

CIRE Ambulance Service Ltd

# CIRE Ambulance Service




## Inspection report

Office G18  
Amber Court - Newcastle Business Park  
Newcastle Upon Tyne  
NE4 7YQ  
Tel: 07938101940

Date of inspection visit: 11th-12th October 2022  
Date of publication: 11/01/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location	Inadequate	
Are services safe?	Inadequate	
Are services well-led?	Inadequate	

# Summary of findings

## Overall summary

This inspection was a focused inspection to follow up on concerns after a notice of decision to urgently suspend the provider served in July 2022. As this was a focused inspection, we did not inspect all elements of the key questions. We reviewed elements of two of the five questions: are providers safe and well led? We did not review the questions are services caring, effective and responsive to people's needs. The provider was suspended from the provision of regulated activity at the time of this inspection.

- There was no assurance that mandatory training and key skills was provided to all staff. Staff could not demonstrate how to protect patients from abuse. The provider did not control infection risk well. The design, maintenance and use of facilities, premises, vehicles and equipment did not keep people safe. The provider could not demonstrate that it had enough staff. Risk assessments were not completed for each patient and did not remove or minimise risks. Records were not kept clear or up-to-date or stored securely. The provider was not regulated to administer medications. The provider did not manage patient safety incidents.
- Leaders could not demonstrate they had the skills and abilities to run the service. Leaders could not demonstrate how they operated effective governance processes, throughout the service. Leaders and teams could not evidence how they used systems to manage performance effectively.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Inadequate



### Summary of each main service

This inspection was a focused inspection to follow up on concerns after a notice of decision to urgently suspend the provider served in July 2022. As this was a focused inspection, we did not inspect all elements of the key questions. We reviewed elements of two of the five questions: are providers safe and well led? We did not review the questions are services caring, effective and responsive to people's needs. The provider was suspended from the provision of regulated activity at the time of this inspection.

# Summary of findings

## Contents

### Summary of this inspection

Background to CIRE Ambulance Service

Page

5

Information about CIRE Ambulance Service

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

---

# Summary of this inspection

## Background to CIRE Ambulance Service

CIRE Ambulance Service Ltd is an independent ambulance service. The service's registered headquarters is in Newcastle Upon Tyne. The service first registered in 2020 and the current registered manager has been in place since then. The service is registered for transport services, triage and medical advice provided remotely. They transport adults 18 years and over and those detained under the Mental Health Act (MHA) or Mental Capacity Act (MCA). The service also provides transport from NHS trusts and independent health providers to other locations such as hospitals, places of safety, and to and from court. In June 2022 CQC received information of concern about CIRE Ambulance Service Ltd. A decision was made on the 15th of July 2022 to issue the provider with a notice of decision to urgently suspend the provider registration to carry out regulated activity until 17th October 2022. The provider has never been previously inspected or rated. This inspection was an unannounced focussed inspection of the safe and well-led domains to gain assurance the provider had acted in response to the issues highlighted in the notice of decision to urgently suspend the provider's registration to carry out regulated activity.

## How we carried out this inspection

CIRE Ambulance is registered with the CQC to provide the following regulated activity; • Transport services, triage and medical advice provided remotely. During the inspection conducted on 11 and 12 October 2022, we visited the provider's registered location at Amber Court William Armstrong Drive Newcastle Business Park Newcastle Upon Tyne NE4 7YQ and an unregistered location at 404 Viva Court, Kimpton Road, Luton LU2 0GX. The provider had previously confirmed they operated from this location. The provider had five vehicles. The provider did not have any contracts to provide transport in place with a healthcare provider at the time of our inspection. The provider employed approximately 30 to 40 staff which included the registered manager, nominated individual, support workers and registered mental health nurses. During the inspection we spoke with the registered manager, nominated individual and two support workers. The team that inspected the provider comprised of a CQC lead inspector, three team inspectors and a specialist advisor. A CQC inspection manager was available by telephone during the inspection to provide advice and guidance. The inspection team was overseen Sarah Dronsfield Head of Hospital Inspection. We reviewed information we gathered onsite after our inspection. Also, as part of the inspection, we also requested other information and documentation. This was not provided from the provider after our inspection visit.

## Areas for improvement

Action the provider MUST take to improve:

- The provider must ensure that care and treatment is provided in a safe way for service users. Regulation 12(1). •

The provider must assess the risk to the health and safety of service user of receiving the care or treatment. Regulation 12 (2)(a).

- The provider must ensure that they are doing all that is reasonably practicable to mitigate any such risks. Regulation 12 (2)(b).
- The provider must ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so. Regulation 12 (2)(c).

# Summary of this inspection

- The provider must ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way. Regulation 12 (2)(e).
- The provider must ensure the proper and safe management of medicines Regulation 12 (2)(g).
- The provider must ensure that they assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Regulation 12 (2)(h).
- The provider must ensure service users are protected from abuse and improper treatment in accordance with this regulation. Regulation 13.-(1).
- The provider must ensure systems and processes must be established and operated effectively to prevent abuse of service users. Regulation 13(2).
- The provider must ensure that all premises and equipment used by the provider must be clean. Regulation 15(1)(a).
- The provider must ensure that all premises and equipment used by the service provider must be properly used. Regulation 15(1)(d).
- The provider must ensure that all premises and equipment used by the service provider must be properly maintained. Regulation 15(1)(e).
- The provider must ensure that the registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used. Regulation 15(2).
- The provider must ensure systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17(1).
- The provider must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services. Regulation 17(2)a.
- The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity Regulation 17(2)b.


# Our findings

## Overview of ratings

Our ratings for this location are:

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

## Patient transport services

Safe	Inadequate 
Well-led	Inadequate 

### Are Patient transport services safe?

Inadequate 

#### Mandatory training

**There was no assurance that mandatory training and key skills was provided to all staff. In addition, there was no assurance staff had completed mandatory training.**

The provider did not have a mandatory training policy to indicate key skills for staff in completing training. Therefore, there was no documentation of the frequency of training or role specific training requirements. We spoke to the registered manager, and they told us that they had an updated policy. We requested a copy of this document; however, the provider did not send this.

During the onsite inspection the provider could not provide any evidence of staff training or staff training files for us to review.

The provider told us that all staff completed mandatory and statutory training from an external training company. Four staff training certificates were provided but it was not clear if the staff were still employed.

There was no evidence that staff had received training in mental health, basic life support and restraint. Two staff that we spoke to said they had completed basic life support, safeguarding and mental health training at another sector setting, however the provider did not have any evidence that this training had happened.

This was a risk to patients as there was no evidence that staff had received the correct training to keep people safe.

#### Safeguarding

**Staff could not demonstrate how to protect patients from abuse. There was no evidence that the provider worked well with other agencies to do so. Staff did not have training on how to recognise and report abuse and did not know how to apply it.**

There was no evidence that staff had completed safeguarding adults and children specific training for their role on how to recognise and report abuse. Two staff told us that they had not received safeguarding training from this provider.

Although the registered manager and nominated individual told us that they did not transport children and young people under the age of 18, we found evidence from transport logs that they had transported children and young people prior to CQC suspending the provider's registration in July 2022.



# Patient transport services

Whilst we were onsite, we requested to review staff files to include disclosure and barring system (DBS) checks. The nominated individual could not provide any evidence that staff had undergone the necessary checks before commencing employment. We asked to review the recruitment policy documenting this process and what to do in the event of a DBS disclosure. The nominated individual told us that they did not have access to them.

One staff member told us that they did not know how to report a safeguarding concern as they were not aware of the process and had not seen any policy.

Staff that we spoke with told us they had reported concerns to the registered manager that they did not have staff identification badges. They had not received any response or feedback on raising this concern from the registered manager.

Staff told us that they assumed the registered manager was the designated safeguarding lead.

The registered manager told us that they had completed level 3 safeguarding training, however the provider did not send this.

We sent an urgent data request to the provider requesting that they provide staff safeguarding training records and a copy of the provider's safeguarding children and adult's policy. The provider did not send this.

There was no evidence that the provider had safe systems and processes in place to protect patients from abuse and harm.

## Cleanliness, infection control and hygiene

**The provider did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection. Vehicles were unclean.**

The provider did not have an infection prevention control policy (IPC). We requested that the provider supplied this, but the provider did not send this.

There was no evidence that staff had completed infection prevention control training.

During this inspection we inspected three vehicles the provider had used for transporting patients in the past 12 months. Each of these vehicles were visibly dirty and untidy with used dirty gloves and tissues discarded in the vehicles. There was no evidence that daily cleaning and equipment cleanliness checks had been completed on these vehicles. There was no assurance that it was cleaned regularly, when needed and accurately recorded.

On inspection there was no evidence that the provider had appropriate cleaning materials to clean the vehicles. The only cleaning product we saw was screen wash and spray bottles containing and unlabelled liquid. This was not in line with best practice guidelines.

Each of the vehicles did not have appropriate supplies of personal protective equipment (PPE).

The provider did not have an ambulance station or building adjacent to the vehicle storage area, which was a corner of a public car park. There was no access to hot water, mops, vacuum cleaners or other equipment that would support the provider to effectively clean their vehicles.

# Patient transport services

We asked the nominated individual what procedure was in place to appropriately clean vehicles following the transportation of a COVID-19 suspected or positive patient or a soiled vehicle due to a patient vomiting. We were told that they would take the vehicle to a car wash.

## Environment and equipment

### **The design, maintenance and use of facilities, premises, vehicles and equipment did not keep people safe.**

The provider's registered location was a rented office space in Newcastle upon Tyne, however on the day of inspection we were unable to gain access as there was no one there. When questioned, staff gave conflicting answers about how often the Newcastle office was used, and what for.

The provider had a second base that was not registered as a location with CQC. This was a rented fourth floor apartment in Luton. When the provider was suspended in July 2022, we wrote to the provider, outlining our concerns about this location and outlining why the provider was potentially in breach of Rule 6 of CQC's 'what is a location' guidance. At the time of this inspection there was no evidence of the provider having taken any action to address this.

The main entrance to the Luton apartment had a key code operating system. The apartment was used by the registered manager, nominated individual and for staff to collect keys, journey logs and meetings. There was a computer in the flat that was used by the registered manager and nominated individual.

There was no evidence that staff had carried out daily vehicle safety checklists. The nominated individual showed us a blank vehicle checklist, but no completed checklists. We were therefore not assured that the vehicles were checked and maintained on a regular basis.

We spoke to the nominated individual, and they told us that it was the driver's responsibility to complete daily mechanical checks of the vehicles. This included checking the tyres, oil and water. There was no documentary evidence that this checked, monitored or recorded.

There was no evidence that the vehicles were serviced regularly. The provider did not keep a log of servicing of the vehicles.

During the inspection we found three of the four vehicles were not taxed, and one of those untaxed vehicles also did not have a valid MOT certificate. It was not possible to access a fourth vehicle, as the nominated individual gave the inspection team the address of a nearby garage, however the address given was incorrect and the team could not locate this vehicle.

None of the vehicles inspected carried a fire extinguisher.

## Assessing and responding to patient risk

### **Risk assessments were not completed for each patient and did not remove or minimise risks. Staff did not know how to identify and quickly act upon patients at risk of deterioration.**

The provider had not conducted any patient transfers since they were urgently suspended in July 2022.

# Patient transport services

During the inspection we asked the nominated individual for policies and risk assessments for the use of restraint and restrictive practice; the nominated individual could not provide this evidence.

We spoke with a staff member and asked them how they would respond to a patient deteriorating. They could not articulate how they would respond appropriately or in line with best practice, and training records were insufficient to ascertain what training staff had had in the identification of a deteriorating patient. The provider did not provide any immediate life support (ILS) training to its staff even though the provider confirmed it transported patients who had been sedated prior to transport. We were not assured that staff had the training and skills to recognise a deteriorating patient.

## Staffing

**The provider could not demonstrate that it had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

At the time of this inspection, neither the registered manager or nominated individual were able to tell us specifically how many staff they employed.

We did not review any staff files during this inspection as the NI told us that these were held at headquarters at the Newcastle office, and the inspection team were unable to access this location as the provider was unable to let the team in.

The registered manager and the nominated individual both told us during interview that they employed registered mental health nurses and had previously told CQC this was to escort patients who had been sedated prior to travelling. No information was provided in relation to any competency based training or clinical supervision for these staff. This was a risk to patients as we were not assured that staff would have the correct skills and training to keep people safe.

## Records

**Records were not kept clear or up-to-date or stored securely.**

During interview with the nominated individual, we asked them what system they used for records storage. They said they did not hold electronic records and were using a paper-based system. We did not see evidence of any paper records at the Luton apartment and were unable to access the Newcastle office. Previously, in July 2022, the provider had supplied all its documents including journey logs and policies, electronically to CQC.

Whilst we were onsite, we retrieved and reviewed information stored electronically on the provider's computer system. We found files that contained blank employee personal files, page one of a DBS that had been completed by a previous employer, a residence permit, National insurance letter, Curriculum Vitae, copy of a passport and bank statements. This information was not stored systematically.

## Medicines

**The provider was not regulated to administer medications.**

## Patient transport services

The provider is not regulated to administer medications, however during staff interviews staff told us that they did administer medication during journeys if the patient required. This was a risk to patients as the provider was acting out with its registration with CQC, and the provider did not properly check that its staff were competent to administer medication and monitor patients effectively.

### Incidents

**The provider did not manage patient safety incidents. Staff did not know how to recognise or report incidents and near misses. Managers failed to investigate incidents or share lessons learned with the whole team and the wider service.**

The provider did not have an incident reporting system in operation and no formal process in place to share learning from incidents.

Staff that we spoke to told us confirmed that there was not a reporting process in place. The provider had not reported any serious incidents to CQC since its registration.

## Are Patient transport services well-led?

### Leadership

**Leaders could not demonstrate they had the skills and abilities to run the service. They could not articulate they understood and how they managed the priorities and issues the service faced.**

The registered manager could not demonstrate that they had skills and abilities to run the service. They were not able to articulate that they understood the reasons why we took enforcement action against them in the form of a notice of decision of urgent suspension. They did not understand how to prioritise and manage the issues that had been identified in the notice of decision. They had made no improvements since the provider's suspension in July 2022.

The nominated individual had several key responsibilities in the company however we found many of the areas were overlooked and non-compliant. For example, the registered manager told us that it was the nominated individual's responsibility to ensure vehicles were taxed. There was no evidence that this was the case, despite the nominated individual assuring our inspection team that all vehicles were taxed. When we asked the nominated individual to describe their responsibilities, they were not able to articulate them. We were not assured that they had the qualifications, competence, skills and experience to supervise the management of the regulated activity.

### Governance

**Leaders could not demonstrate how they operated effective governance processes, throughout the service. Not all staff were clear about their roles and accountabilities.**

There was no evidence of any clear governance and accountability structure.

## Patient transport services

The registered manager told us they had re-written existing policies; however, they did not provide any evidence of the re-written policies or content.

There was no evidence that governance framework ensured that mental health act procedures were followed.

We requested a copy of the most recent statement of purpose; however, the provider did not respond.

As part of our inspection process, we requested a number of documents as evidence. We had previously told the provider, under our Section 64 and 65 powers, that it is an offence not to supply, when requested, information to CQC. The information requested was not supplied.

### Management of risk, issues and performance

**Leaders and teams could not evidence how they used systems to manage performance effectively. They could not articulate how they identified and escalated relevant risks and issues.**

The registered manager and nominated individual confirmed the service had a risk register but was unable to articulate what was on the register or what the highest scoring risks were. We requested a copy of the risk register, but the service did not send this.

There was no programme of audits to monitor quality, operational and financial processes, or systems to identify where action should be taken.

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must ensure that care and treatment is provided in a safe way for service users. Regulation 12(1).

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider must ensure that the registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used. Regulation 15(2).

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must assess the risk to the health and safety of service user of receiving the care or treatment. Regulation 12 (2)(a).

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Requirement notices

The provider must ensure systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17(1).

### Regulated activity

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must ensure that they are doing all that is reasonably practicable to mitigate any such risks. Regulation 12 (2)(b).

### Regulated activity

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services. Regulation 17(2)a.

### Regulated activity

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so. Regulation 12 (2)(c).

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

Transport services, triage and medical advice provided remotely

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity Regulation 17(2)b.

### Regulated activity

### Regulation

Transport services, triage and medical advice provided remotely

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way. Regulation 12 (2)(e).

### Regulated activity

### Regulation

Transport services, triage and medical advice provided remotely

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must ensure the proper and safe management of medicines Regulation 12 (2)(g).

### Regulated activity

### Regulation

Transport services, triage and medical advice provided remotely

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must ensure that they assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Regulation 12 (2)(h).

### Regulated activity

### Regulation



This section is primarily information for the provider

## Requirement notices

Transport services, triage and medical advice provided remotely

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

The provider must ensure service users are protected from abuse and improper treatment in accordance with this regulation. Regulation 13.-(1).

### Regulated activity

### Regulation

Transport services, triage and medical advice provided remotely

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

The provider must ensure systems and processes must be established and operated effectively to prevent abuse of service users. Regulation 13(2).

### Regulated activity

### Regulation

Transport services, triage and medical advice provided remotely

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider must ensure that all premises and equipment used by the provider must be clean. Regulation 15(1)(a).

### Regulated activity

### Regulation

Transport services, triage and medical advice provided remotely

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider must ensure that all premises and equipment used by the service provider must be properly used. Regulation 15(1)(d).

### Regulated activity

### Regulation

Transport services, triage and medical advice provided remotely

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Requirement notices

The provider must ensure that all premises and equipment used by the service provider must be properly maintained. Regulation 15(1)(e).