

Inspection Report

9 November 2022



Lloyds Pharmacy Clinical Homecare

Type of service: Nursing Agency
Address: Unit 4, Scimitar Park, Harlow, CM19 5GU
Telephone number: 012 7945 6949

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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 Homecare Ltd	Registered Manager: Ms Lauren Lucas
Responsible Individual: Mr Wayne Large	Date registered: 22 July 2022
Person in charge at the time of inspection: Joanne Upton, Head of Nursing	
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 inspection was undertaken on 9 November 2022 between 10.30 a.m. and 2.30pm. The inspection was conducted by 2 care inspectors.

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), service user involvement, restrictive practices, dysphagia management, Covid-19 guidance and the system for retaining records, was also reviewed.

There were good governance and management oversight arrangements in place. There was evidence that nurses' placements are matched to skills. Staff supervision arrangements are robust.

Two areas for improvement were identified. These related to safe recruitment and medication error reporting.

An intention to serve a Failure to Comply notice meeting in relation to safe recruitment was held on 2 December 2022. The agency was able to provide assurances that steps have been taken to prevent reoccurrence. A decision was made not to issue the Failure to Comply notice. This area will be reviewed during future inspections.

For the purposes of the inspection report, the term ‘service user’ describes the hospitals and Health and Social Care Trusts that commission the agency’s nurses. The term ‘patients’ is used to describe those in receipt of the service provided by the agency.

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 the 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.

4.0 What people told us about the agency?

As part of the inspection process we spoke with two patients, two Health and Social Care Trust staff and one registered nurse from the agency.

The information provided indicated that there were no issues in relation to the clinical skills of the agency’s staff but other concerns raised, were discussed with the Registered Manager

Comments received included:

Patients’ comments:

- “I’m very happy with the service.”
- “The staff wear full PPE.”
- “I get a phone call and then a text about the deliveries. The nurse rings me when she is on the way”
- “Delayed deliveries are very stressful.”
- “Office staff have little concept of distance when they are scheduling the nurse’s calls”

Registered Nurse’s comments:

- “I had a very good induction...There is a knowledge test after each training session which I feel is very good. I have received more training in this post than I have in any of my previous posts...I feel the care is safe...I have a lot of support. I know who to speak to if I have a problem.”

Service Users’ comments:

- “Patients are losing control of their disease due to delayed deliveries.”
- “Patients constantly tell us they have problem getting touch with the Services Team about delayed deliveries. They then ring us and this causes us and Pharmacy extra work.”
- “The nurses are skilled”
- “The nurses will contact me with queries that their manager could resolve”
- “I have to chase for no contact and follow up letters”

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 11 May 2021 by a care inspector. This was a remote inspection. A Quality Improvement Plan (QIP) was issued. This was reviewed during this inspection.

Areas for improvement from the last inspection on 11 May 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</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>Ref: 5.2.2</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspectors confirmed Monthly Monitoring Reports were available and up to date at the time of inspection.</p>	

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 2 Ref: Standard 15.3 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.</p> <p>Ref: 5.2.2</p>	Carried Forward
	<p>Action taken as confirmed during the inspection:</p> <p>No medicine errors have been reported since the previous inspection. Following feedback from services users, this area for improvement has been carried forward.</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 indicated that an AccessNI pre-employment check was not completed and verified before a registered nurse was supplied to patients. An intention to serve a Failure to Comply notice meeting was held 2nd December 2022. The agency was able to provide assurances that steps have been taken to prevent recurrence. A decision was made not to issue the Failure to Comply notice and this was identified as an area for improvement which will be examined at the next inspection.

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.

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 their role.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland.

The content of the Adult Safeguarding policy and training was reviewed. Staff were signposted to source and complete safeguarding training specific to Northern Ireland (NI). The manager confirmed with the inspectors post inspection that this training has been sourced. The Agency's Adult Safeguarding Report was amended to make specific mention of NI and was later shared with the inspectors.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. One complaint has been received since the last inspection. This was appropriately managed and reviewed as part of the agency's quality monitoring process.

While no medication notifications had been submitted to RQIA, omitted/delayed medications were reported by service users. This was discussed with the registered manager. An area for improvement has been raised in relation to this finding.

An Early Alert (EA) was issued by Belfast Health and Social Care Trust as the agency no longer accepted referrals due to stock and staff shortages. This was discussed and will be kept under review at future inspections. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date and was viewed digitally along with current certificates of public and employers' liability insurance. RQIA has received an application from the acting registered individual for registration; this will be reviewed in due course.

6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement were 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 areas for improvement and details of the QIP were discussed with Joanne Upton, Head of Nursing and 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	
Area for improvement 1 Ref: Regulation 12 (1) (d) Stated: First Time To be completed by: Immediate and ongoing from date of inspection	The registered person shall ensure that AccessNI pre-employment checks are carried out for all staff before they are supplied to patients' homes. Ref: 5.2.1 Response by registered person detailing the actions taken: <ul style="list-style-type: none"> • AccessNI's check results received for both new starters who started employment on 05/12/2022 • Add rules into Nurse Scheduling system to ensure that nurses without AccessNI checks and NMC cannot be scheduled to patient visits. Now live and in scheduling tool • Matrix complete for pre-employment checks, Include drivers/pharmacists/nurses. Complete, Nursing, HR and recruitment team aligned to ensure RQIA requirements for pre employment checks met. • Recruitment Policy – Updated, Includes wording of "no formal offer to be made" until clear Access NI returned. Complete <ul style="list-style-type: none"> - Separate interview guide developed for NI recruitment process, includes pre employment requirements prior to job offer. - Access NI renewals policy to include for every 3 years - Professional and Registraion checks (GPhC and NMC) annual. Reviewed by manager monthly and included in RQIA report. - Professional registration numbers registered on Navision for all nurses - All relevant policies Updated
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 15.3 Stated: Second time To be completed by: Immediate and ongoing from date of inspection	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. Ref: 5.2.2 Response by registered person detailing the actions taken: <ul style="list-style-type: none"> • Communicate changes to nursing and Patient Services Teams and instruct delays must be reported to registered manager for reporting to RQIA • Developed reporting dashboard to identify all late deliveries. Themes and trends recorded to create development plan. If late delivery causes delay to patient admisinistration, report to be

	<p>made vis RQIA portal</p> <ul style="list-style-type: none">• Include updated notification requirements in policy- Regional manager/Registered manager tracker created to ensure all RQIA reports are made/recorded and tracked
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The **Regulation** and
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Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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