to a bright future in my career, opportunities, and progress with Lloyds Pharmacy Clinical Homecare.”

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 care inspection of the agency was undertaken on 24 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 24 January 2023		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 15.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that medicine errors and incidents that occur in private patients’ homes are reported, in accordance with procedures, to the appropriate authority.</p> <p>Ref: 5.2.2</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Evidence seen during inspection of appropriate actions taken in relation to medication concerns</p>	

5.2 Inspection findings

5.2.1 What systems are in place for staff recruitment and are they robust?

A review of the agency’s staff recruitment records confirmed that pre-employment checks criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings. A review of the recruitment records found that gaps in employment and reasons for leaving employment were not explored, a full employment history was not obtained and references did not always include the current or most recent employer. An area for improvement was made.

5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

A review of the records confirmed that all registered nurses were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. No referrals had been made by the agency made to the NMC.

It was good to note that registered nurses had supervisions undertaken in accordance with the agency's policies and procedures.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients. Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, National Early Warning Score (NEWS)), as appropriate to their job roles.

The content of the Adult Safeguarding policy, staff handbook and Criminal Checks policy was reviewed and it was noted that does not reflect the regional guidance in Northern Ireland. An area for improvement was made.

There were quality monitoring arrangements in place. A review of the reports of the agency's quality monitoring, established that there was engagement with patients but did not contain any feedback from staff or service users, there was no evidence that any audits of training was undertaken. An area for improvement was made.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection. The complaints policy does not refer to the Patient Client Council or the Northern Ireland Public Services Ombudsman. This will be reviewed at future inspections.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The alphabetical list of staff employed by the agency was up to date.

The Statement of Purpose and Service User Guide documents required updating and correction. An area for improvement was made.

6.0 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.

	Regulations	Standards
Total number of Areas for Improvement	4	0

The areas for improvement and details of the QIP were discussed with Mrs Lauren Lucas, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (d) schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The insert registered person shall ensure that no nurse is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to gaps in employment were not consistently explored, reasons for leaving employment were not explored, a full employment history was not obtained and references did not always include the current or most recent employer.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Recruitment and HR policies reviewed and updated.</p> <p>This policy now strengthens the following requirement; References to include the most recent employer. The application form requires the applicant to confirm the reference details are from their last employer. Full employment history, including the reason for leaving their position required by both candidate and referee to ensure correlation.</p> <p>The interview will include exploring reasons for leaving employment and address any gaps in employment.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18(a) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that the records are maintained and kept up to date, this relates specifically to the content of the Adult Safeguarding policy, staff handbook and Criminal Checks policy that did not reflect the regional guidance in Northern Ireland.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Safeguarding Policy Updated to include Northern Ireland updates and referrals.</p>

	<p>Our Marketing team are reviewing and updating the staff handbook to include Northern Ireland escalations and governance.</p> <p>Recruitment policy updated to include the regional guidance in Northern Ireland.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall introduce and maintain a system for reviewing at the quality of services provided by the agency, which includes consultation with service users and persons acting on behalf of service users</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Monthly report updated to include feedback from services users and nurses.</p> <p>This will be reviewed monthly with the regional manager to ensure any recommendations are reviewed and actioned.</p> <p>The next annual survey is to be completed by the end of 2023, with results analysed and shared with services users and nursing staff by the end of January 2024.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall keep under review and revise the statement of purpose and the service user's guide.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Statement of Purpose rewritten and under review for submission to the RQIA.</p>

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