

# Inspection Report

**Name of Service:** Lloyds Pharmacy Clinical Homecare  
**Provider:** Lloyds Pharmacy Clinical Homecare Ltd  
**Date of Inspection:** 15 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Lloyds Pharmacy Clinical Homecare
<b>Responsible Individual:</b>	Mrs Joanne Upton
<b>Registered Manager:</b>	Mrs Lauren Lucas
<b>Service Profile:</b> Lloyds Pharmacy Clinical Homecare is a national nursing agency which operates from offices located in Harlow, Essex. 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 took place on 15 January 2025 from 10.00 a.m. to 2:30 p.m. This 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 and whistleblowing was also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified during the last care inspection on 5 September 2023.

As a result of this inspection, the areas for improvement previously identified were assessed as having been addressed by the provider.

One new area for improvement was identified in relation to complaints.

For the purposes of the inspection report, the term 'service user' describes the commissioning Trusts into which the agency's nurses are supplied to work.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information and any other written or verbal information received from service users or staff.

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.

During the inspection process inspectors will seek the views of service users and those working for the agency.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

#### **3.2 What people told us about the service**

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

One service user provided feedback. They responded that they had "great confidence in the Nursing team, the team demonstrate great initiative and do not hesitate to raise any concerns. The team go beyond what is expected of them, with additional phone calls made to the patients. They return all forms promptly and the feedback from the patients has been very positive."

There were no responses to the electronic survey.

#### **3.3 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 5 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector during this inspection.

## 3.4 Inspection findings

### 3.4.1 Staffing Arrangements

While no new nurses had been recruited since the last inspection, a review of the agency's staff recruitment policy and controls confirmed that all pre-employment checks, including criminal record checks (AccessNI), would be completed and verified before staff members commenced employment and had direct engagement with service users.

### 3.4.2 What are the systems in place for identifying and addressing risks?

A review of the records confirmed that all registered nurses were appropriately registered with the Nursing and Midwifery Council (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. The agency had not made any referrals to the NMC since the last inspection.

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.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

All staff had been provided with training in relation to medicines management.

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

There were quality monitoring arrangements in place in compliance with Regulations and Standards. The manager has agreed to further enhance the recording of feedback from service users and staff. It was noted that the reports routinely monitored any incidents as part of the monthly checks to identify any patterns or trends.

There was a lack of evidence of a robust system to ensure that complaints were managed in accordance with the agency's policy and procedure. It is recognised that the service was

experiencing unprecedented pressure at the time of the complaints. An area for improvement has been identified.

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

The agency's registration certificate was up to date and current certificates of public and employers' liability insurance were viewed.

#### 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Regulations.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Joanne Upton, Responsible Individual, and Mrs Lauren Lucas, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (4)(6)(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The Registered Person shall establish and maintain a complaints management system.</p> <p>Ref: 3.4.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Following the recent RQIA inspection, we have taken significant steps to address the identified area of improvement regarding the establishment and maintenance of a complaints management system.</p> <p>We have implemented a comprehensive system to review and respond to all complaints received from Northern Ireland, in accordance with our policy. Additionally, we plan to introduce an extra verification step for complaints received on behalf of patients. This step ensures that we ascertain whether the patient in question requires an update from Lloyds Clinical. This request has been sent to the homecare leads externally for review for implementation.</p> <p>Additionally, the complaints received from Northern Ireland in the previous year were related to an international drug supply shortage. During this period, agreements were in place with the NHS to handle complaints outside of our normal policy.</p> <p>These measures will be closely monitored and discussed during our governance meetings. All complaints and root causes will be visible and monitored in our monthly report.</p> <p>We are confident that these improvements will enhance our complaints management process and ensure timely and effective responses to all concerns raised.</p>

***\*Please ensure this document is completed in full and returned via the Web Portal\****



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews