Harley Street Ambulance Service Limited

Harley Street Ambulance Service

Inspection report

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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

We inspected Harley Street Ambulance Service on 23 May 2023 and followed up with a meeting with the provider on 8 June 2023. It was a focused inspection in response to the information we received about the provider. During the inspection, we raised concerns related to the safety and management of the service:

- The provider had failed to establish and effectively operate systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.
- The provider did not have all information required to be kept by providers about all persons employed in the provision of services. The provider did not demonstrate that agency staff working for the service had met requirements related to persons employed in the carrying on of the regulated activity.
- The provider did not operate an effective system to ensure staff were suitably trained and their competencies were regularly reviewed. Agency staff did not undergo formal induction to the service. There was no evidence to confirm agency staff completed appropriate minimal training.
- The provider had not established a system for regular staff appraisals to support employees in their professional development.
- The provider did not proactively seek and act on feedback from staff on the services provided to continually evaluate and improve such services.
- Although incidents were reported, there was no system to ensure a structured way for learning from incidents to improve the quality and safety of the services provided. In addition, there was no evidence of sharing knowledge with staff and actions taken to prevent further occurrence.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	Our rating of this service went down. We rated it as requires improvement because: • The service had not improved in areas that we asked them to address during the previous inspection of 2019. • The service did not manage patient safety incidents well. There was no system to ensure staff learnt from incidents and further occurrences were prevented. • The service did not have systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. • The provider did not have all information required to be kept by providers about all persons employed in the provision of services. They did not demonstrate agency staff working for the service met requirements related to persons employed in the carrying on of the regulated activity. • Not all staff had training in key skills. Agency staff did not undergo formal induction to the service. There was no evidence to confirm agency staff completed appropriate minimal training. • Managers did not have a system to monitor if staff were competent. • The provider did not establish a system for regular staff appraisals to support employees in their professional development. • The provider did not proactively seek and act on feedback from staff on the services provided to continually evaluate and improve such services. We rated this service as requires improvement because it was rated as such in the safe and effective domains. Whilst we did not inspect against all the key lines of enquiry for the effective domain, we decided to rate this domain as we have identified a regulatory breach which means rating limiters applied. Where we have identified a

Summary of findings

breach of a regulation and we issue a Requirement Notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best.
We rated the well led domain as inadequate.
Where we have identified a breach of a regulation and we take action under our enforcement powers, such as issuing a Warning Notice or imposing a condition of registration, the rating linked to the area of the breach will normally be 'inadequate'.
As this was a focused inspection we did not inspect or rate the caring and responsive domains.

Summary of findings

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Summary of this inspection

Background to Harley Street Ambulance Service

The service is managed by Harley Street Ambulance Service Limited. The service provides patient transport services (PTS) and emergency and urgent care (EUC) services. EUC patient transfers are between hospitals.

Harley Street Ambulance Service (HSAS) operates as a subcontractor to main contractors (identified as commissioners in this report). The main contractors who commission services from HSAS liaise directly with NHS providers. A small part of its work is private and for this work, HSAS liaises directly with the private hospitals or private organisations. HSAS transports patients (adults and children) across the whole of the United Kingdom and works across different boroughs and populations. The service has six ambulances. The main service provided by HSAS was the patient transport service (PTS).

The service registered with the Care Quality Commission (CQC) on 13 May 2011.

The provider is registered for the regulated activities: transport services, triage and medical advice provided remotely and treatment of disease, disorder and injury. They provide services to adults and children.

The service had a registered manager in the post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibilities for meeting the requirements set out in the Health and Social Care Act 2008.

The service had been previously inspected in January 2019 and was rated as Good overall.

How we carried out this inspection

We carried out the unannounced inspection visit to the service on 23 May 2023 and followed up with a meeting on 8 June 2023.

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? Where we have a legal duty to do so we rate services' performance against each key question.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it from failing to comply with legal requirements in future or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The provider must establish and effectively operate systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: 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) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17(2)(a)
- The service must ensure there are operational systems for managing safety incidents to prevent reoccurrence, identify learning, and support service improvement. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17(2)(b)
- The provider must obtain and record the information required about all persons employed in the provision of services. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17(2)(d)(i); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19(3)(a,b)
- The provider must ensure staff are suitably trained and their competencies are regularly reviewed. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19(1)(b)
- The provider must ensure recruitment procedures are established and operated effectively to ensure that persons employed are Fit and proper. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19(2)
- The provider must support employees in their professional development and appraise their performance. Staff must receive appropriate support, training, professional development, supervision necessary to enable them to carry out the duties they are employed to perform. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18(2)(a)
- The provider must proactively seek and act on feedback from staff on the services provided to continually evaluate and improve such services. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17(2)(e)

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Patient transport services

Safe	Requires Improvement
Effective	Requires Improvement
Well-led	Inadequate

Is the service safe?

Requires Improvement

Our rating of this domain went down. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to permanent members of staff, however, they did not ensure all staff completed it before they commenced work. The provider did not verify agency staff received suitable training.

Although most staff received and kept up to date with their mandatory training. Newly employed staff were not required to complete basic training before commencing work. A new member of the team was able to start work and provide services without completing training related to health and safety, information governance and confidentiality or basic life support. The provider told us that they did not work independently as the ambulance crew always involved a minimum of two staff members. However, they did not establish a list of tasks that the new member of the team could and could not perform without completing mandatory training. For example, they did not prevent them from accessing confidential patient related information even though they did not provide them with suitable training on how to keep records safe and confidential. The member of staff did not work as a supernumerary.

The provider occasionally used agency staff. They were unable to demonstrate if the staff used completed mandatory training and did not know what was offered by individual agencies providing the service with staff.

The provider told us that all staff employed completed first response emergency care training level 3 or level 4 (FREC). FREC is a regulated qualification specifically designed for those seeking a career in emergency services. The provider did not verify if agency staff held this qualification.

Permanent staff completed training on responding to patients with mental health needs, learning disabilities, and dementia. Staff also undertook training related to fire safety, infection prevention and control, Mental Capacity Act as well as training on dignity and privacy amongst others. The provider told us they used a guide laid out in the Core Skills Training Framework for ambulance services.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Requires Improvement

Patient transport services

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received children and adults safeguarding training specific for their role on how to recognise and report abuse. All staff were required to complete training level 1 and 2 for safeguarding adults and children. Staff had access to an external level 4 trained person for additional advice and support.

Staff could give examples of how to protect patients from harassment and discrimination.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The provider carried out staff identity checks, obtained enhanced disclosure and barring service checks (DBS) at the beginning of employment, and reviewed their eligibility to work. However, they carried out those checks only for permanent members of staff and have not had a system to ensure agency staff underwent suitable checks before commencing work with the service. The provider did not routinely renew or review DBS checks for any changes to support continuous risk monitoring. They did not risk assess their decision to not to renew DBS checks periodically with a view to safeguard vulnerable people from potential abuse.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and vehicles visibly clean.

The vehicle we saw was clean and well-maintained. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff inspected if vehicles were clean after each journey. Staff completed training in infection prevention and control as part of the mandatory training.

Permanent members of the team received infection prevention and control training that was regularly refreshed. Staff cleaned equipment after patient contact and followed the provider's infection prevention and control policy on enhanced cleaning following the conveyance of patients.

Equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff managed clinical waste well.

Staff were required to carry out safety checks of vehicles and equipment to ensure they were fit for purpose and did not cause any issues. Drivers carried out recorded safety checks or completed designated checklists to indicate compliance.

The maintenance records indicated vehicles used had received full services and were MOT-compliant. Senior staff monitored when a vehicle was approaching its service due date.

Requires Improvement

Patient transport services

Vehicles were large enough to carry a patient chaperone. The provider verified that drivers had the correct licence category for the type and weight of vehicles used within the service.

The service had enough suitable equipment to help them safely care for patients. Equipment was available for various patient groups. For example, the service had child seats, bariatric equipment (equipment to support the transport of obese patients) and other equipment used in the transportation of high-dependency patients. However, agency staff did not receive formal service specific induction training to ensure they are familiar with the equipment used on vehicles. They were expected to work alongside a permanent member of the team who would be familiar with the standard equipment available on a vehicle.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

We were not assured that staff had the competency to assess the risk for each patient.

The service had processes to allow staff to respond promptly to a sudden deterioration in a patient's health. Permanent staff received training in life support and first aid and were advised to call emergency services should they need to respond to a medical emergency. Emergency equipment, for example, medical oxygen, tubing, and face masks were available to support emergency response. However, not all crew members had received training on how to use the equipment used by the provider as there was no structured way of inducting agency staff who occasionally supported the transport.

During journeys, staff assessed and managed risks to patients informally. They aimed to maintain safety and support patients' medical needs. When patients required medical support during the journey the service would ask for a nurse or a doctor to assist. The medical staff would be provided by the service that had requested the transport. Similarly, when a child or a baby were transferred a paediatric nurse, or a doctor would be provided by the booking service.

The service used a standard form for journey bookings that would prompt a minimum set of data that was required to ensure safe transport was provided. The registered manager told us that they would assess risks on a case-by-case basis and take a decision if safe service could be provided.

Staff shared key information to keep patients safe when handing over their care to others.

Staff could contact a senior manager 24 hours a day, 7 days a week if they needed to escalate a risk or seek advice or help.

Incidents

The service did not manage patient safety incidents well.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the service's policy.

Requires Improvement

Patient transport services

Staff understood the duty of candour. They were open and transparent and knew they were required to give patients and families a full explanation if and when things went wrong. Duty of candour 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 reasonable support to that person.

There was no formal way for staff to receive feedback from an investigation of incidents, internal or external to the service. Staff did not have any formal meetings to discuss any feedback and look at improvements to patient care. Managers told us they debriefed staff informally and supported staff after any serious incident.

The service told us over the past 12 months they had not had any serious incidents that would be reportable or would require formal investigation. However, during the inspection staff referred to an incident that occurred in 2023 where a patient experienced a fall as they were not secured to an ambulance chair during transport. The service was unable to demonstrate that learning from the incident had been identified and disseminated or that improvements had been made to prevent further occurrence. The service did not have an operational process for investigating incidents and identifying shortcomings to facilitate service improvement. Incidents which occurred during journeys contracted by an external service cooperating with the provider were investigated by the external service.

Is the service effective?

Requires Improvement

Our rating of this domain went down. We rated it as requires improvement.

Competent staff

Leaders did not appraise staff's work performance or held supervision meetings with them to provide support and development.

Leaders gave new staff employed by the service an induction tailored to their role before they started work. However, they were able to start work without completing mandatory training; mandatory training was not part of the induction process. Staff we spoke with felt equipped with the skills and knowledge they needed to carry out their role. However, agency staff did not receive a formal induction. The provider had no system to verify that agency staff had the required competency level to provide safe care and treatment.

When we inspected in 2019, we noted that new employees had a period of supervision where they shadowed more experienced staff for up to two weeks depending on confidence levels. We found out that the provider no longer followed this practice and staff did not always receive formal training and learn on the job through shadowing more experienced staff. Newly employed staff were able to commence work before they were asked to complete mandatory training. The registered manager told us that they wanted staff to have the opportunity to decide if they wanted to fully engage with the service before the provider invested in the new employee's training.

Leaders did not support staff to develop through appraisals of their work. There were no formal and structured regular one to one meetings which meant staff had limited opportunities to discuss training needs with their line manager and were not well supported to develop their skills and knowledge. In 2019 we noted that only 50% of permanent staff had

received an appraisal and we had asked the provider to make improvements in this area. We observed that no improvements had been made. We found that staff were no longer having regular appraisals. This meant that the provider did not operate a system that would allow them to identify poor or variable staff performance and had no systems in place that would support improvement in staff performance.

Although the provider offered basic clinical knowledge training, with the support of an external provider, they had no structured way to review staff competencies and clinical knowledge on an ongoing basis. They did not operate a competency assessment framework. There was no system to regularly review if staff had the knowledge, skills, and behaviours required to perform their job or part of their job.

Is the service well-led?

Inadequate

Our rating of this domain went down. We rated it as inadequate.

Leadership

Leaders did not have the skills and abilities to run the service and continuously improve the service.

The service was led by the nominated individual who also acted as the registered manager. The registered manager was responsible for strategic planning, managing contracts with commissioners and reviewing policies. They were supported by a small team of administrative support and an external person who specialised in governance and achieving regulatory compliance and worked as a consultant. Leaders did not always recognise how to achieve the best quality and did not work towards continuous improvement of the service. For example, they failed to act on recommendations from the previous inspection of the service which took place in 2019. This potentially led to the deterioration of the quality of the service.

Leaders were visible and approachable in the service for patients and staff. Staff told us they were always able to meet with management when they came to the ambulance base and could contact them whenever this was required.

Culture

The service had an open culture where patients, their carers, and staff could raise concerns without fear.

Staff we spoke with were happy working in the service. Staff enjoyed the company of their co-workers and teams worked together to put the needs of the patient first. Leaders were open and transparent aiming to ensure they provided safe and patient-centred care. Staff were focused on the needs of patients receiving care. We observed effective and professional communication between staff which supported the delivery of safe care. Leaders gave examples when action was taken to address behaviour and performance that was inconsistent with the vision and values of the service.

Duty of candour (DoC) was part of the service's mandatory training for staff. Staff were aware of their responsibility to be open and honest with those who used the services.

Governance

Requires Improvement

Patient transport services

The service did not have systems or processes to assess, monitor and improve the quality and safety of the service. There was no system to ensure mandatory training was completed by all staff.

The service had not made the required improvements in areas identified during the previous inspection. In 2019 we said the service did not always systematically improve service quality or safeguard high standards of care by creating an environment for excellent clinical care to flourish. This was because the service did not have regular staff meetings with ambulance staff as part of its governance arrangements. There was no evidence that patient feedback was reviewed and acted upon to improve the service. The provider did not have systems or processes to ensure that ambulance staff declared working arrangements outside of the service and monitor this to make sure staff are not working excessive hours that may adversely impact the care being provided.

Although staff were clear about their roles and accountabilities, they still did not have regular opportunities to meet, discuss and learn from the performance of the service. The service did not organise meetings which would be attended by all staff. The majority of meetings that took place and day-to-day service management related information sharing arrangements were informal. The registered manager did not organise regular one to one meetings with staff unless there were performance related issues they needed to address with them.

The senior team had not had regular meetings that would be driven by a standing agenda that would include service specific risks, infection prevention and control, performance, policies, and other subjects.

The registered manager oversaw the service's governance processes supported by other senior team members and a governance consultant. They were responsible for reviewing quality and ensuring staff adhered to established processes.

The service had allocated a person with clinical experience to provide clinical advice.

The provider did not develop a process to ensure that ambulance staff declared working arrangements outside of the service and monitor this to make sure staff are not working excessive hours that may adversely impact the care being provided.

The service had received patient feedback majority of which was very positive. However, they have not had a system to identify potential improvement areas and process feedback formally and consistently to use it to improve the service. The service told us they had not had formal complaints raised with them and managed to resolve any issues verbally, to the satisfaction of the complainant.

The provider did not have all information required to be kept by providers about all persons employed in the provision of services. The provider did not demonstrate agency staff working for the service met requirements related to persons employed in the carrying on of the regulated activity as they did not store any information related to recruitment checks. The provider's recruitment and selection policy specified that a minimum of two satisfactory references were to be obtained before a person was employed. They did not demonstrate that they obtained references for all staff involved in providing care and treatment.

Management of risk, issues and performance

Leaders and teams did not have effective systems to manage risks, issues, and performance.

Patient transport services

The service had developed a risk register; the main risks were related to information access and security, the health and safety of employees, and service disruption events. The risks were rated, however, there were not dated to indicate when they were entered onto the risk register and by when any mitigation actions were to be put in place. The risk register was not a live and operational document, and it was not clear when and how it was reviewed. For example, the lack of an appraisal system was identified by the provider as a risk. It was not clear when the service identified this risk and there was no date to indicate when actions listed against it were to be completed. The service aimed to set a plan to complete all staff appraisals in February 2022, 16 months later it was still not implemented by the service. The service did not share with us any risk management related policies and protocols that would guide their practice.

The service told us they did not have any serious incidents that would require action to be taken in response. However, we were made aware of one incident that involved a patient who experienced a fall during transportation. The service did not share any investigation reports, or communication to staff of others involved with the incident. The service did not develop action plans to prevent reoccurrence. The service did not have a policy and/or procedure that would guide their response to serious incidents.

The service carried out some internal audits related to vehicle safety and cleanliness, but they did not use the opportunity to identify areas of improvement over a period of time as they did not summarise results to track any improvements and shortcomings. Instead, when areas of improvement were identified, they addressed them directly with individual team members. The service did not operate a system that would identify key performance indicators to improve monitoring of internal processes adherence. The commissioners of the service did not require it from the service and they did not carry out any governance checks. The provider had regular engagement meetings with the external services that used the provider as a subcontractor, those meetings would be used to raise any concerns with the service provision.

Information Management

The service did not use available data to identify trends and patterns and to improve services. Staff had access to the information they needed to allow them to perform their day-to-day job.

The service was not requested to collect performance data by its commissioners, but data was gathered on journey times; it was not formally analysed in detail to allow patterns and trend identification.

Information used to monitor, manage, and report on quality and performance, such as vehicle checks, was collected but not summarised over time to help with the identification of good practices and improvement opportunities. It was not shared with all staff involved to help them to understand where quality was poor and where they needed to improve as a team.

The service told us they had not needed to submit notifications to CQC within the 12 months before the inspection.

The service was registered with the Information Commissioner Office (ICO), and they were aware of their reporting requirements concerning data mishandling incidents; they told us there were no incidents that would need to be reported to ICO.

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	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 19.— 1. Persons employed for the purposes of carrying on a regulated activity must— a. be of good character, b. have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and 2. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in— a. paragraph (1), or b. in a case to which regulation 5 applies, paragraph (3) of that regulation. 3. The following information must be available in relation to each such person employed— a. the information specified in Schedule 3, and b. such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing 18.— 2. Persons employed by the service provider in the provision of a regulated activity must—

This section is primarily information for the provider

Requirement notices

a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform

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	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17.— 1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. 2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— a. 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); b. 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; d. maintain securely such other records as are necessary to be kept in relation to— (i).persons employed in the carrying on of the regulated activity, and the management of the regulated activity; e. seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services; f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).