Ambulance Solutions Ltd

Ambulance Solutions Ltd HQ

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

Our rating of this location went down. We rated it as requires improvement because:

- The service could not provide assurance it controlled infection risk consistently well. Records were not always easily available to the registered manager or clinical lead to ensure oversight of the service. We could not gain assurances if managers investigated incidents and shared lessons learned with the whole team.
- Managers did not appraise staff's work performance or hold supervision meetings with them to provide support and development. Those responsible for delivering care did not always work together as a team to benefit patients.
- We were not assured leaders had the skills and abilities to run the service consistently. They did not always understand and manage the priorities and issues the service faced. Not all staff felt respected, supported and valued by the leadership team. Leaders did not operate effective governance processes. Systems were not in place to manage performance effectively. Managers did not identify and escalate relevant risks and issues, nor identify actions to reduce their impact.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.

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. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Ambulance Solutions Ltd HQ

Ambulance Solutions Limited HQ is operated by Ambulance Solutions Limited. The service was registered for the provision of patient transport services in February 2019. It is an independent ambulance service which provides patient transport services in Southend-on-Sea, Essex. The service primarily serves the communities of the South and Mid-Essex. The service also provides events medical services, which is not within the scope of CQC registration.

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely

The service was last inspected in 21 October 2019 and was rated Good overall.

We carried out a focused inspection on 31 May 2022, which did not include all the key lines of enquiry (KLOEs). The purpose of the focused inspection was to follow up on whistleblowing concerns received by the CQC in May 2022.

At this inspection we found the provider to be in breach of several regulations of the Health and Social Care Act 2008 Regulated Activities regulations (2014), inclusive of regulation 7 (Requirements relating to registered managers), regulation 15 (premises and equipment) and regulation 17 (good governance).

The main service provided was patient transport service.

We highlighted our findings and concerns to the registered manager and the executive directors over the course of the inspection process. Following the inspection, the executive directors decided to enter into liquidation and cease trading. As a result, the provider submitted a statutory notification to cancel their registration with the CQC for all regulated activities.

How we carried out this inspection

We carried out a short notice announced focused inspection of the service on the 31 May 2022. We spoke with five members of staff and the two executive directors. We reviewed patient transport booking records, personnel files for eight members of staff and policies and procedures for the service.

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 a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it 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 ensure that incidents are monitored, reported and investigated and that appropriate guidance and support is available to staff. (Regulation 12(2))
- The provider must ensure that there are robust processes in place to ensure the monitoring and oversight of vehicle cleanliness. (Regulation 15(1)(2))
- The service must ensure that relevant risks are identified and overseen. (Regulation 17(2))
- The provider must ensure that an effective governance framework is in place. (Regulation 17(2))
- The service must implement an overarching safety and audit system to monitor the quality of the service. (Regulation 17(2))
- The service must ensure infection prevention and control standards are implemented consistently and with documented evidence. (Regulation 12(2))

Action the service SHOULD take to improve:

- The provider should ensure that feedback from service users is monitored and information used to improve the service. (Regulation 17(2))

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

Are Patient transport services safe?

Requires Improvement

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. At the time of our inspection mandatory compliance was at 89% against a target of 85%.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory and statutory training was provided by a combination of e-learning and face-to-face training sessions, including adult basic life support, infection prevention and control, fire safety, manual handling, health and safety, equality and diversity, and safeguarding for both children and vulnerable adults.

Managers monitored mandatory training and alerted staff when they needed to update their training. The deputy operations manager ensured staff completed their training on time and sent reminders to staff a month before their training was due to expire.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse however there was no recorded evidence to prove this.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and vulnerable adults formed part of the mandatory training programme. All staff completed level 2 training for both children and adults safeguarding. This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018) and the Intercollegiate Document safeguarding children and young people: roles and competencies for healthcare staff (January 2019).

The service had a named safeguarding lead who was trained to level three safeguarding adults and children. All staff we spoke with knew who the safeguarding lead was and how to contact them. However, we were told by staff that the safeguarding lead had resigned a day before our inspection. We raised this with the registered manager. Following the inspection, we received a confirmation that the clinical lead, who had level 3 safeguarding training, would step up as the interim safeguarding lead. We were told that staff were made aware of the changes.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a safeguarding flowchart that staff used for easy reference on how to follow the safeguarding process. Staff gave examples of when they had to escalate safeguarding concerns with the safeguarding lead and the director of operations. For example, staff raised a safeguarding referral when they had concerns with a patient's home and the lack of care the patient was receiving from the carers.

Following the inspection, we requested all the safeguarding incidents that were reported in the last 12 months, the investigations and outcomes. This information was not provided. We were told the information was held by the safeguarding lead and assistant operations manager who had both resigned from their role. The registered manager could not tell us the number of safeguarding referrals made to the local authority.

The service had a safeguarding children and vulnerable adult's policy. The safeguarding policy contained definitions of abuse, signs of potential abuse and the definitions. The policy we saw on inspection contained contact details for the local authority, the single point of contact (SPOC) in the service and clear guidance on the process staff should follow if they suspected abuse or harm. Staff had access to the safeguarding policy. Following the inspection, we were sent an updated policy to reflect the changes in the safeguarding lead. However, the updated policy did not include the new contact details for the interim safeguarding lead or the new SPOC.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Cleanliness, infection control and hygiene

The service did not always control infection risk well.

We inspected three vehicles which were visibly clean, including equipment. Clean linen, hand sanitiser and decontamination wipes were on board the vehicle.

Personal protective equipment such as gloves and aprons were available in the ambulance vehicle. Spill kits for the cleaning of body fluids including blood were available.

We were told that the service had a contract for the laundry and exchange of clean linen with the local NHS trust. We asked to see the contract for this service, however this was not provided.

The service's base location provided staff access to vehicle and equipment cleaning facilities, including mops, buckets and running water.

The service was not following its own vehicle cleaning policy. A four weekly scheduled deep cleaning process was in place for all vehicles. However, one of the vehicles we inspected did not have a deep clean in January and March 2022. In addition, there was no evidence of a daily clean or monthly and deep clean for the same vehicle from 17 March to 8 April 2022.

As part of the deep cleaning process a pre clean and post clean swap should be taken. The cleaning records showed two out of the four vehicles did not have swabs completed for the April 2022 deep clean.

Staff completed infection prevention and control training as part of the mandatory training.

Requires Improvement

Patient transport services

Environment and equipment

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

The service had four ambulance vehicles that were used for patient transport. These vehicles were leased by the service. We viewed the vehicle fleet safety and service record which recorded MOT tests where applicable and service history and found these to be current. Faulty vehicles were effectively managed, and we viewed records relating to repairs including the vehicle repair log and garage invoices demonstrating repairs had been carried out.

All ambulance vehicles had an up to date Ministry of Transport (MOT) certification, current vehicle road tax and had the appropriate insurance.

Staff disposed of clinical waste safely. The service had a contract with an external company to dispose of clinical waste. There was a clinical waste bin at the depot, which was locked appropriately. There were sharps bins available on the vehicles.

Fire extinguishers were available in the vehicles, office and storeroom and had undergone maintenance checks to ensure they were safe to use.

When vehicles were not in use all keys were secured safely. There was a key safe opened by a key code located in the storeroom.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

The registered manager told us they accepted journeys on an ad-hoc basis from local NHS organisations and local authority. The director and assistant director of operations liaised with the services prior to accepting a journey to ensure they had appropriately trained staff and the correct vehicle required for the journey. The service did not have an exclusion or inclusion policy at the time of our inspection.

The service recorded all the patients details on a patient booking form. Patient records we reviewed showed that the service recorded any specific issues likely to affect the patient during the transport.

Risk assessments were carried out over the telephone at the point of booking. This information was recorded on the patient booking form. The form recorded information such as infection risk including COVID-19 status, whether the patient required oxygen, the service user's mobility and any equipment required for their transfer. The form also included the service user's do not attempt cardiopulmonary resuscitation (DNACPR) status. This form was given to the driver.

Staff told us that risk assessments were carried out at the point of contact with the service user. Any additional information was added to the patient transport record form and the control room was notified.

The service had an up to date management of a deteriorating patient policy. Staff we spoke with told us what actions would be taken if a patient's health deteriorated

Requires Improvement

Patient transport services

Staff used a deteriorating patient policy in the event someone became unwell during a journey. Staff were trained in adult and paediatric basic life support (BLS) and said they would follow instructions on the patient's record, such as if the patient had previously signed a 'do not attempt cardiopulmonary resuscitation' (DNACPR) form. Staff carried a first aid kit and said they would always call 999 in an emergency. This was in line with the provider's deteriorating patient policy.

Staff were trained in the use, management, and transport of oxygen cylinders and the provider had up-to-date risk assessments in place. Where patients carried their own oxygen, staff secured containers and followed a specific risk management process.

Staffing

The service 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. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.

The service had enough staff to keep patients safe in line with transport agreements. At the time of inspection, the service had 30 patient transport crew members on their books on a zero hour contract.

The registered manager, clinical lead and the assistant operations director provided new staff with an induction programme that included logistics of daily operations, policies and procedures and an orientation of each vehicle in the fleet.

Staff were required to maintain a valid UK driving licence with no more than three penalty points. The assistant operations manager documented this check during the recruitment process and checked the status annually with the Driver and Vehicle Licensing Agency (DVLA).

The service had a safe recruitment policy that included requirements for references, background checks and employment history checks. Staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and stored securely. However, records were not always easily available to the registered manager or clinical lead to ensure oversight of the service.

Staff recorded key patient information from the initial booking process and used a daily job sheet to track planned transfers. These records included information on any specific patient needs such as communication or mental health needs or the existence of a do not attempt resuscitation (DNAR) order.

The service received patient referrals through email or telephone call from the referring service into the office location. Records relating to these were stored securely, such as in encrypted digital files or in locked storage for hard copies.

Patient information was taken from the booking forms and recorded on the service's electronic database which was password protected. The database was only accessible to the operations director and assistant director.

The registered manager did not have access to the electronic database. At the time of the inspection the director of operations and the assistant operations manager were unavailable. Therefore, there was no oversight of the patient information or any patient transfers that were booked during this period.

Medicines

The service did not store or administer medicines, however it used medical gases.

The service did not store, prescribe, or administer medicines. Where patients were transported with their own medicines, these remained the responsibility of the individual and stayed on their person or in their bag.

Staff were trained in the administration of oxygen during journeys including connecting oxygen cylinders to face masks and nasal cannulas and monitoring flow rates. Nasal cannulas are devices used to deliver supplemental oxygen.

Incidents

We could not gain assurances if managers investigated incidents and shared lessons learned with the whole team.

Staff we spoke with knew what incidents to report and how to report them. Staff told us they would contact the control room or the single point of contact phone holder to report any incidents and they would complete an incident form once at base.

The assistant operations manager told us that any incident reported would be investigated and escalated to the registered manager and clinical lead as appropriate.

Following the inspection, we requested information on all the incidents reported in the last 12 months. However, this was not provided, and we were told that incidents reported and investigated were logged on the service's electronic database system. The only people who had access to incidents reported was the assistant operations director, who had resigned from his role a week after our on-site inspection.

The service had an up to date incident reporting policy in place. The policy stated that the registered manager had an overall responsibility to ensure that incidents are reported and investigated appropriately. In addition, the policy stated that the operational management team, the operations director and assistant director are responsible for ensuring that all incident report forms were properly completed and forwarded to the registered manager for any actions. However, at the time of our inspection we could not gain any assurance that the policy had been implemented and embedded in practice.

There was no formal process in place to share learning from incidents. The registered manager and staff told us that they would share information informally, by email or text. However, when we asked for evidence of this information, none was provided. Therefore, we could not be assured that there were effective systems or processes in place to share learning from identified incidents.

Requires Improvement

Patient transport services

Are Patient transport services effective?

Requires Improvement

Competent staff

The service made sure staff were competent for their roles. Managers did not appraise staff's work performance or hold supervision meetings with them to provide support and development.

All new staff received an induction which included the completion of mandatory training delivered by the registered manager. Staff we spoke with told us they had a good induction to the service which covered safeguarding, infection control, and handling and moving amongst other training.

Staff induction checklist in place to set out the roles and responsibilities of staff at all levels in the induction process. Staff records we reviewed showed all staff had completed this process.

The service checked staff driving licences prior to employment and a copy of each employees driving license was kept within their employee records. The service gave staff clear guidance on driving license checks and maintaining the required driving standards.

Managers did not support staff to develop through yearly, constructive appraisals of their work. At the time of our inspection staff did not receive annual appraisal or formal one to ones with a line manager.

Multidisciplinary working

Those responsible for delivering care did not always work together as a team to benefit patients.

Staff described effective handovers with hospital staff and care home staff when they took patients to other providers for appointments or continuing care. Staff telephoned care providers if there was a delay with the transfer of a patient or an issue that needed to be resolved, such as confirmation of a care plan.

The director and the assistant director of operations worked with local adult social care and NHS services to ensure bookings were appropriate. However, the registered manager did not have any oversight of the regulated activity carried out by the service. There was a lack of joined up working within the organisation. The registered manager and the operations team were not working collaboratively to ensure they had an oversight of the regulated activity and patient safety. For example, the request for information by the registered manager was denied by the operations team and had to be escalated to the executive directors to intervene. At the time of our inspection the registered manager did not have any information on staff allocation or availability, the number of patient transport service and events booked or planned for the coming weeks. Therefore, we couldn't be assured that there was effective team working in the organisation to benefit patients and improve the service.

Requires Improvement

Patient transport services

Are Patient transport services well-led?

Inadequate

Leadership

We were not assured leaders had the skills and abilities to run the service consistently. They did not always understand and manage the priorities and issues the service faced. They were visible and approachable in the service for staff.

The director and assistant directors of operation were responsible for the day to day running of the service. They also coordinated bookings, responded to staff queries and managed governance with the support of the registered manager and clinical lead. However, at the time of the inspection the director of operations and the assistant operations manager were not available. This meant that no other person had access to information in relation to regulated activities provided by the service.

The registered manager had been in post since 2018 and was the responsible person for meeting legal requirements under the Health and Social Care Act (2008) (Regulated Activities). However, they did not have access to all the information in order to have a proper oversight of all the regulated activities undertaken by the service. Therefore, there were gaps in oversight of safety management, performance management, and governance. For example, they did not adhere to the provider's own vehicle cleaning policy and there were actions or mitigations around the lack of audits.

The executive directors of the service were not involved in the day to day running of the service. They intervened when information was being withheld from the registered manager. However, following the inspection and the concerns raised with them, they made the decision to cease trading with immediate effect and submitted the application to deregister as a provider with the CQC.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The organisation's vision and values statement focused on respect, support and response. However, there was no written strategy to turn this into action.

Some staff we spoke with said the operational leaders, registered manager and clinical lead encouraged them to provide good care to patients, but they were not aware of any service vision.

Culture

Not all staff felt respected, supported and valued by the leadership team. Some staff felt they could not raise concerns without fear. Staff were focused on the needs of patients receiving care.

The staff we spoke with told us they enjoyed working for the service. Some staff felt they were unable to discuss concerns with the leadership team and found them unapproachable. However other members of staff felt that the registered manager and leadership team were approachable and encouraged an open culture.

Requires Improvement

Patient transport services

Prior to the inspection and during the inspection process, CQC received several whistleblowing concerns from staff. The concerns raised by the whistle-blowers included allegations of inappropriate behaviour by senior members of the leadership team, staff feeling bullied by the leadership team and concerns around not following the infection prevention and control policy.

We saw that the executive directors had a process in place to investigate grievances.

Not all staff we spoke with demonstrated a positive working relationship with each other.

Governance

Leaders did not operate effective governance processes.

The service did not have effective systems, such as audits and risk registers, to monitor the quality and safety of the service. For example, there were no audits in place to ensure the provider's vehicle cleaning policy was always applied. This meant the senior team was unaware of the gaps in the deep clean records we found during the inspection.

The service collected data, for example vehicle daily checks and cleaning schedules. There was no evidence to demonstrate review of these data nor how it has been used to improve quality and safety of the service.

There was no evidence on how incidents reported were investigated and how lessons learnt were shared with staff. Following the inspection, we were told this information was held on the electronic database which was only accessible to the director and assistant director of operations who were unavailable. This meant neither the registered manager nor executive directors had access to this information. This represented a significant failure by the provider to ensure that the registered manager had access to all information needed to manage the regulated activity.

Governance and risk management systems had not identified gaps in vehicle cleaning processes and infection prevention and control standards and practices which could present a risk to people being transported.

A copy of the employee handbook was stored in each vehicle. This included copies of policies and protocols and we were told by the registered manager each version was replaced with each update.

Management of risk, issues and performance

Systems were not in place to manage performance effectively. Managers did not identify and escalate relevant risks and issues, nor identify actions to reduce their impact.

At the time of the inspection we asked for the risk register for the service. We were told this was held on the service's electronic database which was password protected and was only accessible to the operations director and assistant director.

The registered manager was unable to tell of any risks that were recorded on the risk register in relation to the quality of service provided. This meant we were not assured if the service had recognised and mitigated any of the safety breaches we identified at this inspection.

Governance practices did not ensure the service mitigated risks effectively. The registered manager did not have access to the electronic system where patient transport services were booked nor had access to the staff rota or who had been assigned to any patient transfers or events contracts. This meant there was limited oversight by the registered manager of the regulated activities provided.

Requires Improvement

Patient transport services

Information Management

The service did not collect reliable data or perform analysis.

The service had limited understanding of operational performance and did not monitor metrics such as numbers of journeys completed on time or factors that contributed to delays.

The registered manager did not have oversight of feedback from service users and referring organisations.

The service used satellite navigation systems and mobile phones to ensure staff could be contacted to share key information. For example, changes in schedule or patient transfer locations.

Staff undertook information governance and data security training. This included their responsibilities for confidentiality and under the General Data Protection Regulations (GDPR).

Engagement

Managers did not openly engage with patients, staff, the public and local organisations to plan and manage services.

The service did not have planned engagement with the commissioners of the service. Instead the service's director and assistant director of operations took booking requests on an ad-hoc basis from the NHS and social services.

We were not assured that staff engagement took place on a regular basis. The service did not hold regular meetings with staff in the last 12 months. At the time of our inspection there was no established process to provide staff with information although the registered manager and the clinical lead told us that they communicated with staff informally, ad-hoc and those communications were not documented.

Systems and processes to engage with the public were limited. The service did not actively seek feedback from patients. However, the service displayed information on ambulances advising patients how to feedback to the service.