

Black Hangar Studios

Quality Report

Lasham Airfield

Alton

Hampshire

GU34 5SG

Tel:0800 0029458

Website:www.outofhoursmedics.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Not sufficient evidence to rate



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Summary of findings

Letter from the Chief Inspector of Hospitals

Black Hangar is operated by Out of Hours Medics Ltd. The service provides event cover and patient transport services. Black Hangar was not commissioned by NHS organisations to deliver services, but was sub-contracted to carry out patient transfer work by a company that was commissioned by NHS organisations. The general public were also able to book patient transfers, although at the time of the inspection there were no examples where this had been the case.

We inspected the patient transfer service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 24 October 2018. We had not carried out any inspections of the service previously.

The service had two emergency ambulance vehicles available for patient transfers.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We found the following issues that the service needs to improve:

- There was no process or evidence that staff working for the service had completed mandatory training and updates required for their roles.
- Staff had not completed the required levels of safeguarding training for adults and children.
- There were no cleaning records of the ambulance completed and we found evidence of blood contaminated equipment.
- Hand hygiene and infection prevention audits were not completed.
- Emergency equipment was not ready for use, despite having a green tag that meant it had been checked and prepared.
- Vehicle checks were not recorded and there was no assurance that staff completed vehicle checks before patient transport journeys.
- Full and empty medical gas cylinders were stored together with no clear separation.
- The service did not make sure staff were competent for their role.
- The service did not have systems to supervise staff who worked for the service to give assurance about the quality of care staff delivered to patients.
- The service did not audit staff compliance with national guidelines in the delivery of care and treatment.
- The registered manager did not have the necessary range of skills, knowledge and experience to effectively manage and develop the service.
- There were no recorded governance meetings.
- There was limited evidence of clear vision and strategy to develop the service.
- The process for managing risks was not effective. Risks were not correctly identified and the registered manager was not aware of the serious risks we identified during the inspection.
- There was an absence of audits and there were no processes for the service to gain assurance of the delivery of high quality care.
- Staff development was not given sufficient priority and appraisals did not take place.
- There was some flexibility to take account of individual needs as they arose but the service did not meet the needs of all the people who used it. For example, staff did not have access to a translation service

However, we found the following areas of good practice:

- Policies we reviewed were in date.

Following this inspection, we told the service that it must take some actions to comply with the regulations.

Summary of findings

The service was rated as inadequate overall and was urgently suspended.

Following this inspection we have used our enforcement powers to suspend the registration of Out of Hours Medics Ltd provider from 29 October 2018 to protect the safety and welfare of patients. The suspension will continue until 21 January 2019. We revisited this location on the 31 January 2019 and found that the service was no longer operating from this address.

Further details are shown in the table at the end of this report

Nigel Acheson,

Deputy Chief Inspector of Hospitals (London and South Central), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Summary of each main service

Inadequate



We have rated safe, effective, responsive and well led as inadequate. We have not rated Caring, as we were not able to inspect this key question because we did not observe any care.

There was no effective leadership of the service. There were no systems to identify and manage risks to the service, there were no systems to improve the service and ensure patients received high standards of care. There was no assurance that staff working for the service had the relevant qualifications, skills and capabilities to deliver safe care and treatment. There were no staff appraisals or governance meetings. There was no process to ensure essential lifesaving equipment was correctly checked and tagged. The service did not carry out audits to monitor the effectiveness of service delivery.

Summary of findings

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Inadequate 

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Summary of this inspection

Background to Black Hangar Studios

Black Hangar is operated by Out of Hours Medics Ltd. The service opened in 2013 providing event medical service and training which is not regulated by CQC. The service registered with CQC in March 2018 to provide patient transport services. It is an independent ambulance service in Alton, Hampshire. The service primarily serves the communities of Hampshire, Dorset and Somerset.

The service has had a registered manager in post since March 2018.

The service provides pre-planned patient transport services for all age groups for private organisations and for some NHS Trusts. The service does not provide high dependency transfers or transport patients detained under the Mental Health Act.

The service also provides medical cover for some events including a small amount of conveyance. The registered manager estimated that the service had conveyed 10 patients since March 2018.

The service consisted of nine vehicles which included ambulances, rapid response cars, an operations truck and 4x4 vehicles. However, only two ambulances were used for patient transport journeys.

The service was led by a registered manager who had a background as an ambulance technician. A fleet manager was also employed to oversee the maintenance of vehicles. The service sub contracted the services of an accountant, medical director and independent clinical consultant. The service directly employed six members of staff for patient's transport journeys and an office manager at the time of our inspection.

The service operated seven days a week, 24 hours a day. Patient transport journeys were carried out on weekdays and event medical cover was carried out at weekends. The service undertook patient transport journeys that were sub contracted to them by another independent ambulance service and did not hold any direct NHS contracts.

We inspected the patient transport service as part of our comprehensive methodology. We carried out a short notice announced inspection on 24 October 2018, giving the service less than 24 hours' notice of our inspection. We did not inspect event paramedic provision care provided by this service as event paramedic provision services are exempt from our regulation.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC assistant inspector and a specialist advisor paramedic. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Inadequate	Not rated	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Not rated	Inadequate	Inadequate	Inadequate

Patient transport services

Safe	Inadequate 
Effective	Inadequate 
Caring	Not sufficient evidence to rate 
Responsive	Inadequate 
Well-led	Inadequate 

Information about the service

- No complaints

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

During the inspection, we visited the registered location. We spoke with three members of staff including; patient transport drivers and management. We were unable to speak with any patients during our inspection as there were no transport services being delivered at the time of the inspection. We reviewed patient journey logs for October 2018, the electronic fleet management and booking system, policies and procedures and nine sets of staff recruitment and training records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

The provider did not supply the requested information relating to the number of patient transport journeys undertaken between March 2018 to October 2018.

The service did not employ any registered paramedics, but employed four ambulance technicians and four ambulance care assistants.

Between March 2018 to October 2018 the provider reported;

- No clinical incidents
- No serious injuries

Patient transport services

Summary of findings

We found the following issues that the service needs to improve:

- There was no process or evidence that staff working for the service had completed mandatory training and updates required for their roles.
- Staff had not completed the required levels of safeguarding training for adults and children.
- There were no cleaning records of the ambulance completed and we found evidence of blood contaminated equipment.
- Hand hygiene and infection prevention audits were not completed.
- Emergency equipment was not ready for use, despite having a green tag that meant it had been checked and prepared.
- Vehicle checks were not recorded and there was no assurance that staff completed vehicle checks before patient transport journeys.
- Full and empty medical gas cylinders were stored together with no clear separation.
- The service did not make sure staff were competent for their role.
- The service did not have systems to supervise staff who worked for the service to give assurance about the quality of care staff delivered to patients.
- The service did not audit staff compliance with national guidelines in the delivery of care and treatment.
- The registered manager did not have the necessary range of skills, knowledge and experience to effectively manage and develop the service.
- There were no recorded governance meetings.
- There was limited evidence of clear vision and strategy to develop the service.
- The process for managing risks was not effective. Risks were not correctly identified and the registered manager was not aware of the serious risks we identified during the inspection.
- There was an absence of audits and there were no processes for the service to gain assurance of the delivery of high quality care.
- Staff development was not given sufficient priority and appraisals did not take place.

- The service did not meet the needs of all the people who used it, for example, staff did not have access to a translation service

Patient transport services

Are patient transport services safe?

Inadequate 

We rated safe as inadequate, this was because;

- There was no process or evidence that staff working for the service had completed mandatory training and updates required for their roles.
- Staff had not completed the required levels of Safeguarding training for adults and children.
- There were no cleaning records of the ambulance completed and we found evidence of blood contaminated equipment.
- Hand hygiene and infection prevention audits were not completed.
- Emergency equipment was not ready for use, despite having a green tag that meant it had been checked and prepared.
- Vehicle checks were not recorded and there was no assurance that staff completed vehicle checks before patient transport journeys.
- Full and empty medical gas cylinders were stored together with no clear separation.

Incident

There was not an effective incident reporting and management process in place.

- The service had not reported any never events or incidents since registration in March 2018. A never event is a serious incident that is wholly preventable because guidance or safety recommendations providing strong systematic protective barriers are available at national level, and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, have occurred in the past and are easily recognisable and clearly defined.
- There was a procedure in place for reporting and investigating incidents. There were two incident reporting forms in use. The registered manager told us one was used if a person had sustained physical injuries and the other was for anything else. We were told there had been no patient transport incidents reported. Whilst there was an incident reporting procedure in place, we were not assured that incidents were being reported by staff.

- The registered manager stated that as the event medical cover was not regulated with CQC he did not consider there was a need for an incident reporting process for this part of the service. While not regulated this view did not demonstrate that the service took a proactive approach to learning from incidents.
- The registered manager stated they had implemented a system for reviewing incidents. The incident was logged on a spreadsheet, then placed on a management review meeting agenda. If a change in policy was needed then a planning of change form would be completed. As the service had not reported any incidents, we were unable to assess how effectively this system was or if lessons were learnt.
- Duty of Candour (DoC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide support to that person. The registered manager had knowledge of duty of candour and there was a policy outlining the procedure to follow. However, the service had not reported any incidents requiring duty of candour regulation to be followed and therefore we were unable to assess the effectiveness of the process.

Mandatory training

The service did not make sure staff they employed had completed any mandatory training in key skills.

- There was no provision of statutory or mandatory training provided by the service for the staff employed at the time of our inspection. This meant the service relied on staff completing their training with other employers.
- The service had an education, learning and development policy reviewed in January 2018 which listed training as a resource for staff. The policy did not identify the mandatory statutory and mandatory training needs for staff or how compliance with statutory and mandatory training would be monitored.
- The training records for the eight members of staff employed by the service to carry out patient transport journeys we reviewed that no member of staff held all the training required for their role. We found:
 - Four members of staff did not have evidence of basic life support training.
 - Five members of staff did not have evidence of infection control training.

Patient transport services

- Seven members of staff did not have evidence of fire training.
- Six members of staff did not have evidence of manual handling training.
- Seven members of staff did not have evidence of oxygen administration training.
- Staff were not up to date in essential skills and training. The registered manager told us they had contracted an external company to provide e-learning modules for staff the week prior to our inspection. The registered manager supplied training details for all staff and told us the company would provide 40-50 hours of online training for all staff. Despite requesting the details of the training modules that would be provided, this information was not submitted by the provider. Therefore, we were unable to assess if this training would ensure staff had the necessary skills for their role.
- Two members of staff held moving and handling theory training provided by other employers. However, there was no evidence that any member of staff held practical moving and handling training or had been assessed as competent. Guidance published by the Health and Safety Executive states that 'ambulance crews sustain very high levels of reported musculoskeletal disorders, particularly from patient retrieval and moving/handling.' There was no evidence the service had risk assessed the moving and handling techniques of staff to ensure they were carrying out tasks safely. This posed a risk that staff may not use correct moving and handling techniques and injure themselves or patients.
- Two members of staff had evidence of emergency driver training. The registered manager told us not all members of staff were drivers and could not tell us how many staff were allowed to drive for the service. Despite requesting this information, it was not submitted by the provider. Therefore, we were not assured all staff driving ambulances were competent to do so and held the necessary driving licence.
- The registered manager was not aware of the safeguarding training requirements for staff outlined in national guidance.
- Only one of the eight training records we reviewed included evidence of up to date safeguarding children training and this was a level 1 training certificate. Therefore, the service did not comply with Safeguarding Children: Roles and competencies for health care staff, intercollegiate document (2014) guidelines as staff had not completed the required level of safeguarding children training.
- Only two of the eight training records reviewed, included evidence of current safeguarding adults training. Therefore, the service did not comply with Safeguarding Adults: Roles and competencies for health care staff, intercollegiate document (2018) guidelines as staff had not completed the required level of safeguarding training.
- The concerns regarding the lack of safeguarding training was raised with the registered manager at the time of our inspection. They stated that the service had developed an in house safeguarding training package which had been reviewed by the local authority. However, there was no evidence of a quality assurance process to ensure the information in the training was accurate and met the safeguarding national guidelines standard or evidence of the outcome of the review by the local authority.
- There was no evidence that staff had sufficient knowledge or understanding of safeguarding to keep patients safe from risk of harm or abuse. Two senior members of staff we spoke with told us that all safeguarding concerns were raised to the registered manager who would then contact an independent clinical consultant if required for advice and support. However, this approach could result in delays taking action to safeguard patients especially if the registered manager was not available immediately. As staff had not completed safeguarding training we were not assured they had the knowledge to recognise or escalate a safeguarding concern to the appropriate authority in a timely manner.
- The registered manager stated that if a safeguarding concern was identified when staff were undertaking a patient transport journey on behalf of the independent

Safeguarding

The service did not ensure staff understood how to protect patients from abuse.

- The service had a safeguarding policy however, there was no evidence that staff had completed safeguarding training appropriate to their role. Therefore, the service was not compliant with their own policy.
- The registered manager stated that if a safeguarding concern was identified when staff were undertaking a patient transport journey on behalf of the independent

Patient transport services

ambulance service who sub-contracted them, the concern would also be reported to the other company. The service had not reported any safeguarding incidents or concerns.

- The booking system allowed staff to place an alert on any patient record. The registered manager told us that if there were known safeguarding risks, an alert would be placed on their record to ensure staff were aware.

Cleanliness, infection control and hygiene

The service did not control infection risks well.

- The fleet manager told us that vehicles were cleaned in the morning before carrying out journeys and after all the journeys had been completed. In addition, equipment was wiped in between each patient journey. We observed decontamination wipes on the two vehicles we inspected. However, the daily cleaning and cleaning between patients was not recorded and therefore there was no assurance that the vehicles were decontaminated after each use.
- The fleet manager informed us that they carried out a deep clean on each vehicle every 28 days using guidance from a national hygiene group. The deep cleans included all equipment and consumables including stretcher, floors swept, mopped and steam cleaned, blinds and handrails wiped and driver cab was mopped and cleaned. Records were kept on the electronic fleet management system and we observed this had been completed for the two patient transport vehicles.
- One of the two vehicles used for patient transport journeys was visibly clean, tidy and uncluttered. The other vehicle was visibly dusty. We found blood and dirt on three vacuum splints, a used and dirty single use paediatric collar and a small amount of blood on the stretcher strap. We raised our concerns to the fleet manager at the time of the inspection and asked for the vehicle to be deep cleaned before any further patient use. We were not provided with evidence this deep clean had taken place.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons on each vehicle to help reduce the risk of the spread of infections between patients. We were unable to observe if staff used this as there were no patient transport journeys during our inspection.

- We observed hand sanitiser gel in both the vehicles we inspected. We were unable to observe staff hand hygiene as there were no patient transport journeys during our inspection.
- There was no evidence that staff were compliant with the provider's policies and procedures to minimise the risk of cross infection between patients. The service did not carry out any infection prevention or hand hygiene audits.
- The duty managers quality assurance vehicle inspection checklist provided to us prior to our inspection, outlined that each duty manager should conduct two random quality assurance vehicle inspections per month. These checks included a visual check of cleanliness in the vehicle, review of equipment and patient contact areas, clinical waste and availability of personal protective equipment (PPE). There was no evidence provided that these checks had been completed.
- The service also submitted a station health and safety and IPC inspection checklist. This included checks on the clinical waste bin, storage of cleaning equipment and cleaning products and completion of cleaning logs. However, there was no evidence that these had been completed.

Environment and equipment

The service did not ensure there was suitable emergency equipment available.

- Essential emergency equipment such as automated external defibrillators (AEDs), was not kept on patient transport vehicles. The equipment was held in the main office and checked by either the fleet manager or registered manager. Once checked and assessed as ready for use a green tag was applied which indicated to staff that the equipment was ready for use. Equipment that was incomplete, broken or faulty had a red tag applied. Once a tag was applied to equipment, staff were no longer able to check it unless they broke the seal of the tag.
- Five of the six AEDs which are portable electronic devices which check heart rhythm and deliver an electronic shock to the heart if needed for a patient in cardiac arrest we inspected, had a green tag indicating they were ready to use. However, four were not complete and fit for use in an emergency. Two of the AED's did not have a battery inserted. When we inserted the battery, the device required a manual check which

Patient transport services

took two minutes to complete. This meant that in an emergency there would be a delay in using this equipment on a patient in cardiac arrest. Four of the five AED's did not have paediatric pads available. This meant that appropriate equipment would not always be available in the event of a paediatric cardiac arrest. This concern was raised with the registered manager who was requested to take immediate action. We do not have evidence that this action was completed.

- Vehicles were stored securely at the registered location and keys were held in a key safe within a locked office and building.
- The registered manager told us that staff completed vehicle checks in the morning before each shift and these were logged on the electronic fleet management system. The registered manager stated that staff could not access patient details until they had completed the checks. We reviewed the system and saw that before a patient journey there was a list of checks to be carried out. Patient transport logs for October 2018 show the two vehicles had been used for 13 days for 144 separate patient transport journeys. However, the registered manager and fleet manager were unable to locate the corresponding vehicle checks for the journeys. Therefore, there was no assurance that staff were performing vehicle checks prior to transporting patients.
- The fleet manager told us they completed weekly vehicle checks for tyre pressure, tread depth, brake fluid and windscreen wash. However, these checks were not recorded and therefore there was no assurance these were consistently completed.
- The two vehicles we inspected did not have radios and senior staff told us that staff used their own mobile phones for communication and access to the electronic fleet management system. This posed a risk that staff would not be able to contact control if they were in an area without mobile phone signal.
- The registered manager told us all equipment was last serviced by an external clinical engineering company in July 2018. All the equipment we observed had been serviced. However, the registered manager could not provide an equipment log to evidence that the service had taken place. We requested an equipment log showing when all equipment had been serviced but this was not submitted by the provider.
- The service held car seats and equipment to allow children to be easily transported securely on the

stretcher. Staff told us that when making a booking to transport an infant or child, they would ask the child's weight and height to ensure suitable transport equipment.

- The registered manager provided vehicle registration and insurance records for the vehicles. A check of the MOT records for the vehicles using the Driver and Vehicle Licensing Agency (DVLA) online service confirmed they had valid tax and MOT certificates.

Assessing and responding to patient risk

There was no evidence that the service had clear processes to assess and respond to patient risk.

- The registered manager told us that all staff held Level 3 First Response Emergency Care (FREC) training which gave them knowledge on how to recognise a deteriorating patient. However, training records we reviewed did not include evidence that all staff held this qualification.
- The service used a standardised electronic booking form for all patient transport bookings. The form collected information to enable staff to assess the patient's suitability to travel, for example medical history, weight, equipment and oxygen requirement. The registered manager told us that if a crew arrived to transport a patient and thought they were unsuitable for travel, they refused to transport the patient.
- The registered manager told us that if a patient became unwell on a patient transport journey, the crew would either transport the patient directly to an emergency department or call a frontline NHS ambulance.

Staffing

The registered persons did not ensure staff had the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

- The service directly employed eight members of clinical staff who completed patient transport journeys, this included the registered manager and the fleet manager. However, the registered manager was not assured of their training or their ability to keep people safe.
- Two members of staff were on 'standby' at the station each day to complete patient transport journeys. Staff

Patient transport services

logged their availability on an electronic scheduling system. When a booking was received staff could allocate themselves to the job if they were available. The service did not use agency staff.

- The electronic scheduling system determined the number of hours each member of staff could work and would alert the registered manager if a staff member were to go over the maximum working hours per week. The registered manager said he encouraged staff to be open and honest regarding shifts they had worked elsewhere. Staff also signed the company contract to state they would not work excessive hours.
- The registered manager told us that in the case of staff sickness, the service would either accept a limited amount of work or cancel bookings.

Records

Clinical records of patients' care and treatment were not routinely created.

- Staff received details of patient transport bookings via an app linked to the electronic fleet management system on their personal mobile phone. The app did not allow screenshots to be taken of the patient details.
- Clinical records were not routinely created for patient transport journeys unless the patient became unwell and required clinical intervention. There were no examples of these records during our inspection.
- The registered manager told us that if patients had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place this would be added to their booking form. Staff would check the community or DNACPR form and make sure it was valid and appropriately signed before commencing the journey.
- We observed that records of patient journeys and staff files were stored securely in locked filing cabinets in the registered location.

Medicines

The service did not follow best practice when giving, recording and storing medicines.

- The only medicines stored and administered were oxygen and nitrous oxide. Oxygen and nitrous oxide cylinders were kept in a locked store protected by a combination lock. We found full and empty medical gas cylinders stored together with no clear separation. This posed a risk that staff could easily collect an empty

container instead of a full one. We raised this to the Registered Manager who told us they would ensure the cylinders were clearly separated. We have not received any evidence that this action has been completed.

- Only one member of staff had evidence of up to date training in oxygen administration. None of the staff had completed competency assessments and therefore there was no assurance that staff were trained or followed best practice when administering oxygen.

Are patient transport services effective? (for example, treatment is effective)

Inadequate 

We rated effective as inadequate, this was because;

- The service did not make sure staff were competent for their role.
- The service did not have systems to supervise staff who worked for the service to give assurance about the quality of care staff delivered to patients.
- The service did not audit staff compliance with national guidelines in the delivery of care and treatment.

Evidence-based care and treatment

The service did provide care and treatment based on national guidance but did not evidence its effectiveness.

- The registered manager told us staff could access the National Institute for Health and Care Excellence (NICE) guidelines via a smartphone application. However, the registered manager did not give any examples of when staff may access this or which guidelines they would refer to.
- The service employed a medical director who was a consultant in an accident and emergency unit to provide clinical advice. There were clinical guidelines for staff to follow which had been agreed by the medical director. The clinical guidelines were kept in a folder in the base office and therefore staff did not have access to these in the ambulance.
- The service did not carry out any audits to monitor adherence with NICE or the service's own policies and procedures. This meant the service could not provide assurance that staff were providing evidence based care and treatment.

Patient transport services

Nutrition and hydration

Staff gave patients enough drink to meet their needs.

- The service did not provide food to patients. However, the registered manager told us for the transfer of patients which incur long journeys, they provided fluids in cups with handles and lids.
- We were informed that if patients were transported on long journeys, a fluid balance chart would be completed by the patient transport service staff for the handover at the receiving hospital. However, we did not see any examples of this or evidence that the staff had received and were assessed as competent to undertake this task.

Response times / Patient outcomes

The service did not monitor the effectiveness of care and treatment and were therefore unable to use findings to improve them.

- The number of patient transport journeys was recorded, however this information was not monitored or analysed for trends to ensure staff were able to provide effective care.
- The registered manager told us they had key performance indicators (KPI) set by the sub-contractor; these were to arrive 20 minutes before a patient collection, not to wait for longer than 20 minutes after the booked time, avoid protected meal breaks and that an ambulance should be on the road within 30 minutes of booking. The running sheets demonstrated that the mileage to the patient's collection and time at arrival was recorded, along with the drop off time and mileage. However, there was no evidence to show whether this was monitored in accordance with the targets set.
- The registered manager said that the average response time was approximately 30 to 40 minutes and that no patients had been late for appointments. We were not provided with evidence to demonstrate this performance.
- The service did not carry out audits to monitor response times or KPIs. Therefore, could not demonstrate their effectiveness or compliance with KPIs.

Competent staff

The registered persons did not make sure staff were competent for their role.

- Pre-employment checks were not consistently undertaken. The recruitment checks for seven of the

eight members of staff employed we reviewed demonstrated that five members staff only had one form of photographic identification, one member of staff had a Disclosure and Barring Service check that was over three years old and no staff had DVLA checks. Therefore, there was no assurance only suitable staff were employed.

- The registered manager did not have assurance that all staff were competent for their roles, they informed us that they relied on the fact that they had previously worked with staff to know that they were competent. The registered manager told us new members of staff had to an informal competency spot check. However, there were no completed competency assessments for staff as we were told these were not documented. Whilst a template had been created to assess and record staff competency, this had not been completed by any member of staff.
- The service had a five-day induction programme that included safeguarding, mental capacity, first aid, health and safety, dementia awareness, patient handling, infection prevention control, basic life support and GDPR. However, the records we reviewed did not demonstrate that any member of staff had completed an induction, observation shifts, mandatory training, driving assessment or refresher training with the provider.
- The registered manager stated they had assessed the risks to the health, safety and welfare of patients arising from the incorrect use of equipment and created the equipment policy which stated, 'before any equipment is used training needs to be provided to all users.' However, the service was failing to monitor these risks or monitor compliance with the policy. We asked a member of staff to demonstrate how to use a harness system providing restraint for children for transport. The member of staff placed the harness upside down. Therefore, we were not assured that training was provided to staff on all equipment and the risks to patients were mitigated.
- The service had a ten-page staff performance review and supervision document, however the registered manager informed us that they did not complete formal staff appraisals or one to ones. We were informed that staff meetings were difficult to arrange and instead the registered manager preferred using a group message on social media or an informal discussion with staff.

Patient transport services

Multi-disciplinary working

- We were informed by the registered manager that the service received the majority of bookings through a sub-contractor and therefore liaised with them regarding individual patient requests, DNACPR and advanced care plans. If a booking was completed through the website, the booking form allowed this information to be included.

Health promotion

- There was no evidence to indicate the service considered health promotion.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered persons did not ensure staff understood their roles and accountability under the Mental Capacity Act 2005.

- The service did not undertake secure mental health patient transfers.
- The service did not provide training for staff on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) in the induction programme or as a separate module. The provider submitted a copy of the proposed training that they were planning to implement. However, there was no evidence it had been completed by staff at the time of our inspection and no timeline for implementation was provided.

Are patient transport services caring?

Not sufficient evidence to rate 

We have not rated caring, as we do not have adequate information to rate this section.

Compassionate care

- We were unable to observe any care being delivered to patients or speak with them as there was no one receiving care during our visit.

Emotional support

- We reviewed patient feedback forms and all patients agreed that staff treated them with dignity and respect,

were helpful, polite and that they trusted the staff. One patient had written “I would like to express my thanks, staff showed kindness and I was extremely grateful for their support”.

Understanding and involvement of patients and those close to them

- We were unable to observe any care being delivered to patients or speak with those close to them as there was no one receiving care during our visit.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Inadequate 

We rated responsive as inadequate, this was because;

- The service did not attend regular contract monitoring meetings with the sub-contractor to review their performance.
- The service did not meet the needs of all the people who used it. There were no formal means available to support patients whose first language was not English or those with communication problems.
- There was some flexibility to take account of individual needs as they arose, such as mobility requirements.
- The service had a patient satisfaction process to receive negative and positive feedback about the service.

Service delivery to meet the needs of local people

The registered persons planned their service to meet the needs of the local population.

- The service was not directly commissioned by the NHS but did undertake NHS work as they were sub-contracted by another independent ambulance provider to support them to meet demand. The service sometimes fulfilled the patient transport journeys on the same day at short notice. These bookings were recorded on booking forms and details included the date, time of the journey, the patients' details and the arrival time of pick up.
- The registered manager used a staffing system portal which allowed staff to respond and confirm they could work patient transport jobs in advance.

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- The service did not attend regular contract monitoring meetings with the sub-contractor to review their service provision, including response times. This meant there was no evidence that areas for improvement were identified to ensure people's needs were constantly met.

Meeting people's individual needs

The service took some action to take account of patients' individual needs.

- There were no formal means available to support patients whose first language was not English or those with communication problems. The registered manager had considered purchasing a translation service, however this was ruled against due to the cost. The service relied upon translation services available online or a patient's family member.
- The service requested information regarding patients at the booking stage. This included their height, weight and mobility requirements in order to accommodate these needs by providing the correct equipment. This could include a carry chair, stretcher or wheelchair and the number of assistants required for the journey.
- The service provided a free text box within the booking form for patients to add information regarding individual needs and the registered manager said staff followed these. A hypothetical example given was if that if an autistic child travelled with the service, they ensured any instructions given by the parents or carers would be followed.
- The registered manager informed us that staff regularly changed patient's positions on long journeys to avoid pressure sores.

Access and flow

People could usually access the service when they needed it.

- Bookings were managed by the service through a booking form, the majority of work was sub-contracted by another company, but members of the public could book the service directly.
- The booking process required information regarding pick up and/or drop off, appointment time at the hospital and whether it would be a single or return journey. This produced a booking reference number, details of who processed the booking and the vehicle that would be allocated to the patient transfer.

- There were two ambulances available for patient transfer work, staff were on standby and would be able to choose which transfer they worked through the electronic scheduling system. The registered manager informed us that two members of staff were always on call, however during our inspection there was only the registered manager and one other staff member available for patient transport journeys. The registered manager informed us that he had blocked all bookings from the sub-contractor for the day of the inspection.

Learning from complaints and concerns

The service allowed patients to feedback concerns and complaints, however there were no examples or evidence to demonstrate the service would investigate them, learn lessons from the results and share these with all staff.

- There was a complaints and feedback policy. The registered manager informed us that the service had not received any complaints from either patients or the sub-contractor, therefore there were no examples for us to review.
- The service had a patient satisfaction process to receive negative and positive feedback about the service.

Are patient transport services well-led?

Inadequate 

We rated well led as inadequate, this was because;

- The registered manager did not have the necessary range of skills, knowledge and experience to effectively manage and develop the service.
- There were no recorded governance meetings.
- There was limited evidence of clear vision and strategy to develop the service.
- The process for managing risks was not effective. Risks were not correctly identified and the registered manager was not aware of the serious risks we identified during the inspection.
- There was an absence of audits and there were no processes for the service to gain assurance of the quality of care delivered.
- Staff development was not given sufficient priority and appraisals did not take place.

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Leadership of service

The leaders of the service did not demonstrate they had the necessary skills, knowledge or experience to effectively manage and develop a service registered with CQC.

- The management team consisted of an accountant, medical director, independent consultant and fleet manager. The registered manager had occasional contact with the management team but did not have regular meetings.
- There was a lack of face to face meetings to ensure identified risks were shared, discussed with actions agreed and disseminated to staff.
- We were unable to speak with staff employed by the service as the majority were not on duty at the time of our inspection, so were not able to assess their views about the leadership of the service.

Vision and strategy for this service

The registered persons did not have a developed vision or strategy for what it wanted to achieve.

- There was no documented vision for this service. The registered manager described a vision that included wanting to develop the service to include the transportation of mental health patients but could not give a timeline, or how this would be achieved.
- The registered manager informed us they plan to recruit an operations manager and supervisor to carry out staff management, including staff appraisals. However, we were not given a timeline as to when this would be in place.

Culture within the service

- During our inspection the registered manager did not have any reported incidents, training and appraisals for staff, audits, complaints or learning and action taken as a result of concerns raised. Therefore, there was no assurance that the service took a proactive approach to learning and improvement.
- The registered manager informed us that they were open and honest with staff, welcomed their feedback during informal conversations and felt that staff were open and honest with them also. We were not provided with any evidence to confirm this view.

- We spoke with one member of staff and they said they felt that they understood their roles and responsibilities. They felt that the registered manager was visible, dealt with issues promptly and portrayed professionalism with excellent patient care.

Governance

There were no systems to improve service quality and safeguard high standards of care.

- The registered manager was not clear of their accountabilities, there was no oversight of processes or evidence to show processes were in place to review the strategy, values or objectives.
- The service did not monitor key performance indicators set by the sub-contractor for patient transport bookings but did record running sheets. There was no trend analysis completed, therefore the registered manager was unable to evidence if the service achieved the key performance indicators.
- Routine audits were not carried out on areas such as documentation, infection control or staff competency.
- There was no record of governance meetings. The registered manager informed us that the service did not have regular formal meetings with staff or stakeholders.
- There was no monitoring of safety checks carried out by the service. A member of staff told us they completed weekly vehicle checks but they did not record these. Staff were unable to find any electronic or paper records to evidence any daily vehicle and equipment checks carried out by staff.
- The registered manager told us they did not monitor or keep records of compliance for completion of the vehicle driver checks. Therefore, we were not assured that the registered manager had oversight to ensure vehicles or equipment was fit for purpose.
- All policies were available electronically in the office and all staff had signed a checklist to state they had read these. However, these policies were not available when staff were out of the office.

Management of risk, issues and performance

The registered persons did not have systems to identify risks and plan to eliminate or reduce risks.

- There was limited understanding and management of risks. The risk register identified six risks to the service, including specific patient transport risk assessments for

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time critical appointments. However, the risk register did not identify and the registered manager was not aware of the serious risks to the service and patients we identified during this inspection such as the lack of mandatory training.

- There was no evidence of performance management or audit systems. The registered manager did not complete one to one performance management reviews or appraisals for staff. Therefore, there were no development programmes for staff or face to face meetings recorded.
- The registered manager informed us that if staff had finished late due to a patient transport overrun job, they would adjust the start time of the shift the next day to allow a suitable rest period. This had not happened yet due to the nature of the work being undertaken which was all planned work.
- The registered manager had a procedure in place for crews to research the travel route prior to leaving for the patient collection. This made sure staff were aware of the time it would take and if there were any diversions or road closures.
- A business contingency plan had been developed in case of adverse weather, power failure and staffing illness. During floods, snow or icy conditions the service would consider the use of their 4x4 vehicles instead of the ambulance vehicles. This depended upon whether the patients journey was time critical or urgent. The service had use of a generator if they experienced loss of power.

Information Management

The registered persons did not keep records to support all activities of the service.

- There were some service performance measures reported for the subcontractor but the registered manager did not monitor performance for quality assurance or improvement. There were no examples of action taken when issues were identified and information was not shared with staff. Therefore, quality and sustainability were not monitored.
- There were recruitment records for staff, however these were incomplete and lacked assurance such as training.
- The management of confidential patient information in relation to safeguarding incidents was not always managed to prevent information breaches. We were informed that if the registered manager was absent, a completed safeguarding referral form would be left under the office door for them to action on their return.
- Clinical records were not routinely created for patient transport journeys.

Public and staff engagement

The registered persons did not have effective processes to engage with staff and stakeholders.

- There were no effective processes to engage with staff and stakeholders.
- The service did not have any formal processes to engage with staff. The registered manager worked alongside staff on an ad-hoc basis, but there was no formal engagement to gain their views about working for the service.
- There was a patient feedback form in the ambulance to collect patient experience and we saw evidence that these had been used. The service hoped to improve this system using digital means in the future but were unable to share any plans of how this would be achieved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Regulation 12(2)(a,c,e,f,g)

Regulated activity

Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Regulation 13

Regulated activity

Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18 (1)(2)(a,b,c)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Following our inspection we suspended the service for three months. We returned to check improvements had been made but the provider was no longer carrying out regulated activity at this location.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Following our inspection we suspended the service for three months. We returned to check improvements had been made but the provider was no longer carrying out regulated activity at this location.