

IAS Medical Limited

IAS Medical

Quality Report

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Date of inspection visit: 16 to 17 January 2018 and
an unannounced inspection on 29 January 2018
Date of publication: 11/04/2018

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

Summary of findings

Letter from the Chief Inspector of Hospitals

IAS Medical is operated by IAS Medical Limited. The company provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 16 to 17 January 2018, along with an unannounced visit to the on 29 January 2018.

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?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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 issues that the service provider needs to improve:

- The service had limited systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was inconsistent.
- The service did not have systems to ensure all staff were up-to-date with other training requirements.
- The service did not have an effective policy for safeguarding children and for protecting vulnerable adults from abuse. The policy did not contain the name of the safeguarding lead and contact information for the appropriate local authority safeguarding children and vulnerable adult's team.
- The medicines management policy had not been adapted by the service. It did not contain what medicines were used and who was responsible for administering them. There were no patient group directions (PGD) for supplying and administering medicines. A patient group direction allows some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predefined group of patients without them having to see a doctor.
- The service did not have a recruitment policy. Appropriate criminal records checks through the disclosure and barring service (DBS) had not been carried out for 11 part-time medical staff.
- Appraisals had not been completed for the 11 part-time medical staff.
- The service did not have a formal process to collect feedback from patients to monitor the quality of the service.

However, we found the following areas of good practice:

- Staff were committed to providing the best quality care to patients. Staff displayed a caring and compassionate attitude and took pride in the service they were providing.
- We observed good multidisciplinary working between ambulance crews and other NHS staff in preparation for moving patients.
- The management team worked with the NHS hospital trusts to provide services which met the needs of local people.
- Staff were well supported by the management team; they told us the management team were friendly and approachable.
- The leadership structure was clear with an operations manager and management team who were responsible for co-ordinating the work of the ambulance crew.
- The process for checking driving licences was robust. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check. The service had an electronic system which recorded these driving licence checks.

Summary of findings

- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. The driving assessment was provided by an external provider. We saw records which showed the outcome of the assessment was discussed with the drivers.

Following this 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 three requirement notices that affected patient transport services. Details are at the end of the report.

Ellen Armistead Deputy Chief Inspector of Hospitals (North of England) on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Patient
transport
services
(PTS)**

Rating

Why have we given this rating?

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

The only service provided was in relation patient transport.

IAS Medical

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to IAS Medical

IAS Medical is operated by IAS Medical Limited. The service opened in 2006. It is an independent ambulance service in Darlington, County Durham which provides planned patient transport services. The service primarily serves the communities of the North East, North Yorkshire Border and Cumbria. The air ambulance provides a repatriation service and operates in the UK and internationally.

The service had one contract with an NHS hospital trust at the time of the inspection. This was for transporting paediatric intensive care patients. The service also provided occasional patient transfers for another NHS hospital.

The service has had a registered manager in post since 2012.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and two

specialist advisors with expertise in governance, patient transport services and emergency and urgent care. The inspection team was overseen by Sandra Sutton, Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

IAS Medical is an independent ambulance service with an operational base and office in Darlington, County Durham. The service had one contract with an NHS hospital trust at the time of the inspection. This was for transporting paediatric intensive care patients. The service also provided occasional patient transfers for another NHS hospital.

The company provides self-funded repatriation in the UK and internationally. The operational base for repatriation is the Durham Tees Valley Airport.

The service is operational 24 hours per day seven days per week.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

During the inspection, we visited the base in Darlington, County Durham, an ambulance station in Westgate Road, Newcastle upon Tyne which is operated by another provider and used by IAS vehicles and staff and the base at the Durham Tees Valley Airport.

We spoke with eleven staff including; patient transport drivers, an advanced critical care practitioner, the medical director and management. During our inspection, we reviewed six sets of patient records.

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 has not previously been inspected by CQC.

In the period January to December 2017 there were 954 patient journeys undertaken. The service mainly works with children.

Nine patient transport drivers worked at the service, which also had a bank of 11 part-time clinical staff including doctors and nurses. The accountable officer for controlled drugs (CDs) was the medical director.

Track record on safety from January to December 2017. The provider reported:

- No never events
- No serious injuries
- No complaints

Patient transport services (PTS)

Summary of findings

We found the following issues that the service provider needs to improve:

- The service had limited systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was inconsistent.
- The service did not have systems to ensure all staff were up-to-date with mandatory training requirements.
- The service did not have an effective policy for safeguarding children and for protecting vulnerable adults from abuse. The policy did not contain the name of the safeguarding lead and contact information for the appropriate local authority safeguarding children and vulnerable adult's team.
- The medicines management policy had not been adapted by the service. It did not contain what medicines were used and who was responsible for administering them. There were no patient group directions (PGD) for supplying and administering medicines.
- The service did not have a recruitment policy. Appropriate criminal records checks through the disclosure and barring service (DBS) had not been carried out for 11 part-time clinical staff.
- Appraisals had not been carried out for the 11 part-time clinical staff.
- The service did not have a formal process to collect feedback from patients to monitor the quality of the service.

However, we found the following areas of good practice:

- Staff were committed to providing the best quality care to patients. Staff displayed a caring and compassionate attitude and took pride in the service they were providing.
- We observed good multidisciplinary working between crews and other NHS staff in preparation for moving patients.
- The management team worked with the NHS hospital trust to provide services which met the needs of local people.

- Staff were well supported by the management team; they told us the management team were friendly and approachable.
- The leadership structure was clear with an operations manager and management team who were responsible for co-ordinating the work of the ambulance crew.
- The process for checking driving licences was robust. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check. The service had an electronic system which recorded these driving licence checks.
- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. The driving assessment was provided by an external provider. We saw records which showed the outcome of the assessment was discussed with the drivers.

Patient transport services (PTS)

Are patient transport services safe?

At present we do not rate independent ambulance services.

We found the following issues that the service provider needs to improve:

- The service did not have systems to ensure all staff were up-to-date with mandatory training requirements.
- The service did not have an effective policy for safeguarding children and for protecting vulnerable adults from abuse. The policy did not have a clear process for staff to follow to report safeguarding concerns. Staff we spoke with did not know how to report safeguarding concerns.
- The medicines management policy had not been adapted by the service. It did not contain what medicines were used and who was responsible for administering them. There were no patient group directions (PGD) for supplying and administering medicines.

However, we found the following areas of good practice:

- The service had an effective accident reporting and investigating procedure and ensured that the learning from any accidents was shared with staff.
- There was a standardised form for recording information related to each patient that had been transported on the ambulance. These forms were completed well and included the time taken to transport each patient.

Incidents

- The service had an accident and incident reporting policy which had been updated in December 2017. The procedure identified the type and seriousness of incidents that should be reported and how staff should report these.
- The service had a system to undertake an appropriate investigation of incidents and use this investigation for learning. Accidents and incidents were reported on an online form and assigned to the safety manager for further investigation. Staff we spoke with understood the incident reporting procedure.

- During our inspection the safety manager showed us examples of incidents. We saw incidents were investigated and the learning shared with staff through the quarterly newsletter.
- The service had not reported any serious incidents from January to December 2017.
- The service reported that there were no never events in the last 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. .
- The service had a procedure for the duty of candour which was included in the incident reporting policy. 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. Staff we spoke with understood the duty of candour regulations and the requirement to be open and honest.

Mandatory training

- We checked staff training records. The service did not have systems to ensure all staff were up-to-date with training requirements. The operations manager told us the service employed an advanced critical care practitioner, nurses and a doctor. The operations manager told us these training records were retained by the staff member's substantive employer in the NHS.
- The service did not have evidence to show that all staff members had completed relevant mandatory training such as safeguarding, infection control, medicines management, manual handling and information governance. There was no training in relation to the Mental Capacity Act (2005). These concerns were fed back to the management at the time of our inspection and we noted at our unannounced inspection that staff had been booked to complete training in safeguarding, moving and handling, infection control and the Mental Capacity Act.
- The service had recently implemented an induction checklist to ensure that all staff had completed relevant training prior to becoming operational on the ambulance.

Patient transport services (PTS)

- We saw records which showed ambulance drivers had completed training in basic life support for adults and children with one NHS trust. The ambulance drivers had also received training on infection control, oxygen requirements and replenishments.
- The service provided staff training to undertake vehicles safety checks. This ensured staff were competent to undertake the vehicle checks required.
- Checks had been carried out on driving licence and eligibility to drive vehicles for other members of staff. The process for checking driving licences was robust. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check. The service had an electronic system which recorded these driving licence checks
- There was a system to check on driving competence. Staff had completed blue light training or an ambulance driver awareness course.
- The operations director showed us that the quality of driving was monitored through the use of a global positioning system (GPS) that was present on all vehicles. We saw records which showed that drivers also had an independent assessment of their training and feedback was provided.

Safeguarding

- The service had policies for safeguarding children and for protecting vulnerable adults from abuse. We noted the policy had not been adapted for the service. The policy did not contain the name of the safeguarding lead. The operations director told us the policy needed to be updated. Following our inspection the service sent us a safeguarding policy.
- We observed the safeguarding policies did not include contact information for the appropriate local authority safeguarding children and vulnerable adult's team. This meant that we were not assured that staff could make an urgent referral when required.
- The operations director told us there had been no reported safeguarding incidents in the last 12 months.
- The service did not have evidence to show staff had completed safeguarding training. The operations manager told us ambulance drivers had not completed safeguarding training. This was a concern because this was not reflective of national guidelines for safeguarding, specifically the safeguarding adults: roles and competences for health care staff – Intercollegiate

Document (2014). These concerns were fed back to the management at the time of our inspection and we noted at our unannounced inspection staff had been booked to complete safeguarding children and vulnerable adults training in February 2018.

- The staff we spoke with did not understand what constituted a safeguarding concern and were not able to describe the reporting process.
- Staff were not aware of guidance related to specific safeguarding issues. For example staff could not describe the legal requirement for reporting incidents of female genital mutilation (FGM). They were also unaware of the 'PREVENT' strategy for identify and preventing terrorism

Cleanliness, infection control and hygiene

- The service had an infection prevention and control policy (IPC) which had been updated in December 2017. The policy stated staff should follow rigorous guidance on hand hygiene, personal protective equipment and environmental cleaning. Staff we spoke with were aware of their responsibilities related to IPC.
- The operations manager told us the crew ensured their vehicle was fit for purpose, before, during and after they had transported a patient. The staff assigned to the vehicle completed the day to day cleaning of the vehicle. A daily checklist was used to record the cleaning of the vehicles and station. Decontamination cleaning wipes were available on the ambulances.
- We observed decontamination wipes were not available of the retrieval vehicle. Staff told us these vehicles were occasionally used to transport patients from hospitals to their homes.
- An internal deep cleaning procedure was in place for the ambulances. A deep clean involves cleaning a vehicle to reduce the presence of certain bacteria. A deep cleaning checklist was used to show when and what area of the vehicles were cleaned. Staff we spoke with told us a deep cleaning was undertaken every month. Staff showed us records of the deep cleaning carried out for the previous 12 months.
- The service did not have a policy on the disposal of clinical waste including sharps. We observed sharps containers were not located on the vehicles. Staff we spoke with told us the hospital transfer team was responsible for disposing of clinical waste and sharps.
- We observed hazardous spillage equipment was available on the ambulance.

Patient transport services (PTS)

- Personal protective equipment was available on the ambulance; this included disposable gloves.
- The ambulance base had a storage area for storing cleaning products. A colour coding system was used which separated equipment that was to be used in different areas.
- There was no system in place to monitor cleanliness. The service did not have a system in place for Infection control audits to be carried out to ensure that cleaning was effective, any contaminants were removed and appropriate action taken to reduce the risk of cross infection.
- We were informed that the service did not complete hand hygiene audits. This meant the service could not be assured that staff were compliant with infection control practices.
- Data provided by the service showed that some staff members had completed training in infection control. The service employed 11 members of staff that worked for an NHS trust. The service did not have evidence to show that these staff members had completed training in infection control. These concerns were fed back to the management at the time of our inspection and we noted at our unannounced inspection staff had been booked to complete training in infection control in February 2018.

Environment and equipment

- The services had six ambulances, but only five of these were operational at the time of our inspection. The operations manager told us the sixth ambulance would be used for adult patient transfers in the new financial year.
- We found the ambulance stations, including the garages and equipment storage areas, were clean and well laid out. They were well lit, tidy and fit for purpose.
- The station had bathroom and toilet facilities for staff to use during their shifts. The areas were well maintained.
- The station had security in place, which included security swipe cards on entry points into the building.
- The vehicles had a tracking system to enable the service to monitor their location and driver performance.
- We checked two operational ambulances and a retrieval vehicle which was also used to transport patients across two sites. Our inspection of one ambulance found an unrestrained tool bag containing tools was behind centre console. This was a concern because the tools were not secure. Our inspection of the retrieval vehicle

found an unrestrained oxygen cylinder and fire extinguisher. We observed that the fire extinguisher did not have an expiry date or a date when it was last serviced. Following our inspection the operations manager provided assurance that the oxygen cylinder and fire extinguisher were secured.

- We observed fire-extinguishers were tested on the operational ambulances we checked at the second site.
- The Department for Transport (MOT) test due dates and servicing schedules were on a database maintained by the operations manager. A full service history was available for all vehicles.

Medicines

- The operations manager confirmed medical gases were used for patients. Oxygen was stored in a separate, lockable facility, with cylinders stored off the ground. Access was restricted to authorised personnel. All of the cylinders we checked were in date.
- The operations manager told us the clinical staff had received training in the administration of medical gases with their substantive employer. When asked the operations manager could not provide evidence to show training had been completed.
- Records we checked showed that on two separate occasions ambulance drivers gave oxygen to patients. The operations manager told us the oxygen was not administered to the patient and instead patients were given the oxygen to self-administer when their own supply depleted.
- The service did not have a policy or procedure which staff could follow on the safe use of medical gases.
- We reviewed the medicines management policy and found that it had not been adapted by the service. The policy makes reference to a paramedic. However, the service did not employ a paramedic. The policy referred to guidelines issued by Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2013. These guidelines had been updated in 2016 and the policy did not reflect this change. This meant staff did not have the most up to date guidance to follow.
- The medicines management policy did not state what medicines were used and who was responsible for administering them. There was no patient group direction (PGD) for supplying and administering medicines.

Records

Patient transport services (PTS)

- The service had records containing patient details, with dates and times of transfers. Notes were kept recording any oxygen administered, and other actions taken. Staff told us a meeting between the doctor and nurse was held prior to transfer to discuss the patient's needs. We saw records which showed details of an initial assessment as well as monitoring during transport.
- During shifts, the patient records were held securely until they were taken back to the ambulance base and stored into a locked cabinet.
- We reviewed a small sample of recent patient records. We found that these had all been fully and clearly completed.
- Information about special notes, such as do not attempt cardiopulmonary resuscitation orders (DNACPR) were included as part of the patient records.
- Staff understood the need to review and hand over any patient information, including hospital notes, when a patient was transferred to a new provider.
- Staff attended a briefing session with the clinical team before paediatric intensive care patients were transferred. Staff told us they were fully aware of the patients' needs prior to transfer.

Assessing and responding to patient risk

- Staff told us some patients were transferred by a driver only following discharge from one of the NHS hospital trusts. The service had not undertaken risk assessment for staff to follow when transferring patients. This would include risks to be assessed before, during and post transport of patients. For example, patients being transferred on long journeys and were there hospitals that they could divert to if there was an emergency.
- The operations manager told us staff had access to clinical advice which was provided by the medical director.
- Staff had an understanding of DNACPR (do not attempt cardio pulmonary resuscitation) orders, what the documentation looked like and the requirement to carry the relevant paperwork with patients at all times.

Staffing

- The service had three managerial staff, six operational staff, a compliance manager and nine patient transport drivers. The service employs 11 clinical staff on a part-time basis who were involved with self-funded patient repatriation.

- The NHS trusts from which the service sub-contracted stipulates the number of patient journeys required as part of the contract. The operations manager told us the service had enough full time staff to meet their staffing needs.
- The service did not use agency staff but utilised the existing full or part-time staff that worked available shifts and were flexible where required.
- Advanced bookings were made for patient transport service. The service provided one driver where an ambulance was used for patient transfer. Patient transport by air ambulance was usually undertaken by two clinical staff members in addition to the aviation crew.

Anticipated resource and capacity risks

- The service provided transport of paediatric intensive care patients for a NHS trust. The operations manager told us there were plans to transfer adult patients in the near future. An additional ambulance had been custom built for this purpose.

Response to major incidents

- The service had a business continuity plan which could operate in the event of an unexpected disruption to the service due to adverse weather conditions.
- We asked the safety manager about a wider plan to cover other areas of potential disruption, such as fire or telecommunication system failure. They showed us that there was a system for backing up the computers. There was an also additional backup laptop computer and mobile phone. The safety manager told us the additional backup laptop and mobile phone were checked and maintained each week.
- The operations manager told us they had held discussions with their local hospital NHS Trust regarding supporting and assisting other services in the event of a major incident. There was a major incident policy outlining the procedure to follow.

Are patient transport services effective?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff followed local protocols, agreed with an NHS hospital trust, for providing safe transfer of patients.

Patient transport services (PTS)

- The process for checking driving licences was robust. The service had an electronic system which recorded these driving licence checks.
- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. The driving assessment was provided by an external provider. We saw records which showed the outcome of the assessment was discussed with the drivers.
- We observed good multidisciplinary working between ambulance crews and other NHS staff in preparation for moving patients.

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

- Not all staff had received training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

Evidence-based care and treatment

- A range of pathways were used that complied with the National Institute for Health and Care Excellence (NICE) guidelines and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. These pathways were in-line with the NHS Trust from which the service sub-contracted.
- Staff followed local protocols put in place by the provider and the hospital NHS Trust for whom the patient transport service was provided. We saw records which showed that drivers were included in training sessions and staff meetings at one NHS hospital trust.
- The ambulance drivers that we spoke with were aware of these protocol and guidelines and were working to implement the processes accurately.
- The compliance manager told us the service had recently developed review mechanisms such as audits to check that staff were adhering to local policies and procedures. The results showed that staff adhered to the local policies and procedures.

Assessment and planning of care

- The service was contracted to two NHS hospital trusts to transport patients between the hospital and the patient's own home, or another service provider. Both contracts provided a vehicle and driver only. The service did not provide treatment during these transfers.
- One NHS trust provided staff to accompany the paediatric intensive care patients. However, transfers

from the second NHS trust were carried out by a driver only. The operations manager told us the hospital assessed these patients as low risk and additional crew was not required. It was unclear what medical information was given to staff prior to transporting these patients. Staff told us that if these patients deteriorated they would be taken to the nearest hospital.

- For patients transported by air ambulance the service used a standardised patient transfer and risk assessment form to inform the plan of how to manage each patient during the transfer process. This included any special requirements, such as if oxygen or other medication was required and whether a DNACPR order was in place.
- Staff used this information, together with discussions with staff at the discharging service, the medical director, the patient and their relatives, to plan each journey and complete the transfer safely and with minimum discomfort to the patient.
- Staff provided snacks including juice and water for patient's journeys.

Response times and patient outcomes

- The operations manager showed us records for patient transfers that included the time that they were discharged from hospital and the time that they arrived at their destination. The vehicle tracking system could also be used to monitor each vehicle's progress.
- The operations manager told us they held quarterly meetings with a manager at the NHS Trust to review performance and we were shown minutes of these meetings. The supervisor for the ambulance drivers also had regular meetings with the manager. The operations manager told us the trust was satisfied with the journey response time.
- We were provided with data which showed that 942 journeys were made for one NHS Trust from January to December 2017. Response times were monitored and reviewed by the NHS trust. A total of 255 journeys were undertaken which were less than one hour, 542 between one and two hours and 145 two hours or more.
- Staff told us there approximately 12 patient transfers for the second NHS trust between January 2017 to December 2017. Response times were not monitored for this contract.

Competent staff

Patient transport services (PTS)

- Staff files we checked did not show that staff had an induction. The operations manager told us an induction policy had recently been implemented. We were shown a relevant induction policy and checklist.
- Appraisals had been carried out for the ambulance drivers. We saw evidence to show appraisals were completed on an ongoing basis. Appraisals had not been completed for the 11 part-time clinical staff in the last 12 months.
- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. The driving assessment was provided by an external provider. We saw records which showed the outcome of the assessment was discussed with the drivers.
- The operations manager told us they regularly met with staff. However, there was no documented evidence of this taking place.

Coordination with other providers

- The service had good working relationships with their NHS providers or partners. For example, we observed drivers attending a daily meeting where there was a staff handover with within the NHS trust.
- There was evidence to show drivers attended staff meetings at Newcastle's Great North Children's Hospital NECTAR. We saw minutes of the meeting discussing driver and vehicle availability to ensure efficient operation of the service.

Access to information

- Staff used a mobile phone to communicate with the NHS hospital trust during patient journeys. The ambulance was also equipped with a satellite navigation system and an electronic tracker global positioning system (GPS) to enable communication and monitoring of the vehicle whereabouts.
- Staff working on the air ambulance were provided with key information and special notes regarding care plans. For example, staff were aware of the importance of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders. Staff told us they checked this documentation and liaised with the medical director to ensure best practice in this area.
- The compliance manager showed us a new compliance system was being implemented. This would allow staff access to policies and procedures online.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service did not have a formal policy or a standard operating procedure for mental capacity, consent, best interest decisions or deprivation of liberty. This meant they were not following legislation in relation to this.
- Staff that we spoke with had some knowledge of mental capacity, best interest decisions and deprivation of liberty safeguards. However, there was no clear process for staff to follow when documenting a best interest decision.
- One staff member we spoke with said they had completed training in the Mental Capacity Act (2005). The service could not provide evidence of this. The operations manager told us this training was with the staff's substantive employer. These concerns were fed back to the management at the time of our inspection and we noted at our unannounced inspection staff had been booked to complete training in the Mental Capacity Act (2005) in February 2018.

Are patient transport services caring?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff took time to engage with patients.
- Staff maintained patients' privacy and dignity.

Due to the limited number of feedback from patients, there was limited evidence to complete this key line of enquiry. We were unable to speak with patients during our inspection as the service did not provide any direct care or treatment during this period.

Compassionate care

- All of the staff we spoke with during the inspection showed a commitment to providing the best possible care.
- Staff told us they took the necessary time to engage with patients. They told us they communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff we spoke with told us they maintained patients' privacy and dignity.

Patient transport services (PTS)

- Staff were also concerned about continuity of care after patients' transfers were completed. For example, they checked with patients about the availability of ongoing care and support after the transfer had been made from hospital to home.
- We reviewed feedback from patients who said staff were caring, kind and professional.

Emotional support

- Staff understood the impact that they could have on patients' wellbeing and acted to emotionally support their patients during transfers.
- Staff we spoke with told us they checked on patients, in terms discomfort, and emotional wellbeing during any patient transport journey.
- Staff we spoke with told us they understood the need to support family or other patients should a patient become unwell during a journey.

Are patient transport services responsive to people's needs?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service worked with a local NHS hospital trust to provide services that met the needs of local people.

We found the following issues that the service provider needs to improve:

- The service did not have a procedure for patients who were from different cultures, had different faiths or spoke different languages. The service did not have access to translation services

Service planning and delivery to meet the needs of local people

- At the time of inspection the service held a contract with two NHS hospital trusts. The service also provided a self-funded repatriation service within the UK and internationally. The patient journeys for the NHS trust were made in the North East, from the North Yorkshire Border to Cumbria and nationally for the air ambulance.
- The staffing levels, shift patterns and availability of vehicles were maintained in line with the NHS trust contract's requirements.

- The management team told us they had quarterly meetings with representatives from one of the NHS trust to check that they were meeting the agreed number of contracted hours and to review the number of patient journeys made.

Meeting people's individual needs

- Staff told us translation services were not available for patients whose first language was not English. The service did not have a procedure for patients with complex needs including learning disability, dementia or older people with complex needs.
- Staff said that at the time of booking it was asked if the patient required a relative or carer to support them during transport.
- Staff understood the importance of DNACPR orders and regularly checked for the presence of these when transferring patients.
- We observed that ambulance crew held meetings with staff at the NHS trust prior to moving patients.

Learning from complaints and concerns

- The service had a system for handling, managing and monitoring complaints and concerns. The policy outlined the process for dealing with complaints including an investigation and response within 20 days.
- The operations manager told us that they had not received any complaints in 2017. The operations manager would be responsible for investigating complaints should they arise.
- Information about how to complain was not visible on the ambulance. However, the ambulance drivers told us that patient complaints would be picked up by staff within the NHS trust where they picked up patients. A manager at one NHS trust told us no complaints had been received about the service.
- The operations manager told us there were mechanisms in place to share any learning from a complaints should one arise. This would be done through the service's newsletter which is sent to all staff.

Are patient transport services well-led?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

Patient transport services (PTS)

- A vision and strategy for the service had been developed.
- Staff found the culture of the service to be friendly and approachable.
- The service had a good working relationship and a high level of engagement with one NHS trust.
- The service and its staff demonstrated a willingness to develop and improve the service provided.
- The service took prompt action where issues were found at the announced inspection and this was supported by our findings at the unannounced.

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

- The service had limited systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was inconsistent.

Vision and strategy for this this core service

- The operations manager told us the vision of the service was to provide consistently high standards of quality of service. The vision of the service was recorded in the statement of purpose and staff understood it. The operations manager showed us the organisations statement of purpose which included its objectives. The objectives of the organisation were to be responsive and flexible to service users, to have highly skilled and qualified staff, to be open and honest as well as lead and to take responsibility.
- The operations manager told us they were satisfied with the contracts for patient transport services with the NHS hospital trusts.
- The contract with Newcastle's Great North Children's Hospital NECTAR service had already been extended until March 2019. There were plans to provide patient transport for adults and an additional ambulance had been commissioned for this purpose.
- The ambulance drivers worked in a way that demonstrated their commitment to providing high-quality care in line with this vision. Staff we spoke with said that managers had discussed the values and expectation of the service at the time of their interview.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The service had limited systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was inconsistent.
- There was a disparity between the governance arrangements for the air ambulance and the vehicular ambulance. For example, there was a safety manager who monitored safety alerts related to aviation. There was a safety action group and a quarterly safety management meeting. However, we found these meetings had not covered a sufficiently wide range of key governance issues to ensure the quality and safety of the patient transport service.
- There was a risk register in place. However, the risk register only related to the air ambulance service. There were 10 items on the risk register for the last 12 months. We noted eight of these risks to the service had been sufficiently mitigated.
- The service had only recently started undertaking audits. The compliance manager showed us audits which were completed in December 2017 including drivers licence, ministry of transport checks, road tax and insurance. Further audits included medicines and equipment as well as the facilities at the airport hangar. The service did not carry out any audits to measure the quality and effectiveness of the service delivered such as hand hygiene, cleanliness and infection control. There were potential risks to staff and patient safety, through lack of observation and monitoring of performance.
- The service did not have an effective recruitment policy or procedure. Following our inspection the service sent us evidence of a recruitment policy.
- The service employed 11 clinical staff part-time who worked on the air ambulance. Records we reviewed did not contain all the required evidence to show appropriate recruitment checks were undertaken prior to employment. The operations manager told us these checks were carried out by the substantive NHS employer.
- Proof of identification had not been obtained and retained for any staff. This was not in line with requirements to have proof of identity including a recent photograph. The operations manager told us these checks had been undertaken. However, evidence of these checks could not be provided. These concerns

Patient transport services (PTS)

were fed back to the management at the time of our inspection and we noted at our unannounced inspection proof of staff identification had been obtained.

- References had not been obtained for the 11 part-time clinical staff. We observed two examples of inappropriate references such as one completed by a family member and the other by a school the employee attended over 20 years ago. This was not in line with requirements for the service to obtain satisfactory evidence of conduct in previous employment. We discussed this with the operations manager who provided assurances that a recruitment policy would be implemented including appropriate references.
- Appropriate criminal records checks through the disclosure and barring service (DBS) had not been carried out for 11 part-time clinical staff. Following our inspection the service sent us confirmation DBS checks had been completed or applied for.
- The system for monitoring staff training was not robust. Staff had not completed appropriate mandatory training.
- Appraisals had been carried out for the ambulance drivers. No appraisals had been carried out for the 11 part-time clinical staff.
- There was a system for checking the safety of the vehicles and the equipment used.

Leadership of service

- The leadership structure was clear with an operations manager and management team who were responsible for co-ordinating the work of the ambulance crew.
- Staff told us they worked with the leadership team and knew what their roles and responsibilities were.
- We observed members of staff interacting well with the leadership team during the inspection.

Culture within the service

- The operations manager was positive and showed a willingness to improve the service. Managers we spoke with during the inspection had a clear understanding of the concerns we raised and how they would address these to ensure compliance.

- The service had an open and honest culture. Staff told us the culture of the service was friendly and approachable. They were comfortable raising concerns with the leadership team.
- Staff we spoke to were proud of the work that they carried out.
- Staff told us the management team was supportive and approachable. Staff told us they usually met individually with the operations manager if needed.

Public and staff engagement (local and service level if this is the main core service)

- The service did not formally engage with staff, to ensure that the views of all staff were heard and acted on. The operations manager told us they utilised regular communication via mobile telephones and emails as a medium for staff to access information.
- The management team met periodically with representatives from one NHS trust with whom they worked. They were given feedback on their performance during these meetings.
- The management team and the ambulance crew staff told us that they held informal discussions on a daily basis to ensure a flow of information about the operation of the service.
- We asked the operations manager about how they sought feedback from patients who had used the service. They told us that they did not currently have a formal process to collect feedback with a view to monitoring the quality of the service. We were shown examples of patient feedback which was sent directly to one of the NHS trust. The service received positive feedback.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- The service took prompt action where issues were found at the announced inspection and this was supported by our findings at the unannounced.
- The service had recently implemented a new online governance system. The compliance manager showed us the system which would be used to monitor accidents and incidents, drivers licence checks, checks on medicines and equipment as well as mandatory training.

Outstanding practice and areas for improvement

Areas for improvement

Action the Independent Ambulance provider **MUST** take to improve

- The provider must ensure they have undertaken all of the required employment checks, including enhanced disclosure and barring service checks, to comply with the fit and proper person's requirement.
- The provider must ensure that an up to date record of training, skills and competence is kept for all staff members, particularly if they are responsible for providing care and treatment to patients.
- The provider must ensure a range of policies are implemented to support operations within the regulated activity. Policies need to be reviewed effectively and updated.
- The provider must ensure staff are supported in their roles by effective supervision and appraisal systems and ongoing training

Action the Independent Ambulance provider **SHOULD** take to improve

- The provider should consider completing infection control and hand hygiene audits to make sure staff are compliant with infection control guidelines and policies.
- The provider should consider improving communication for patients whose first language is not English or for those with hearing loss or sight impairment.
- The provider should consider updating the safeguarding children and vulnerable adult's policy including a named safeguarding lead.
- The provider should consider having a documented consent procedure which would include the Mental Capacity Act, best interest principles and deprivation of liberty.

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 Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment.• Not all staff had received safeguarding training that was relevant to their role• Staff were not aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. <p>Regulation 13(1) (2)</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was no system of governance in place that effectively assessed the quality and safety of the service, identified, monitored and mitigated any risks relating to the service.• There were no systems or processes that ensured the provider maintained an effective audit and governance systems. Audits were not effective in monitoring compliance in all aspects of service provision. This meant there was no effective way to measure the quality of the service being delivered against the required standard and to make improvements where required.• There were no systems or processes that ensured the registered person maintained securely records that are necessary to be kept in relation to persons employed in

This section is primarily information for the provider

Requirement notices

the carrying on of the regulated activity or activities and the management of the regulated activity or activities. In particular regarding DBS checks, identity checks and references.

- Information about how to make complaints or raise concerns about the service was not readily available to patients.
- The provider did not have systems and processes to ensure that staff were complying with mandatory training requirements.

Regulation 17 2(a)(b)(c)(f)

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met

- The provider did not have effective systems and processes in place to record appraisal supervision and professional development of staff members.

Regulation 18 2(a)

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1), (2), (3)