Ambulance Response Services Ltd

Twinwoods Ambulance Station

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	

Summary of findings

Letter from the Chief Inspector of Hospitals

Twinwoods Ambulance Station is operated by Ambulance Response Services Ltd. The service provides a patient transport service. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 10 July 2017 and 14 July 2017. 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?

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.

We found the following areas of good practice:

- The service had systems in place to monitor staff compliance with mandatory training.
- There was a service had a system in place for reporting incidents.
- There was a policy in place for the storage, transport and destruction of patients' records.
- Staffing levels and skill mix was planned and reviewed to ensure that people were safe from avoidable harm and received safe care and treatment at all times.
- The service had a fire safety risk assessment for the premises and a policy that gave guidance for all staff in terms of managing fire safety on vehicles.
- There was a system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice.
- The service was equipped to manage a variety of health-related complaints. The service primary function was the provision of first aid at events.
- The service did not formally monitor patient outcomes. There were no formal contractual or service level agreements in place at the time of the inspection.
- Systems were in place for staff to seek patient's consent, and assess capacity to agree to treatment when required.
- Feedback messages from patients using the service were positive.
- The service planned to meet the needs of local people, and provided a service based on an external risk assessment for events.
- The patient booking process meant patients' individual needs were able to be identified.
- Patients had access to timely care and treatment at events.
- There was guidance available on vehicles for patients to make a complaint or express their concerns.
- The service was led by the manager who was a trained pre-hospital emergency practitioner with significant experience of working in the independent ambulance industry.
- The manager and senior staff took immediate and effective actions to address the concerns we raised during the inspection.

However, we also found the following issues that the service provider needs to improve:

- The service had systems in place to ensure the safety and cleanliness of vehicles and equipment and the safe storage and management of medicines. However, these had not always been followed, as we found vehicles and equipment that was not clean and some not fit for use. The manager explained the vehicles had been in use the day before and there had not had been an opportunity to clean them before the inspection. The manager took immediate action to address these concerns.
- The service had systems in place to safeguard adults and children. However, these had not always been followed, as the necessary staff checks and training had not always been provided. The manager took immediate action to address these concerns.

Summary of findings

- The service had systems in place to manage effective staff recruitment processes; however, these were not always followed. The manager took immediate action to address these concerns to ensure staff with appropriate skills and of good character were working with patients.
- Due to the small size of the service, there was a limited governance framework to support the delivery of the strategy and high quality care.
- The risk register was limited and did not reflect some risks we found during the inspection.

Due to the nature and range of concerns that we raised during the first day of inspection, the registered manager undertook to not provide any regulated activity during the inspection period to ensure the actions required were duly provided. Immediate and significant actions were taken to address these concerns by the second day of the inspection so that the provider could resume provision of regulated activities. Following the inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with a requirement notice that affected the patient transport service. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the 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)		• Patient transport services were a small proportion of activity. The main service provided was first aid event cover. • Due to the small size of the service, there was a limited governance framework to support the delivery of the strategy and high quality care. The risk register was limited and did not reflect some risks we found during the inspection. • The manager and senior staff took immediate and effective actions to address the concerns we raised during the inspection. • Feedback messages from patients using the service were positive.

Twinwoods Ambulance Station

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Twinwoods Ambulance Station

Twinwoods Ambulance Station is operated by Ambulance Response Services Ltd. The service opened in 2015. It is an independent ambulance service in Bedford, Bedfordshire. The service provides mainly event medical cover and first aid training. The service offers private ambulance service to NHS and private clients. The service has a range of vehicles including an ambulance car that can transport mobile patients anywhere in the UK, to and from hospital. The service also has a range of ambulances that had the ability to transport patients in wheelchairs and on stretchers as necessary.

Care Quality Commission (CQC) registered the service to carry out the regulated activity of transport services, triage and medical advice provided remotely.

The service has a registered manager who has been in post since 29 April 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is managed. The registered manager understood their responsibilities and demonstrated this by managing the service to provide high quality care.

Our inspection team

The team that inspected the service comprised a CQC Inspection manager, Phil Terry,three CQC inspectors, and a specialist advisor with expertise in ambulance services.

The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspections.

How we carried out this inspection

The service provides mainly event cover, which in an emergency would require them to transport the patient to a local hospital for acute medical care. The service has eleven vehicles: six ambulances, a four by four vehicle, and four ambulance cars.

The service is managed by the registered manager who is a pre-hospital emergency practitioner and an operations manager. The service employs a mix of staff including patient transport staff to paramedics. The staff mix consists of bank staff and permanent employees.

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely

During the inspection, we visited the service on two separate days. We spoke with five staff including patient transport drivers and management. We did not speak to

any patients or relatives as none were present on the days of inspection. We inspected vehicles and equipment and looked at the documents and records maintained by the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

The service had not been inspected since registration.

In the period June 2016 to June 2017, there were no emergency and urgent care patient journeys undertaken.

Four registered paramedics, one paramedic technician, and 15 patient transport drivers worked at the service. All of the paramedics and 14 of the patient transport drivers were classed as temporary staff: they worked for the service on a bank basis.

Track record on safety

- There had been no reported never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There had been no reported clinical incidents.
- There had been no reported serious injuries.
- There had been one reported complaint, which was a query rather than a safety complaint

Patient transport services (PTS)

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. We found that:

- The service had systems in place to monitor staff's compliance with mandatory training.
- There was a service had a system in place for reporting incidents.
- There was a policy in place for the storage, transport and destruction of patients' records.
- Staffing levels and skill mix was planned and reviewed to ensure that people were safe from avoidable harm and received safe care and treatment at all times.
- The service had a fire safety risk assessment for the premises and a policy that gave guidance for all staff in terms of managing fire safety on vehicles.
- There was a system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice.
- The service was equipped to manage a variety of health-related complaints. The service primary function was the provision of first aid at events.
- Systems were in place for staff to seek patient's consent, and assess capacity to agree to treatment when required.
- Feedback comments from patients using the service were positive.
- The service planned to meet the needs of local people, and provided a service based on an external risk assessments for events.

Patient transport services (PTS)

- The patient booking process meant patients' individual needs were able to be identified.
- Patients had access to timely care and treatment at events.
- There was guidance available on vehicles for patients to make a complaint or express their concerns.
- The service was led by the manager who was a trained pre-hospital emergency practitioner with significant experience of working in the independent ambulance industry.

However, we also found that:

- The service had systems in place to ensure the safety and cleanliness of vehicles and equipment and the safe storage and management of medicines. However, these had not always been followed, as we found vehicles and equipment that was not clean and some not fit for use. The manager took immediate action to address these concerns.
- The service had systems in place to safeguard adults and children. However, these had not always followed as the necessary staff checks and training had not been provided. The manager took immediate action to address these concerns.
- The service had systems in place to manage effective staff recruitment processes; however, these had not always followed. The manager took immediate action to address these concerns to ensure staff with appropriate skills and of good character were working with patients.
- The service did not formally monitor patient outcomes as there were no formal contractual or service level agreements in place at the time of the inspection.
- Due to the small size of the service, there was a limited governance framework to support the delivery of the strategy and high quality care.
- The risk register was limited and did not reflect some risks we found during the inspection.
- The manager and senior staff took immediate and effective actions to address the concerns we raised.

Are patient transport services safe?

Incidents

- From July 2016 to July 2017, there had been no reported never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The manager told us the service had a system in place for reporting incidents. This was a paper reporting form, which was to be completed at the time of the incident and then investigated by one of the team leaders.
- Incident reporting templates were available as part of the equipment taken to events, which enabled all incidents to be reported at the time of occurrence by frontline staff.
- There had been three incidents requiring investigation, from June 2015 to June 2016. We were told that there was a process in place, which would include investigations being completed within one week of the incident and information shared with the reporter and the wider team. The service had started a database for the recording or monitoring of incidents, the investigations, outcomes or learning. The manager showed us the new electronic system that was being introduced at the time of the inspection that would clearly detail all incidents reported with a system for review and investigation, when required. On the second day of the inspection, we saw that a new incident had been reported on this system and corrective actions were taken by the service to ensure all fire extinguishers were in current service date.
- Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The 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.
- The provider had a policy in place, which described their responsibilities under the duty of candour

legislation. Staff had an awareness of the requirements of duty of candour. We did not see any incidents reported that had required application of duty of candour.

Clinical Quality Dashboard or equivalent

- The service did not have a clinical dashboard to monitor safety. However, the manager showed us the new electronic system that was being introduced at the time of the inspection. Once operational, this would record performance and safety information. This would then be used to drive improvements in the service.

Cleanliness, infection control and hygiene

- The service had systems in place to ensure the cleanliness of vehicles and equipment; however, these had not always been followed.
- The service had an infection control and prevention policy dated April 2015. We saw this detailed the responsibilities of individual staff in relation to wearing appropriate protective equipment, reporting of illness, training, education, and handwashing. By the second day of the inspection, the manager had reviewed and updated this policy.
- There were some cleaning records for vehicles available and we were told that there had been a "deep cleaning" regime in place prior to inspection. However, there was not a complete record for this cleaning programme over the previous six months.
- We were informed that equipment and vehicles used for events were checked prior to the start of event and on return to base. Any equipment used was cleaned and prepared for next use. The service used a formal checklist to complete this but there was not a comprehensive system in place regarding recording these checks available on the first day of the inspection.
- On the first day of inspection, we looked at four vehicles and visited the station storeroom and we could not be assured standards of cleanliness and hygiene were being effectively maintained. There was no access to hot water following failure of the boiler. The boiler had been broken for a number of weeks staff were having to boil a kettle to get hot water. The manager took immediate action and arranged for an engineer to repair the boiler during this first day of the inspection.
- Cupboards, shelves, equipment and packaging in the storeroom were not visibly clean. Some items were stored on the floor which was not in line with national guidance as they were susceptible to damage and contamination. The manager took immediate action and arranged for the storeroom to be cleaned and tidied during the first day of the inspection. The manager also told us that the service had a cleaner that visits every Friday who cleaned each room and deep cleaned one "high risk" room each visit.
- On the first day of inspection, we could not be assured the service had reliable systems in place to prevent and protect people from a healthcare-associated infection. We saw two laryngoscope blades in the storeroom that were out of the packaging. Laryngoscopes are used to examine the throat and blades should be kept sterile. The manager informed us that as the service was offering a patient transport service the laryngoscope blade would not be being used and was locked away in the stock room (that only management had access to) so that it could not be used on an ambulances but could be used for training.
- We looked at four ambulances on the first day of the inspection and all of the vehicles were not visibly clean. Two of the vehicles did not have a full range on personal protective equipment (PPE), such as aprons, sleeve protectors and face masks. We raised this as a concern with the manger, who took immediate action to clean all vehicles and ensure appropriate PPE was in place on all vehicles. It was also noted that the kit bags were not visibly clean. The manager explained the vehicles had been in use the day before and there had not had been an opportunity to clean them before the inspection. The manager took immediate action to address these concerns.
- On the second day of inspection, the boiler had been repaired and the staff had access to hot water, the storeroom had been cleaned and items were stored in line with national guidance. The manager had introduced new enhanced systems to ensure effective management and oversight of the cleanliness of vehicles and equipment.
- A new recording system for monitoring checks had been introduced and showed daily checks had been undertaken since we raised this as a concern on the first day of the inspection. We saw all equipment available for use was stored appropriately and was visibly clean. We saw new infection control policies and procedures had been put into place. There was a cleaning schedule for all the vehicles, which identified an expectation for

all vehicles to be cleaned in between patients and at the end of the day or beginning of each shift and "made ready". We also saw that a deep clean schedule had been implemented for the rest of the year.

- We checked three vehicles and all equipment therein and all were visibly clean. Appropriate supplies of PPE were available. Ambulance interior surfaces and equipment were clean and records of daily checks had been completed. The manager had also ordered new kit bags that were made from plastic 'wipe clean' materials.
- The service provided appropriate waste disposal systems, which included domestic waste, clinical waste and sharps. The appropriate containers were observed to be in place during inspection.
- There were colour-coded bins in place for both general and clinical waste. Clinical waste was stored on site at the service's office, and was collected at prearranged times when necessary. The clinical waste bin was locked. This meant clinical waste could not be removed from the bin therefore did not present a health and safety risk.
- Appropriate hand washing facilities and hand gels were in place to be used by staff.
- We were informed that between patient treatments, staff used appropriate cleaning wipes for the equipment used. These were observed to be in place during inspection.
- We saw that staff had received infection control training as part of induction and annual mandatory training.
- The manager informed us that no incidents relating to infection control had been reported in the past year.

Environment and equipment

- The service had systems in place to ensure the safety and maintenance of equipment; however, these had not always been followed.
- Whilst the service had systems in place regarding the suitability of equipment and supplies being used, the manager took immediate actions during the inspection to obtain assurance that the governance systems gave appropriate oversight as to the suitability of equipment and supplies.
- There was some equipment in the storeroom that was not appropriate for the activities provided by the service. There were two packs of blood collection tubes. The manager did not know why this equipment had been stored in the storeroom and took immediate action to remove them.
- There were six defibrillators in the storeroom. There were expired pads and electrocardiogram (ECG) electrodes in each. This included paediatric pads. The expiry dates ranged from January 2015 to June 2017.
- We also found some out of date equipment in kit bags that were tagged as ready for staff to use. This included 11 oral airways (a device used to open or maintain a patient's airways), 14 dressings, four ice packs, four tubes of lubricating jelly, a pack of electrocardiogram electrodes (used to monitor a patient's heart rate) and an oxygen mask. The equipment was found to have expired between May 2016 and June 2017.
- We found expired equipment in the on-site storeroom on the first day of inspection. This included 55 cannulas, nine IV giving sets (used to administer medication), six capnographs (used to monitor a patient's breathing), five suction catheters (used to clear a patient's airways), five needles, four oral airways, four blood spill kits, three endotracheal tubes (used to maintain a patient's open airways), two safe-inject syringes, three dressings and an oxygen mask. The equipment was found to have expired between November 2013 and June 2017. There was also a catheter mount that had expired in March 2009.
- We also found out of date equipment on some vehicles we checked including four cannulas (with expiry dates of May 2017 and November 2016), two syringes (with expiry dates of February 2017), two dressings (with expiry dates of July 2016), two body fluid spill kits (with expiry dates of September 2016), and three oral airways (with expiry dates of May 2016).
- We were told the service could transport children from events to an acute setting in an event of an emergency however; vehicles we saw did not have the required safety harness for transporting children. Some vehicles did not have five point harnesses for stretchers to transport patients safely. After the inspection, the manager informed us that the service had maintained a baby seat, child seat and booster seat and these were kept in the service's crew room.
- We raised the issue of the lack of appropriate servicing of some essential equipment and the fact that some equipment on some vehicles and in the storeroom was not fit for use with the manager of the service. They stated that the service had been carrying out audits since April 2017 and that kit bags were checked and re-stocked after every use. However, because some equipment had expired prior to this date and we saw no

records of audits, we were not assured that there were effective systems in place to ensure equipment was safe for use. The manager took immediate action on the day of inspection to ensure that all out of date equipment was be removed and that all equipment in all vehicles and the storeroom would be checked as a matter of urgency.

- We reviewed the service's vehicle checklist and conditions of use form that was in use at the time of the inspection. Information on the form included vehicle details, mileage, fluids, tyres, steering, lights, wipers, breaks and horn checks. Staff confirmed these forms should be completed for every patient journey. We found these were completed sporadically and not for every shift. We raised this with the manager, who took action to ensure these check forms would be completed for all shifts. After the inspection, the manager also informed us that a monthly managerial check was being completed for all vehicles.
- On our second day of the inspection, the service had addressed all the issues raised. We found the vehicles and equipment had the required maintenance processes in place that ensured all equipment was suitable for use.
- We saw that all vehicles to be used by the service and all equipment and medical consumables therein were fit and safe for use. The service had checked all equipment and all medical consumables in all vehicles and the storeroom, and had removed all out of date supplies. We saw that the service had arranged for all equipment to be tested by a suitably qualified service engineer and records seen evidenced this. All resuscitation equipment had been checked and was fit for use. A new checking process had been introduced and regular audits had been planned. The storeroom was organised and all items we checked were in date for safe use.
- Appropriate safety harnesses had been purchased and were now in place on the vehicles.
- Electronic tailgates on two vehicles we checked were in appropriate working order and we saw records of regular servicing.
- We saw that all eleven vehicles had valid and appropriate vehicle insurance and evidence of regular service and maintenance. The service was compliant with Ministry of Transport (MOT) testing and servicing of the vehicles. The service had an agreement with local garages who maintained the vehicles. The three vehicles we checked were roadworthy and fit for use. A check form had been completed for each vehicle to record that it was fit for use.
- Staff were trained on the equipment used by the service to ensure they were competent to use it. We were told by that the staff on duty that managers would observe all new staff using the equipment until they had completed a competency. All observed practice was recorded in the service records.

Medicines

- The service had systems in place to ensure the safe storage and management of medicines; however, these had not always been followed.
- The service had a medicines' management policy in place, dated April 2015, which had been reviewed in October 2016. It stated which medicines were routinely administered by the service. The policy gave clear guidance on the use of patients' own medicines and the grade of staff required completing this. The policy gave guidance on the safe handling, storage and disposal of medicines, including gases. The service did not use or store controlled drugs (which are medicines that require an extra level of safekeeping and handling). The service had a medical director who prescribed medicines when requested by the manager.
- We found some out of date medication in the storeroom and in kit bags that were tagged as ready to use. There were two bottles of an intravenous painkiller in kit bags that had expired in April 2017, and a further ten bottles in the storeroom. There were also two solutions of sodium chloride in the storeroom that had expired in May 2017.
- We raised this with the manager of the service, who said that staff had been advised not to use the intravenous paracetamol in June 2017; however, the medication had expired in April 2017. The out of date medication was immediately removed from kit bags and the manager took action to arrange for an urgent audit of all medicines on the day of the inspection.
- The service did not record or monitor temperatures in the store room where medication was kept. During the first day of the inspection, there was no thermometer to assess the temperature. The shelf life and efficacy of

medications can be affected by temperatures over 25 degrees and should be monitored to assess potential impact. Therefore, we could not be assured that medicines had always been stored appropriately.

- Not all oxygen cylinders were stored securely in the storeroom. National guidance states that oxygen cylinders should be kept chained or in brackets to prevent them falling over. Three oxygen cylinders were not stored securely in the storeroom as chains were loose and cylinders were not fixed in an upright position. Guidance also states that entonox should be kept separately from all other medical gas cylinders to avoid mix up.
- On our return to the service on 14 July 2017, we saw the service had implemented an effective process to ensure the safe storage of medicines. Systems were in place to monitor temperatures in the storeroom and records seen evidenced this. Oxygen cylinders and entonox cylinders were stored securely. A complete audit of all medicines had been carried out and any out of date medicines had been disposed of and records seen evidenced this. We saw that an audit record book had been implemented with an effective system was in place to ensure stored medication was in date. We sampled a series of medicines therein and found all were fit and safe for use. The manager had also reviewed an updated the medicines' management policy.

Records

- There was a policy in place for the storage, transport and destruction of patients' records.
- Patient details were available to crew members for patient journeys, and then patient information was returned to the manager at the end of a shift. Patient report forms consisted of duplicate records, which detailed patients' name, address, complaint and treatment received. They also included the details of the staff member assessing or treating the patient and any details of transfer to another provider.
- The service had an appropriate system in place for the storage of patients' records.

Safeguarding

- The service had systems in place to safeguard adults and children; however, these were not always followed.
- The service had a safeguarding policy for vulnerable adults and children in place dated April 2015, that had been reviewed in October 2016. It contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. It also contained a comprehensive list of local authority safeguarding contact numbers for use in an emergency.
- However, there was limited evidence that all staff had completed an appropriate level of safeguarding adult or children training that reflected national guidelines for safeguarding.
- On day one of the inspection, it was unclear as to what level of safeguarding training the staff had attended. Safeguarding adults and children training had been provided for all staff, but the training was not clearly identified in defined levels. Senior staff were not clear about the national guidance 'Safeguarding Adults: Roles and competences for healthcare staff – Intercollegiate Document' (2016). We were advised that all staff had received training but it was unclear what the manager's level of safeguarding training had been to be able to deliver this staff training. This meant that there was a risk that staff would not be able to recognise and report potential safeguarding concerns. We raised this as a concern with the manager, who took immediate action to arrange for an appropriate independent training provider to deliver training two days after the first day of our inspection.
- On our return to the service for the second day of the inspection, the manager was able to document and provide all staff had attended safeguarding training as part of their induction; other staff had also attended a level three course by an external training provider. All staff that were due to work in the service for the next four weeks had undertaken this training and we saw that further training was being arranged. The manager had arranged to undertake level four safeguarding children training within the next month.
- Arrangements for checking bank staff's fitness to work with vulnerable adults and children were not effective as essential checks had not always been carried out. The service did not always carry out a Disclosure and Barring Service (DBS) check on newly appointed bank staff and were reliant on checks carried out by the staff's substantive employer. We raised this as an urgent concern with the manager, who took immediate action to ensure no staff without a current DBS check would work in the service until a satisfactory check had been carried out. The manager explained that all staff had been interviewed by them and that the staff in questions had been provided event cover. On the

second day of inspection, we saw all staff working at all confirmed upcoming events either had a current DBS or were working supervised by another staff member (with all the correct checks in place) while their DBS was being processed. This was in accordance with the service's policy.

- A new policy had been implemented for the transportation of children, dated 11 July 2017 and gave guidance for staff specifically for the safe transport of children, including guidance for managing safeguarding concerns.

Mandatory training

- The service had systems in place to monitor staff's compliance with mandatory training.
- An induction policy was in place dated April 2015, which had been reviewed in October 2016. This gave details of required induction training covering the use of equipment, use of vehicles, incident reporting, infection control, health and safety and the ethos of the service.
- A training policy was also in place dated April 2015, which had been reviewed in October 2016. This detailed statutory training required (for example, fire safety, risk assessment, mental capacity awareness) as well as mandatory training (for example, equality and diversity, infection control, safeguarding, manual handling and clinical updates). Training was delivered by an accredited external organisation. Immediate life support (ILS) and paediatric life support (PILS) training was delivered at a local NHS hospital.
- The service maintained a record of staff induction training and we saw 26 staff had had an induction recorded.
- The service had a system in place for monitoring the completion and compliance of external training undertaken by the team. This included a database that detailed skills or training completed, the date completed and date for renewal. This was monitored by the manager to ensure that staff were compliant with the external training required for their roles. The training matrix used by the service recorded relevant qualification and training dates for 24 staff. The manager was undertaking a review of the external training provider and was arranging further training dates for the rest of the year.

Assessing and responding to patient risk

- The service provided mainly first aid event cover and did not have a contract for patient transport services at the time of the inspection.
- The event organiser completed the event risk assessments for the service. The event risk assessment was shared with the service, who then allocated staff to work in line with requirements. Allocated staffing levels were based on the requirements of the event.
- We saw examples of the risk assessments included maps of first aid treatment areas, the number of staff required and details of event risks.
- The service had a transfer of patients' policy, a resuscitation policy and the management of deteriorating patients' policy which clearly outlined the roles and responsibilities of staff. This included communication between the service and the planned destination, information to be given to patients and documentation. The policy highlighted links to the consent policy, reminding staff to ensure consent in place, prior to transfer.
- The services provided first aid at events and if patients' condition deteriorated, the service would generally call for emergency services. Stable patients needing further assessment and treatment were transferred to the nearest emergency department by the local NHS ambulance trust.
- In an emergency, the service would transport patients to the nearest local acute NHS hospital. The manager informed us that this had occurred 20 times in the previous year.
- The service had a policy in place, which had been reviewed in October 2016 regarding the management of deteriorating patients
- Whilst the service did not have a contract for patient transport services, the manager informed us that occasionally, the service received bookings from the local NHS trust, or from private individuals. This happened approximately twice a month the manager told us. Staff told us that one crew member sat with patients being transported in the rear of the vehicle. This meant they could directly observe the patients throughout the journey and respond if they witnessed a decline in the patients' condition.
- If patients became ill during their journey, the manager told us they would stop the vehicle as soon as it was safe to do so and call 999. They would then inform their manager and would support the patient as best they could until help arrived. In exceptional cases, such as if a

patient was at risk of death or losing a limb, the ambulance staff would transport the patient directly to the local acute hospital. They had contact numbers for the local hospitals to alert them of their imminent arrival.

Staffing

- Staffing levels and skill mix was planned and reviewed to ensure that people were safe from avoidable harm and received safe care and treatment at all times.
- The service was managed by the registered manager who was a pre-hospital emergency practitioner and an operations manager. The service employed a mix of staff including patient transport staff to paramedics. The staff mix consists of bank staff and permanent employees.
- Four of the staff were paramedics that were registered by the Health and Care Professions Council (HCPC). The HCPC is a statutory regulator of 16 health and care professions in the United Kingdom. It sets and maintains standards of proficiency and conduct for the professions it regulates. Its key functions include approving education and training programmes which health and care professionals must complete before they can register with the HCPC; and maintaining and publishing a Register of health and care providers who meet pre-determined professional requirements and standards of practice.
- When the service was booked to cover an event, a risk assessment was completed which determined how many and what grade of staff were required. This was based on the size of the event and the risks associated with the activity. When staffing levels were determined, the staff volunteered for the available shifts. The manager confirmed attendance. We saw copies of risk assessments and the staffing attendance lists during inspection and saw that staffing numbers met planned cover.
- Staff were able to take sufficient breaks during events, and these were allocated at the time of event to ensure adequate cover. We saw examples of work sheets which detailed staff breaks.

Response to major incidents

- The service had a business continuity policy dated April 2015, that had been reviewed in October 2016. This policy covered the priority functions of the service and gave guidance on managing adverse incidents, including electrical services failures, gas and water failures. The policy detailed actions to be taken by individual team members in the event of an incident, the reporting and communications expected and the escalation process. Senior staff were aware of this policy and had immediate access to all necessary contract phone numbers for emergency services.
- The service had a fire safety risk assessment for the premises and a policy that gave guidance for all staff in terms of managing fire safety on vehicles. On the second day of the inspection, we were provided with evidence of fire safety equipment checks having been carried out in the past year. All staff had had fire safety awareness training as part of their induction and as part of their mandatory training.

Are patient transport services effective?

Evidence-based care and treatment

- There was a system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice. The service policies were based on evidence-based guidance, standards, best practice, and legislation, including Joint Royal Colleges Ambulance Liaison Committee and the Resuscitation Council guidance.
- We reviewed 35 policies in place for the service, including those for recruitment, staff induction and training, risk assessment, incidents, medicines management, fleet management, resuscitation, infection control and criteria for transport. The policies had a date when first produced (April 2015) and a version number and a date of next review.
- Most policies had been reviewed in October 2016, and we found that between the first and second days of the inspection, senior staff had reviewed all polices and had updated some as required to give clearer guidance to staff.
- Senior staff were aware of current evidence based guidance, standards and best practice were used to develop how services, care and treatment delivered.

Assessment and planning of care

- The service provided mainly an onsite first aid drop in service and walked around event sites to observe for anyone who may need help. Bookings were made in advance, and were completed by arrangement with the

team leaders directly. The service was equipped to manage a variety of health-related complaints. The service's primary function was the provision of first aid at events.
- For the infrequent patient transport bookings, senior staff told us information about patients' needs was collected at the point of booking, and communicated to staff face to face. Information included the patients' age, weight, medical conditions, disabilities and any infections. There was some evidence that risks were assessed as part of point of initial bookings to ensure that care could be provided safely and necessary equipment was available.
- Patients' nutrition and hydration needs were considered and there were some arrangements such as bottled water in the vehicles which could be given to the patient if required.
- A policy was in place for the treatment and transport of children.

Response times and patient outcomes

- There were no formal contractual or service level agreements in place at the time of the inspection. Therefore, the service did not formally monitor patient outcomes.
- We saw that information captured during some events detailed actions taken by the staff to address clinical findings and any actions taken by staff members. This included advice for follow up with GPs or other services. The service did not analyse this data to determine the number of patients using the service, the treatment given or the patient outcome.
- The service did not routinely monitor the number of patient transfers completed. The manager told us that the service had completed 20 transfers to acute hospitals from June 2015 to June 2016.
- The service did not have any key performance indicators (KPIs) to monitor the time taken to transfer patients to their destinations.
- The service did not benchmark against other providers.
- The service did not participate in national audits or accreditation processes.
- The service did not use patient outcomes to improve the service.
- Response times to 'ad hoc' calls were not being formally monitored.
- The service collated feedback from patients and event organisers, but this was not systematically used to improve services.

Competent staff

- The service had systems in place to manage effective staff recruitment processes; however, these had not always been followed.
- On the first day of the inspection, from nine current staff files reviewed, we did not find evidence that staff had an employment contract issued. None of these staff files showed evidence of two satisfactory references being requested and reviewed. Some staff applications had a lack of a clearly defined work history.
- There was limited evidence that a recruitment and selection interview had been carried out to consider their competency for the role they had applied for, which was not in accordance with the recruitment policy.
- The manager told us the service did not always undertake on their Disclosure and Barring Check (DBS) checks on bank staff prior to their employment. The service relied on the DBS checks carried out by the substantive employer in most cases. The manager told us that whilst new staff were on an induction process of 10 weeks, they would be supervised by an experienced member of staff, and that on completion of the induction period, a DBS check would then be applied for. Four bank staff were working without DBS checks having been carried out by the service: this had not been risk assessed prior to the applicant commencing work. The registered manager did not have a DBS from the service, but had an enhanced DBS from the Care Quality Commission.
- Staff members with criminal convictions identified on their DBS were working without formal evidence of a risk assessment having being carried out.
- We raised this as an urgent concern and the manager took immediate action to ensure that no patient transport journeys would be carried out until the service had received DBS checks, references and satisfactory evidence of staff's competency for the role in which they were employed.
- On the second day of our inspection, we saw the manager had applied for a further nine DBS checks. Seven bank staff, without necessary documents to enable a DBS application to be made, had been suspended until such a time the application for a DBS

check could be made. All staff working at all the confirmed upcoming events either had a current DBS or were working supervised by another staff member with all the correct checks in place, while their DBS was being processed. We also saw that the manager had taken steps to ensure that staff files were updated to include written references, application forms, evidence of the interview and selection process. A risk assessment process for staff with any concerns stated on the DBS check was now in place.

- We saw evidence that all staff had received an induction and that the induction and staff recruitment policy had been reviewed. The manager had also arranged for a supervision and appraisal system to be implemented. We saw a detailed policy regarding this was now in place, identifying staff's learning and development needs, linked to their continuous professional development and registration with their professional body (if applicable).

Coordination with other providers and multi-disciplinary working

- The service did not have any formal contracts in place. Senior staff reported effective relationships with the local acute NHS trust and a range of event organisers.
- The service did not directly inform other services of treatment given, with the exception of patient transfers to the local NHS emergency department. Patients transferred to emergency departments were handed over to the department. The assessment and treatment provided were explained and a copy of the patient record sheet given to the accepting service.
- All other patients were given advice on any follow up care, however no referrals were made. For example, we saw some treatment records that advised patients to attend their GP for further advice or discharged following minor treatments.

Access to information

- Information gathered during patient assessments was recorded on the patient treatment form. These were signed and dated by the staff attending the patient, and the patient, or guardian. The patient was provided with a copy of the form on discharge. A copy of the form was given to staff within the emergency department if patients were transferred between the services.
- All patient records were observed to be paper based.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act 2005 as part of induction and mandatory training days. A Mental Capacity Act (2005) policy was in place that provided clear guidance for staff on assessing patient's ability to make informed decisions.
- Patients receiving care or treatment were asked to sign the treatment record to confirm they understood the advice or treatment given. Verbal consent was recorded on the form.
- We were told that vulnerable adults and children usually attended events with parents or guardians. Consent for treatment by the individual staff member was obtained prior to the completion of any treatment.
- The service had consent policy dated 2015, which detailed the expectations of staff to consider consent with all patients and to detail that consent was to be sought before any treatment. The policy also gave guidance on the consent process for children, and highlighted the guidelines in the safeguarding policy relating to treating patients less than 18 years.
- The service had implemented a do not attempt cardiopulmonary resuscitation policy (DNACPR) in July 2017. This policy gave clear guidance for staff on managing bookings and also for ambulance crew to check original DNACPR documentation when receiving a patient.

Are patient transport services caring?

Compassionate care

- We were not able to observe crew interacting with patients, as during our inspection there no patient journeys booked on either day.
- We saw a sample of 10 comments and feedback messages received by the service which were complimentary about the care and respect shown by staff to patients.
- We also received positive comments about the staff in the service from three external organisations, including event organisers.
- The manager was in the process of implementing a formal system to capture patient feedback and collate results and themes to help make improvements in the service.

Patient transport services (PTS)

Understanding and involvement of patients and those close to them

- We were not able to observe crew interacting with patients, as during our inspection there no patient journeys booked on either day.
- We saw from samples of patient treatment records that consent had been recorded to the course of treatment outlined by staff.

Emotional support

- We were not able to observe crew interacting with patients, as during our inspection there no patient journeys booked on either day.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Service planning and delivery to meet the needs of local people

- Information about the needs of the local population was used to inform how services were planned and delivered. For example, the size of the event being held determined the number of staff in attendance.
- Event organisers and their stakeholders were involved with the planning of the service. The team were hired to perform specific roles. This was for first aid on site. The roles and responsibility of the service was determined in advance through discussion with the event organisers and were detailed in the event contract. We saw contracts between the service and event organisers, which stipulated roles, and expectations.
- The team were able to flex the service provided if appropriate time was given to arrange the bank staff to attend. We were told that staff were very keen to assist with event cover and additional staffing could usually be arranged.
- The service did not have its own secure car park but the base location was in a business area with external security barriers and fences. On site security patrols at night by the business area owner were carried out. The provider also had a remotely monitored alarm with a security contract in place with a security firm. The base location used by the service did have storage facilities to support the delivery of the service.

Meeting people's individual needs

- The patient booking process meant patients' individual needs were able to be identified.
- The service planned to take into account the needs of different patients through the initial risk assessment of the events covered. This was not completed by the service, but by the event organisers.
- Service managers confirmed that they used accompanying family, friend or carers to support patients requiring additional support in assessments and treatment. This included, children, visually impaired patients, and patients whose first language was not English.
- Vehicles were not designed to meet the needs of bariatric patients.
- There was no access to translation services, or aids for visual or hearing impaired given the type of event cover being provided. The manager informed us after the inspection that staff had access to a web-based translation service, and also when working for hospitals, they could access to the hospital's language line and or translation service if required.
- The service did not have any specific aids available to assist communication with patients living with dementia or with learning disabilities. The service had in place a policy giving staff guidance for supporting patients with a vulnerability: this included patients living with a dementia or with a learning disability.

Access and flow

- Patients had access to timely care and treatment at events. This was achieved by the patrolling of events by teams with medical supplies, and the use of ambulances. The service could attend a location at the time of incident to assess patients.
- In addition to patrols, the service provided a first aid area, which was advertised by event staff. Patients were able to "drop in" for treatment, as they felt necessary.
- The service did not use an appointment system for event cover. Patients awaiting treatment were seen in a first come basis. Staff reported that number of patients varied; however, staff said there were no occasions where patients waited for treatment.
- The service did take occasional bookings for patients transport journeys from the local NHS hospital or direct from the private individuals. The booking system was managed by the manager and the operations manager

with a 24 hour on call telephone service. The service did not maintain a systematic record of all such bookings, but the manager showed us a new electronic system that was being introduced. This new system would provide a record of all patient bookings and event cover with details of booking calls made.
- No complaints had been recorded in the year from June 2015 to June 2016 regarding delayed responses to transport bookings.

Learning from complaints and concerns

- There was guidance available on vehicles for patients to make a complaint or express their concerns. Leaflets were available explaining how patients and those accompanying them could contact the service management team.
- There had been one complaint recorded in the period June 2015 to June 2017. This was a query rather than a safety complaint.
- This related to a query about standards of driving. This had been investigated and a response sent to the complaint within 25 days, in accordance with the service's policy.
- The service had a complaints policy in place, dated April 2015, which had been reviewed in October 2016. This gave clear guidance to staff on how to record a complaint and how it would be investigated. Timescales for response were 25 days for most complaints and 45 days for complex complaints.

Are patient transport services well-led?

Leadership / culture of the service

- The service had a CQC registered manager in post who was responsible for the daily running of the service, provision of staff, equipment and booking all work. The manager was aware of the CQC registration requirements for the service.
- The manager advised us on the first day of the inspection that due to the daily operational needs of running the service that certain office based systems and processes had lapsed over the preceding months. This was due to the number of events being arranged in the summer months. The manager fully accepted that some systems, for example, audits and records of checks, cleaning of vehicles and maintenance of staff files had not been carried out. When we raised a number of concerns, the manager gave immediate assurances that no further patient transport journeys or event cover would be provided until appropriate checks had been carried out and the appropriate evidence of these was available.
- When we inspected on the second day, we found that the manager and the senior staff had taken all required actions to ensure that vehicles and equipment therein were appropriate and safe for use. Evidence required to demonstrate that the staff working in the service had the skills and were of good character to work with patients was also provided.
- The service had a very flat structure, with the manager working alongside a small team of staff who were allocated roles according to their training and competence.
- The manager was a trained pre-hospital emergency practitioner with significant experience of working in the independent ambulance industry.
- The manager was aware of the scope and limitations of the service, based on the size, numbers and type of staff, and type of work booked for. The manager gave assurances that the high dependency transport would no longer be offered until an application for registration for the regulated activity of treatment of disease, disorder or injury has been granted. The manager informed us that he had been advised on the original application for registration that this was not required. An application for this regulated activity was made immediately after our inspection.
- As the service was small, the manager had regular opportunities to meet with the staff. They used these conversations to provide support and if necessary, as an opportunity to address behaviour and performance that was inconsistent with the vision and values of the service.

Vision and strategy

- The service's vision was identified in the service's employee handbook and was intended to provide a responsive ambulance service for the people of the UK and Europe, to deliver high quality care wherever and whenever it is needed.
- We saw the service had a business development strategy, which detailed plans to expand the service with the aim of securing a formal patient contract with local commissioners.

Patient transport services (PTS)

Governance, risk management and quality measurement

- Due to the small size of the service, there was a limited governance framework to support the delivery of the strategy and high quality care.
- The service was in the process of implementing a governance structure using an external provider. We saw evidence of the database which would record and track complaints, staff records, training data, safety alerts and audits, and provide a service quality dashboard. This system was not fully functioning at the time of inspection.
- At the time of the inspection, there was a limited risk register used to record risks identified, regarding patients, staff or the business. We saw that the risk register recorded some risks associated with equipment, staffing and patients, along with some mitigating actions and outcomes. The risk register did not follow the traditional risk-rating format, however, it was clear and concise, and reflected some of the risks in the service at the time of our inspection. Other risks we identified on the first day of the inspection had not been recognised or assessed by the service. This included bank staff Disclosure and Barring Service checks not being completed, gaps in vehicle cleaning and the ongoing maintenance, checks on equipment and medical consumables and lack of appropriate safeguarding children's training.
- Due to the small size of the service, regular formal governance meetings did not take place.
- There were limited formal systems in place to monitor performance other than records of business activity such as event bookings, and the collection of patient feedback.
- The manager told us there were clear lines of accountability and clear responsibility for cascading information to the clinicians and other staff on the front line. The service was a small family run business and communication was often carried out informally.
- The service had a company staff structure in place.
- Staff meetings were held to review planned events, training needs and the service performance in general. However, these meetings had not always been recorded formally and did not follow a set agenda.
- As there were limited systems in place to assess, monitor and improve the safety and quality of the care and treatment provided, this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 17(1) (2) (a) (b); good governance.

Public and staff engagement

- We spoke with two staff, one permanent and one employed as a bank member of staff. They told us that they felt listened to and the manager was approachable.
- We saw that patient feedback was very positive, complimenting staff on their helpfulness, punctuality and all recommending the service for future use.
- The manger showed us the new systems to be introduced to formally capture patient and staff feedback via surveys and spoke of the service's plans to use this further develop the service.

Innovation, improvement and sustainability

- The service was in discussions with a number of local commissioners to identify how the service could further expand and improve.
- The manager had engaged the service of an external specialist human resources company to oversee staff recruitment and staff management processes including systems for staff supervision and appraisal.
- The manager showed us the new electronic system that was being introduced that would provide real time records of all business activity, incidents, patient and stakeholder feedback and complaints as well as an effective audit trail for vehicle and equipment servicing.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- To ensure all risks in the service are effectively assessed and mitigating actions taken to reduce potential risks to patients.
- To ensure the service has an effective governance system in place to monitor quality and safety information to ensure the delivery of safe and effective care and treatment on an ongoing basis.

Action the hospital SHOULD take to improve

- To consider a formal system for monitoring and recording key performance and service quality data for ongoing analysis to drive improvements in the service.
- To consider a system so that all one to one meetings and team meetings are recorded. Meetings to be completed against a structured agenda, recorded and any planned actions detailed.
- To complete formal appraisals of all staff to identify training needs and areas for development.
- To consider a structured system for carrying out routine audits to confirm safe practice and adherence to policy.
- To consider a formal system for monitoring and recording key performance and service quality data for ongoing analysis to drive improvements in the service.
- To review how staff training compliance is monitored and have systems in place to address any areas of non-compliance.
- To monitor that all staff have relevant safeguarding children level two and three training.
- To review audit procedures for staff recruitment and selection processes, including Disclosure and Barring Service checks.
- To monitor the effectiveness of the systems for the safe management of medications, which should include storage of medicines.
- To monitor the effectiveness of systems to ensure all vehicles and equipment are clean and fit for use.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Why the service was not meeting this regulation:** • There were limited systems in place to assess, monitor and improve the safety and quality of the care and treatment provided. • Risks identified during the inspection had not been recognised or assessed by the service. • The service did not have an effective governance system in place to monitor quality and safety information to ensure the delivery of safe and effective care and treatment on an ongoing basis