Plymouth Central Ambulance Service Limited

Plymouth Central Ambulance Service

Quality Report

Unit 23 Devonshire Meadows
Broadley Park Road
Plymouth
PL6 7EZ
Tel: 01752696400
Website: www.plymouthcentralambulance.co.uk

Date of inspection visit: 19 May 2015
Date of publication: 11/08/2015

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 know to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected Plymouth Central Ambulance Service to ensure compliance with previously served warning notices. We carried out the unannounced inspection on 19 May 2015 at the registered location of Plymouth Central Ambulance Service.

We did not rate the service as this was not a full and comprehensive inspection.

Our key findings were as follows:

- A robust recruitment procedure was in operation to ensure patients received their care from suitable members of staff.
- The training programme provided to staff had been developed since our last inspection. The provider should however, make improvements to the practical moving and handling training provided to staff.

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?
Patient transport services (PTS)	Not sufficient evidence to rate	

Plymouth Central Ambulance Service

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Plymouth Central Ambulance Service

At the inspection carried out on 17 November 2014, we issued warning notices as the provider had not ensured there were effective recruitment procedures in place to ensure all persons employed were of good character or were trained and competent to deliver care and treatment to people who used the service. We issue Warning Notices to a registered person where the quality of the care they are responsible for falls below what is legally required. We can use them to tell a registered person that they are not compliant with the law – this includes the Health and Social Care Act 2008 ("the Act"), and the regulations made under it, but also it includes other legislation that they are legally obliged to comply with in delivering the service. Where the failure to meet the requirement(s) is continuing, the warning notice gives the registered person a timescale for them to become compliant.

This inspection was to follow up and ensure compliance with the warning notices previously issued.

Our inspection team

Our inspection team consisted of two CQC inspectors.

How we carried out this inspection

We visited the service unannounced on the 19 May 2015 and reviewed records and documentation and talked to staff.

Facts and data about Plymouth Central Ambulance Service

The service provided by Plymouth Central Ambulance Service Limited included patient transfers to and from home and hospitals, transfers between hospitals, transportation of neonatal babies and their support teams and specialist transportation of children to and from school. Some private work was undertaken providing first aid services for private functions.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall	Not rated	N/A	N/A	Not rated	N/A	Not rated

Notes

Patient transport services (PTS)

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

Information about the service

Summary of findings

Effective recruitment procedures were in place to ensure all persons employed were of good character.

The provider had made arrangements to ensure persons employed were provided with training to deliver care and treatment to patients safely and to an appropriate standard. However, the provider should review the arrangements for the delivery of practical moving and handling training. This is to ensure staff receive their training from trainers who are up to date and competent to deliver the training.

Patient transport services (PTS)

Are patient transport services safe?

Not sufficient evidence to rate

The staff personnel files were stored in a locked room in the premises of the service. We were told only the administration staff and the registered provider had access to this key to ensure the confidentiality of staff members was respected.

We were able to see clear evidence that a check with the Disclosure and Barring Service (DBS) had been carried out prior to staff commencing duties which involved accessing patients and / or their personal and confidential information. This protected patients from receiving care and treatment from unsuitable staff. At the last inspection we had concerns that the provider considered previous convictions were spent as they had been received over seven years before. This was incorrect as the position was covered by the Rehabilitation Of Offenders Act 1974 and as such convictions could not be considered as spent. We were shown detailed written evidence during this inspection that demonstrated the provider had taken appropriate action to ensure service users were provided with care and treatment by appropriate staff who were of good character.

Are patient transport services effective?

Not sufficient evidence to rate

The manager told us that all new staff were required to undertake induction training and that records regarding this induction training were held on their personnel files. We reviewed the personnel files for four members of staff who had been appointed since our last inspection. For three members of staff we saw comprehensive induction records which showed staff were provided with an introduction to the organisational procedures for Plymouth Central Ambulance. Records showed staff were provided with practical guidance and training on the use of all vehicles and equipment. The member of staff was required to sign a declaration to evidence their involvement and understanding. The records for the fourth employee were available in part but some were with the employee as they were working through the induction programme.

A system for providing staff with an annual appraisal was in place. The appraisals for 2015 were due to commence and the manager told us they would start on the following week after our inspection.

We did not see records which showed staff were provided with regular supervision which would enable them to discuss their work in a formal setting to support them to deliver care and treatment safely and to an appropriate standard. Staff we spoke with told us they felt well supported by the provider, manager, supervisors and their colleagues. They spoke of being able to approach all members of the organisation if required and were able to ask for help and support at any time.

We saw a record which identified concerns had been raised with the performance of one member of staff. There was clear documentation in place which identified the concern and the action taken to address this. Where plaudits had been received about an individual member of staff, these were shared with the staff member and filed securely in their personnel file. Staff were provided with the disciplinary and grievance procedures within their contracts. We saw and staff confirmed that they were provided with and had signed a contract of employment.

Records evidenced a programme of training in place to support staff in their job roles. The provider maintained electronic records and paper copies were contained in each staff members file. The training provided included e-learning, face to face and shadowing a more experienced member of staff. On the day of our inspection staff were completing a one day first aid at work training course. Staff were positive about the training they had been provided with during their induction. Two staff who had recently been appointed confirmed they were able to shadow one or more experienced member(s) of staff until such time as they were confident and competent to work as a second member of the crew or alone.

Staff training for the care and treatment of children who used the service was provided to staff by a school nurse and the children's doctors. The manager provided us with assurances that all staff who escorted the children and remained in the back of the ambulance with the children, had received this information / training. Staff who had not received the training were able to drive the ambulance but

not provide direct care, treatment or support to the children. Staff we spoke with were clear that they did not transport children or neonates without appropriate support and training.

External training, via e learning on the computer, was provided for safe moving and handling, health and safety and infection control. We were told that practical moving and handling guidance / training was provided to new staff by a supervisor or the provider. We asked the provider of their competencies to deliver this training at a previous inspection and were told they, and the supervisor, had "many years' experience and knowledge" which they could cascade to staff. This did not ensure they were providing up to date and appropriate training to staff. The office manager told us this system of providing practical moving and handling training had not changed. Following the inspection guidance was sought from the Health and Safety Executive regarding this practice. The Health & Safety at Work Act and the Management of Health and Safety at Work Regulations require suitable and sufficient information, instruction and training relating to work activities and risks including the use of equipment be provided to staff. The legislation also requires the provider to implement measures to control the risk of injury from the moving and handling tasks their staff carry out. There is no specific qualification for practical moving and handling trainers, however guidance from the Health and Safety Executive states they must be competent. We were not provided with evidence which demonstrated the provider and supervisor were competent to deliver moving and handling training. For example, evidence of their training and/or train the trainer training.

There was no evidence to support that the practical moving and handling training or the providers risk assessment identified the risk of patient falls or how staff were to assist a falling/fallen patient. Staff informed us they practiced using the equipment with each other, with one person taking on the role of the patient.

All staff were required to complete a driving assessment which was carried out by the supervisor or provider. This included an observation of their driving skills and completion of a test on road signs. A record of the observation of driving skills was contained in three out of the four staff files we reviewed, although there was no signature to identify who had carried out the assessment. The provider should ensure the completion of this documentation for all staff and to ensure each assessment was signed by the assessor. There was no recognised pass mark for the written road sign test. This was addressed during our inspection by the manager and a standard pass mark was implemented.

Since our last inspection the provider had arranged 'blue light' emergency training from an external company. To date three members of staff had completed this three day training with another three members to complete it the week after our inspection. The manager stated this would be an on-going training until all staff had completed it. This would ensure compliance with the Road Traffic Act 1984 which states that exemptions from speed restrictions are only applied when the vehicle is being driven by a person who has satisfactorily completed a course of training in the driving of vehicles at high speed.

The provider had a policy and procedure which would provide guidance and information for staff on the driving requirements when in the services vehicles, including the use of blue lights. A notice was displayed on the notice board of the staff room to remind the staff of the principles of blue light driving. The provider took immediate action when any member of staff was deemed not to have complied with this policy. We saw written evidence to support this.

Staff were supported to ensure they did not drive for excessive hours or worked for long hours without a break. Where journeys were expected to exceed 300 miles two crew members were allocated to the transfer to ensure the driving could be shared. Staff completed records of their actual working and driving hours. During this unannounced inspection we saw that over the last month the records evidenced staff had not driven for long periods of time or worked long hours without a break. Reference was made within staff contracts regarding the Working Time Regulations 1998 and the length of time staff had off duty between shifts. The contract in place and a notice in the staff room advised staff that there would be occasions when they would not be able to have eleven hours off between shifts due to the nature of the work. The Working Time Regulations 1998 state that a worker is entitled to a rest period of 11 consecutive hours rest in each 24 hour period. In special circumstances, such as a surge in activity or a need for continuity of service, this entitlement would not apply. The manager told us that should a member of staff be on call, called out or undertaking a longer journey

Patient transport services (PTS)

they normally started their next shift late to ensure there had been 11 hours between shifts. Where this was not possible this was recorded. Staff we spoke with confirmed they were able to start work later if they had exceeded the length of their previous shift thus enabling them to have sufficient rest between shifts.

Are patient transport services caring?

Not sufficient evidence to rate

Are patient transport services responsive?

Not sufficient evidence to rate

Are patient transport services well-led?

Not sufficient evidence to rate

Two references had been sought for each member of staff which included a reference from the most recent or previous employer. Once a written reference was received, an administrator had contacted the referee to confirm the details of the reference and ensure there was no further information they wished to share. Where an applicant was unable to provide the names of two previous employees, due to working abroad or being self-employed, a character reference had been obtained.

Applicants were required to complete an application form which included the provision of previous employment detail. It was clear that any gaps in employment were explored further by the provider and explanations given for the periods of time that were not spent in employment.

At the last inspection we saw the application form used at the time asked applicants to provide personal information. For example their age and if they had dependants they provided care for. The provider stated a judgement would be made based on this information as to whether the person was suitable for the position due to the unsociable hours and the need to be on call at night and if they were able to drive the ambulances at their age. The application form had been amended to avoid asking applicants to provide personal information. For example, the applicant was now required to declare if they were able to attend the depot within twenty minutes. It also asked if they were over 21 due to insurance reasons. This promoted equalities and reduced the risk of discrimination due to caring arrangements or their age.

A face to face interview was conducted with all staff. We saw records for the interview content for two members of staff. The provider should ensure that interview records are maintained for all staff.