Starcross Trading Limited

Starcross Trading Ltd T/A Bears

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

British Emergency Ambulance Response Service (BEARS) was founded in 2009 and is an independent ambulance service providing a range of patient transport services across London. This includes the transfer of high dependency and critical care patients, bariatric patient and paediatric patients. It also includes secure transfers of mental health patients.

The service has contracted work with three NHS trusts in London and also provides ad-hoc work for other NHS and independent hospitals. Journeys are made to various locations within London and longer journeys occurred on a regular basis. The service has vehicles operated by paramedics, ambulance and emergency care assistants and emergency medical technicians.

We previously inspected this service in October 2017 and identified some concerns regarding the use of restraint. We asked the service to make some improvements, which included:

- The secure services division was occasionally using mechanical restraint without appropriate consideration of the mental health act code of practice.
- Ensure they consider the Mental Health Act (1983) Code of Practice in their policies and procedures around secure patient transfers.
- Not use mechanical restraints on patients in a way that deprives their liberty.
- Ensure use of mechanical restraints is appropriately risk assessed and the least restrictive option.
- Ensure patient record forms include all key information around the secure services patient transfer. This should include detailed information of the decision to restrain patients including any risk assessments.
- Ensure patients who are sedated are accompanied by a qualified mental health profession.

Our key findings from this inspection were as follows:

- The service ensured they considered the mental health act code of practice within the secure services division.
- In the records we reviewed the service was not using restraint in a way that deprived patients of their liberty.
- The service conducted risk assessments for patients where any form of restraint might be used, including the Cat B secure cell in the vehicle (this is a secure cell within the back of the vehicle). The service also recorded details of professionals who were involved in these decisions.
- Patient record forms included all key information around secure service patients' transfers. This included detailed information about the patients' behaviour and mood, any risks and de-escalation methods used.
- The service recorded whether patients were sedated and accompanied by mental health professionals.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services		The service had updated the patient record forms which ensured they were recording appropriate information regarding the use of any form of restraint. We found the service was completing risk assessments and involving other professionals in decisions around restraint. This was in line with national guidance. The service had either completed or was in the process of completing joint service level agreements with hospitals regarding the use of restraint.

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Background to Starcross Trading Ltd T/A Bears

British Emergency Ambulance Response Service (BEARS) is operated by Starcross Trading Ltd T/A (trading as) BEARS. The service opened in 2009 and is an independent ambulance service based North West London. The service provides a range of different patient transport services. This includes the transfer of high dependency patients, extracorporeal membrane oxygenation (ECMO) patients, non-emergency transfers, secure/mental health patient transfers and a paramedic service. The service provides transport for both adults and children and young people.

The service performs contracted work with a number of NHS hospitals and provides ad-hoc work for various other hospitals in London. Journeys are made to various locations within London and longer journeys outside of London. The service has vehicles operated by ambulance care assistants, emergency medical technicians and paramedics.

The service has a new registered manager who joined the service in June 2017 and became the registered manager in October 2017. We inspected the service using the urgent and emergency care ambulance service core framework. This was a follow-up inspection to review compliance in respect to previous regulation breaches we found in October 2017.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspectors. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

How we carried out this inspection

We carried out an unannounced inspection on the 1st May 2018 to follow up and previous breaches identified in October 2017. We reviewed 35 patient records and spoke with the compliance manager and secure services manager.

Detailed findings

Facts and data about Starcross Trading Ltd T/A Bears

British Emergency Ambulance Response Service (BEARS) was founded in 2009 and is an independent ambulance service providing a range of patient transport services across London. This includes the transfer of high dependency and critical care patients, bariatric patient and paediatric patients. It also includes secure transfers of mental health patients. Bariatric is a branch of medicine that deals with the causes, prevention and treatment of obesity.

The service has contracted work with three NHS trusts in London and also provides ad-hoc work for other NHS and independent hospitals. Journeys are made to various locations within London and longer journeys occurred on a regular basis. The service has vehicles operated by paramedics, ambulance and emergency care assistants and emergency medical technicians.

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 spoke with the service compliance manager and the secure services lead. We reviewed 35 patient record forms where the use of restraint had been reviewed and considered.

The service was previously inspected in October 2017 and was in communication with CQC regarding their action plan. This inspection was a follow-up inspection to address specific concerns that we previously identified regarding the use of restraint.

Activity (1 December 2017 to 1 May 2018)

- In the reporting period there were 18,954 emergency and urgent care patient journeys undertaken. 59 bariatric, 169 Extracorporeal Membrane Oxygenation (ECMO), 3665 High Dependency, 12,187 medical, 917 paramedic High Dependency and 1957 secure patient journeys. ECMO is a form of life support that provides prolonged cardiac and respiratory support to persons whose heart and lungs are unable to provide an adequate amount of gas exchange to sustain life.
- No Serious Incidents
- No Never Events

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Emergency and urgent care services

Are emergency and urgent care services safe?

Safeguarding

- During the inspection in October we raised concerns regarding the use of restraint in the secure services division. The service was not considering the Mental Health Act Code of Practice with regards to secure transfers of patients. Some issues we previously identified included: Patient Record Forms (PRFs) did not include enough details to explain why restraint was used. The service was not conducting risk assessments or advice from the multidisciplinary team (MDT) for patients who might or might not require any form of restraint. We also found patients were being restrained because they were at risk of absconding, which was a deprivation of liberty.
- During this inspection we found the service had given appropriate consideration to the Mental Health Act Code of Practice within their Secure Services Division.
- If patients were required to be placed in the Cat B secure cell in the vehicle or the use of restraint needed to be considered then risk assessments and MDT involvement took place. We reviewed 35 PRF and saw good completion of risk assessments. PRFs included information on MDT professionals who had been spoken with regarding the transfer of the patient.
- We found no cases where patients at risk of absconding had been inappropriately restrained. We were told this was no longer practiced within the service.

Records

- At the inspection in October 2017 we found the service was not providing enough detail on patient record forms (PRFs) regarding the decision to restrain patients.
- During this inspection we reviewed 35 PRFs where any form of restraint was considered during the journey. Forms of restraint included physical restraint such as arm holds when moving patients to the vehicles, holding patients in the Cat B secure cage area of the vehicle and the use of mechanical restraints.
- All 35 PRF forms included risk assessments and a detailed description of the journey including information about the patient's behaviour and mood before and during transfer. All PRFs were completed to a good quality and the writing was legible.

Assessing and responding to patient risk

- Since the last inspection the secure services division had introduced risk assessments into their practice. This ensured patients risk to themselves and others was appropriately considered before transfers.
- The new PRF document included a section for staff to record whether patients were sedated or not. It also included a section to record whether these patients were accompanied by a qualified mental health professional.

Are emergency and urgent care services effective?

Evidence-based care and treatment

- At the previous inspection secure services were transporting patients using mechanical restraints. Staff were not conducting and documenting appropriate risk assessments and decisions for the use of handcuffs in line with the Mental Health Act (1983) Code of Practice. The Code of Practice requires NHS bodies, which must have regard to the Code to agree joint local policies and procedures with ambulance services, and the police. These are set out in section 11.10 of the Code of Practice. In particular, this places a requirement on agreeing on the appropriate use of different methods of restraint in conveying patients and how decisions on their use will be made in any given case.
- Following our inspection in October 2017, the service had taken steps to agree joint procedures regarding the use of restraint with the NHS trusts they provide services to. Three Service Level Agreement (SLA) were completed and others were almost completed.
- Between 1 December 2017 and 1 May 2018 there had been 29 occasions where physical restraint was used (for example escorting the patient to the vehicle), 14 occasions where mechanical restraint was applied with three of these involving the police. Of these, 19 of the

occasions of restraint were for the trust the service had the joint SLA agreement with regarding the use of restraint. We reviewed some of these cases and saw restraint was used in line with the joint agreement.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- At the inspection in October we were not assured the rights of people subject to the Mental Health Act (1983) were always protected. On occasion patients were mechanical restrained during transit. We reviewed patient record forms (PRFs) and were not assured staff had appropriate regard to the Mental Health Act Code of Practice. We were also not assured the service was considering the Mental Capacity Act (2005) when making decisions as to whether to restrain patients. Section 6 of the MCA (2005) lays out the limits of this protection from liability: the situation must not amount to a deprivation of liberty, which needs special authorisation, and, if the person is being restrained, two extra conditions apply: the restraint must be necessary to prevent harm to the person, and proportionate to the risk and seriousness of that harm.
- We reviewed 35 PRF at this inspection and found the service was now considering the Mental Health Act Code of Practice. For example, the code states that mechanical restraint should only be used exceptionally, where other forms of restriction cannot be safely employed. PRFs provided detailed information on methods of de-escalation used when talking with patients who were a risk.
- There was evidence that the service involved other professionals in decisions. The code states the use of mechanical restraint should be approved following a multi-disciplinary consultation.
- We reviewed PRF documents and found information was detailed. There was evidence de-escalation techniques had been used prior to the restraint and evidence a risk assessment was conducted before the decision to restrain. The code states that the patient's clinical records should provide details of the rationale for the decision to mechanically restrain.

Are emergency and urgent care services caring?

This key question was not inspected as part of this inspection. Please refer to our October 2017 inspection report.

Are emergency and urgent care services responsive to people's needs?

This key question was not inspected as part of this inspection. Please refer to our October 2017 inspection report.

Are emergency and urgent care services well-led?

This key question was not inspected as part of this inspection. Please refer to our October 2017 inspection report

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

Continue to work with providers in developing service level agreements for use of restraint