

## Transcare Secure Services

# Transcare Secure Services – Birmingham

### Inspection report

Radio House  
Aston Road North  
Birmingham  
B6 4DA  
Tel: 01215170000  
www.transcaregroup.com

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

### Ratings

#### Overall rating for this location

Inadequate



Are services safe?

Requires Improvement



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

We carried out an inspection of Transcare Secure Services - Birmingham using our focused methodology under the core service framework of Patient Transport Services (PTS).

This inspection was a focused inspection to follow up concerns from our inspection of the service on 23 August 2022, when we imposed an urgent suspension on the registration of the service. As this was a focused inspection, we did not inspect all elements of the key questions. We reviewed elements of two of the five questions: are services safe and well-led? We did not review the questions: are services caring, effective and responsive to people's needs. The previous overall rating for the service of inadequate remains.

Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day.

We found some areas of residual concern:

- There was no young children restraint training for staff.
- The service had not had the opportunity to test if new forms to monitor the quality of the service were effective.
- Not all policies had been reviewed and updated in response to concerns raised at our last inspection.
- There was no evidence the manager had attempted to engage with other organisations who commissioned the service in order to review and assess its performance.

However,

- Most policies and quality monitoring processes had been reviewed and updated
- Staff refresher training had been undertaken by most staff.
- The manager was taking action to train staff in safe child restraint.
- The service had engaged the use of external professionals and advisers in order to implement an effective action plan.

We found the provider had taken sufficient action to ensure the urgent suspension notice was not extended past its expiry date of 30 September 2022. However, the service remains in special measures. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Inadequate



### Summary of each main service

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We found some areas of residual concern:

- There was no young children restraint training for staff.
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- Not all policies had been reviewed and updated in response to concerns raised at our last inspection.
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We found the provider had taken sufficient action to ensure the urgent suspension notice was not extended

# Summary of findings

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# Summary of findings

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# Summary of this inspection

## Background to Transcare Secure Services - Birmingham

Transcare Secure Services - Birmingham is an independent ambulance service operating predominantly in Birmingham and the Midlands area. The service opened in 2018 and the current registered manager has been in place since opening. The registered manager is the owner. The service was last inspected on 23 August 2022 and rated inadequate.

The service transports adults and children over 14 years of age and those detailed under the Mental Health Act (MHA) or Mental Capacity Act (MCA). The service provides patient transport from local NHS trusts and independent health providers to other locations such as hospital and places of safety. There are approximately 20 to 25 active staff members working for the service. This includes the registered manager, an operations manager, an administrator, Registered Mental Health Nurses (RMN) and health care assistants.

The service has two patient transport vehicles in use. The service does not have a formal patient transport contract in place with a healthcare provider. From February 2022 to July 2022, the service undertook approximately 76 patient transfers.

The regulated activity delivered by the provider is transport services, triage and medical advice provided remotely.

## How we carried out this inspection

We carried out an inspection of Transcare Secure Services - Birmingham using our focused methodology under the core service framework of Patient Transport Services (PTS). Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day. We undertook a site visit on 28 September 2022. The service had been previously inspected on 23 August 2022, when we found several concerns with the service causing us to issue an urgent suspension notice. This meant the provider could not undertake any regulated activities until 30 September 2022. This was to support the provider to take action to ensure people who used the service would receive safe care in the future.

During the inspection visit, the inspection team:

- Spoke with the registered manager, operations manager and administrator.
- Inspected two vehicles.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies and procedures.

The team that inspected the service comprised of a CQC lead inspector. A CQC inspection manager was available by telephone during the inspection to provide advice and guidance. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

We reviewed information we requested from the service after our inspection visit.

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# Summary of this inspection

## Areas for improvement

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

### **Action the service MUST take to improve:**

- The service must ensure where there is a risk that restraint could be required for children, this is planned for in line with policy and the detail of the use of restraint is robustly documented, reported and investigated. Regulation 13(4)(b).
- The service must ensure that all policies and procedures provide staff with clear and timely guidance, are regularly reviewed by a suitably qualified person, reflect national guidance and are communicated with staff. Regulation 17(1)(2)(b).
- The service must ensure effective systems and processes are in place to assess, monitor and improve the quality and safety of services provided. Regulation 17(2)(a).

### **Action the service SHOULD take to improve:**

- The service should consider how it could work more effectively with other providers and organisations to collect performance data to help within internal monitoring and service improvement.
- Transfer records should include details about patients' preferred communication and communication support.
- Continue to review and monitor actions against its improvement programme.

# Our findings


## Overview of ratings

Our ratings for this location are:

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



# Patient transport services

Safe	Requires Improvement 
Well-led	Requires Improvement 

## Are Patient transport services safe?

Requires Improvement 

As this was a focused inspection, we did not inspect all elements of this key question. However, the rating has improved from inadequate to requires improvement as the rating limiter that restricted the rating to inadequate no longer applies.

### Mandatory training

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

The service had an electronic system to record and alert managers when mandatory training had been completed or staff needed to update their training. This enabled the manager to tell us what the staff training requirements were. Records showed that all but two members of staff had completed their mandatory training since our last inspection.

The service had recently agreed a five-year contract with an accredited Skills for Care company to provide mandatory and other training to staff. The manager told us staff were paid to attend face to face mandatory training in order to achieve maximum staff engagement. If unable to attend, there was a system in place for staff to complete mandatory training on line.

The mandatory training was comprehensive and met the needs of patients and staff. It included training in basic first aid, restraint and the mental health act.

### Safeguarding

**Staff did not have training on how to restrain children in line with good practice guidance. Processes were being updated to support staff to understand how to protect patients from abuse and work well with other agencies but were not yet completed. Staff had training on how to recognise and report abuse and how to apply it.**

Staff did not have training on how to restrain children and young people safely. After our inspection, the manager told us that the service's training lead was booked to attend a children's Crisis Prevention Intervention (CPI) and Management of Actual or Potential Aggression (MAPA) course in October. Although the manager told us that the service had never transported children under 13 years old, the service was registered to transfer children of this age and therefore was required to have all the necessary resources and skills in place should the need arise. This course would teach them the best practice restraint techniques for children. It was planned the training lead would introduce a programme to train all staff in child restraint.

There was training for staff on how to make a safeguarding referral and who to inform if they had concerns. Records showed that 35 staff (about 93%) had completed safeguarding adults and safeguarding children level 3 training since

## Patient transport services

our last inspection. This training includes recognising different types of abuse, how to make referrals and actions to protect people from abuse. Feedback forms recorded that staff felt the training was informative and useful. Staff had received training, based on recognised good practice, on how to restrain adolescents. This would support staff to identify adults and adolescents at risk of, or suffering, significant harm and work with other agencies to protect them.

The manager told us they were reviewing their safeguarding policies in response to our last inspection. After our visit, the manager sent us their new safeguarding children and child protection policy. It did not contain best practice guidance of how staff were to safely restrain children which put children at risk of receiving inappropriate and unsafe care. The policy made staff aware of their responsibilities to identify and report abuse and contained a referral form and details of how to contact the local safeguarding authority.

The manager was developing a competency handbook which would have a dedicated section to assess each member of staff's safeguarding skills and knowledge. The manager said it was planned the operations manager, who was the service's dedicated restraint lead, would conduct assessments to ensure staff knew and could demonstrate safe restraining techniques. They also told us they were designing a competency assessment for (CPI) training. CPI training aims to prove staff with the skills they need to prevent, decelerate, and de-escalate crisis situations so that restrictive practices could be avoided or used as a last resort.

We saw information about safeguarding and safeguarding referral forms for staff displayed in the manager's office. These included instructions on how to send referrals to the local safeguarding authority. A senior member of staff was appointed dedicated safeguarding lead for the service to provide immediate advice and guidance for staff.

Processes had been introduced to assess a job applicant's knowledge of safeguarding at interview and safeguarding training was part of the induction programme for new staff. The service's training matrix showed safeguarding refresher training was planned annually for all staff and the manager told us it was also planned to discuss safeguarding at each member of staff's supervision.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. They kept equipment and vehicles clean.**

Vehicles were clean and had suitable furnishings which were clean and well-maintained. Surfaces had been wiped down and were visually clean. There was no noticeable rubbish or dirt. Seat and cabin coverings were intact and in good condition. This made them impervious to spills and debris and reduced the risk of infection. There were several seats available so occupants could adhere to social distancing if needed and personal protective equipment such as face masks, gloves and sanitizing gels were available to reduce the risk of cross infection. Clinical equipment such as first aid kits, spillage kits and clinical waste bags were sealed and stored in lidded containers to reduce the risk of infection.

### Environment and equipment

**Processes were in place to ensure the maintenance of vehicles and equipment kept people safe.**

Staff carried out daily safety checks of specialist equipment. The service had introduced daily driving log sheets which were to be completed by vehicle crews at the end of each shift. These instructed staff to conduct and record daily mechanical and equipment checks. These included checking tyre pressures, metal detectors were fully charged, and first aid kits were complete, and their contents were in date. These also enabled staff to record and report to managers any vehicle and equipment maintenance faults resulting from damage, accidents, malfunctions and breakdowns.

# Patient transport services

We were unable to see any completed sheets as there had been no journeys undertaken since our last inspection. The manager told us the sheets would be reviewed the day following completion to identify any actions. The service had introduced a weekly checklist to ensure the sheets had been completed properly and identify any trends for ongoing vehicle and equipment maintenance issues which would need attention.

## Assessing and responding to patient risk

**Risk assessments had been reviewed to identify risks and how they could be mitigated.**

The service had reviewed its transfer process and introduced new transfer report forms (TRF) for staff to record patient risk assessments. The service had not conducted any transfers since our last inspection, so we were unable to see any of the new forms completed. We saw that TRFs required staff to identify any specific risks and suitable mitigation however we noted they did not include peoples' specific communication preferences or needs. The manager showed us they had purchased access to software in order to develop easy read que cards and prompts to support people to express their needs and preferences.

The TRFs included prompts for staff at the time of booking to request information that would identify individual risks such as mental health issues and physical risks such as falls and their mitigation. The manager told us this information would be reviewed and updated if necessary when the patient was collected and also handed over to other providers. This would support staff to recognise and respond to deterioration in people's health.

When risk assessments identified the potential need for restraint, the service's new risk policy promoted the use of the least restrictive form. The operations manager was the services 'least restrictive practice lead' and was tasked with identifying the least restrictive mitigation when a person was believed to be at risk to themselves or others. The TRF now included pre and post transfer checklists including prompts for staff to complete body maps to identify if people had suffered any harm during their journey.

Reviews included all necessary key information to keep patients safe. The manager told us it was planned that the TRF would be reviewed by the service's clinical lead at the daily governance meeting the day after completion. The clinical lead would identify if people received the appropriate care which met their individual needs and reduced the risk of harm. We saw a review of the TRF was part of the daily governance meeting agenda.

## Staffing

**The service employed enough staff with the right skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers had a process to induct new staff, however staff supervision records were not fully completed.**

The service had enough staff to keep patients safe. Since our last inspection the service had increased its management team and employed an additional full time mental health nurse as clinical lead for the service. Their role was to review transport requests and identify peoples' specific care needs and actions required to minimise the risk of harm during their journey. They were to also review completed transport forms to identify if people had received safe and effective care.

The service had transferred staff from zero hours contracts on to their bank staff rota. This meant that all staff details were kept in one record so the manager could easily identify which staff were available to work. Records included a list of staff training and experience so the manager could ensure people were supported by staff with the skills and knowledge to meet their specific care needs.

## Patient transport services

Managers had updated the service's induction process, so staff understood the service and their role. There had been no staff recruited since our last inspection, however, the manager had arranged for all staff to undertake their induction training again. We saw they had acted when it was identified at induction that a member of staff required further training. The manager said staff had given positive feedback on the new induction training. All new staff had to work for a probationary period and the service had updated its policy so that staff would have to demonstrate their competencies to the service's clinical lead before they could complete their probation. The manager had introduced new supervision records which included safeguarding reviews, training needs, and reflecting on the needs of the people who used the service. We noted that the manager was looking into providing additional training when it was requested by staff at supervision. We looked at three recent supervision forms and noted they were not fully completed.

Since our last inspection, the service had taken action to ensure people were supported by staff who were suitable to work at the service. This included a review of all references received to date and the service had taken action to obtain further information when they identified concerns. The service conducted Disclosure and Barring Service checks (DBS) before staff were hired. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. Since our last inspection, DBS checks were recorded on an electronic data base which identified checks had been completed for all staff and when new checks were due. We saw all staff had a current DBS check in place.

A system had recently been introduced to review DBS disclosures and identify if staff posed a risk to people who used the service and staff. The service had introduced a 'DBS Disclosure and Risk Assessment' form to review staff who had a DBS disclosure. The form included a process to risk assess staff, identify any mitigation to reduce risks and if staff were suitable for employment. Since our last inspection, the manager had used this process to review one member of staff who was known to have a DBS disclosure. We saw the manager had followed their process and identified actions required to mitigate any risks. These included additional supervisions and training.

### Are Patient transport services well-led?

Requires Improvement 

As this was a focused inspection, we did not inspect all elements of this key question. However, the rating has improved from inadequate to requires improvement as the rating limiter that restricted the rating to inadequate no longer applies.

#### Leadership

**Leaders demonstrated they had the skills and abilities to run the service. Leaders identified priorities and understood the issues the service faced.**

Since our last inspection, the manager had taken action to improve the skills and abilities of the leadership team. An additional full time Registered Mental Health Nurse (RMN) with the dedicated role of being the clinical lead for the service had been recruited. They were responsible for ensuring care plans would meet people's individual needs and review transfers to see if people had received the most appropriate care. They would also act as a contact for staff for clinical advice and guidance.

## Patient transport services

The leadership engaged expert advice and guidance. A management consultant had been appointed to review the service and advise on improvements and action plans to address concerns raised at our last inspection. An appropriately accredited company had been awarded a five year contract to provide professional training for staff. Courses included safeguarding and least restrictive restraint practices for adults.

The leadership had developed a plan to improve the service. After our last inspection, the service regularly provided us with action plans which prioritised tasks and responded to concerns found at our inspection. Action plans were updated as targets were achieved, and priorities changed.

The leadership were supportive and engaging during the inspection. The manager stated they understood the tasks to be achieved and recognised their duty of candour to be open and honest about the service. All the management team said they had worked many hours including nights and weekends to implement their action plan. We saw the office had been equipped with new filing cabinets, folders and stationery. The office was clean, tidy and well equipped. There was a new notice board with clear information for staff. This included safeguarding referral forms and policies. The manager told us this was to promote an effective and efficient administration systems.

All policies were being reviewed and updated but some were still to be finished. The manager told us all staff would be able to access the policies on line and there would be a 'policy of the week' circulated to all staff to improve their knowledge of the service and promote good practice. All policies were available on line and staff received reminders to read them. The manager was able to monitor if staff had accessed the policies and if further prompting or support was required.

### Governance

**Leaders had reviewed and improved their governance processes throughout the service although not all policies had been reviewed. The service did not have an effective process to engage with stakeholders, but staff had have regular opportunities to meet, discuss and learn from the performance of the service.**

The service had a plan to review and improve its policies and governance processes in response to feedback from our last inspection. Some policies were still in the process of being updated and the manager monitored progress against their action plan.

Arrangements with partners were not effective at encouraging appropriate interaction and promoting coordinated, person-centred care. The service did not have effective structures to monitor the delivery of the service to commissioners and people who used the service. There were no service level agreements in place with objectives and targets the service was expected to achieve. The manager told us that they had difficulty in engaging with stakeholders and agreeing quality performance indicators. There were processes in place for people to feedback their views of the service however this rarely happened. The manager told us people did not tend to use the service more than once, so it was difficult to build up relationships and encourage feedback. The manager recognised this needed to improve and intended to amend their action plan to reflect this. Systems had been introduced to obtain staff feedback on the quality of the service. There was a plan of regular staff supervisions and records have been updated to discuss the quality of the service with staff. There was suggestion box for staff to submit their ideas in the managers' office.

Managers had developed systems to support the delivery of its strategy and promote good quality and sustainable care. The management team had arrangements in place for a daily quality review meeting to review checklists and records. An agenda for the meeting showed the management team would review all recently completed records including daily patient care plans, vehicle checklist, safeguarding referrals, feedback, staffing and compliance with regulations. The

# Patient transport services

manager had plans to hold a monthly governance review meeting to identify and themes, trends and patterns which may impact on the quality of the service. The manager told us this would identify if patients had received appropriate care, risks were mitigated, any actions to improve the quality of the service and reduce the risk of potential harm to people in the future.

The service had worked with a management consultant to update their records and develop an action/improvement plan. This supported the service to record, review and take action in response to quality performance data. Checklists had been introduced for personnel files and the recruitment process. These checklists had been used to review existing records and improve the quality of record keeping such obtaining further information to ensure records were completed and up to date.

A system was planned to ensure records were completed and contained the information required for the service to meet its aims and objectives. The administrator told us they had developed a record keeping course for all staff which was part of their mandatory training. Displayed in the managers' office was a 10 point guide to good records completion for staff. They were also developing an electronic flow chart to guide staff through all the stages of a transfer. Embedded within it would be all the necessary policies, guidance and forms staff needed to understand their roles and responsibilities. Staff would be able to access appropriate forms such as risk assessments and safeguarding referrals when needed.

## Management of risk, issues and performance

**The service was taking action to introduce clear and effective processes for managing risks, issues and performance.**

There were comprehensive assurance systems, and systems had been reviewed so performance issues would be escalated appropriately through clear structures and processes. Incident reporting records had been updated and staff had received training in how to complete them. They included the reporting of patient harm, near misses, use of restraints, vehicle and mechanical breakdowns. There had been no incidences reported since our last inspection, but the incident policy was to review completed forms at the daily management meeting. The management team would be able to promptly identify any immediate action. Learning from these reviews would be shared with staff and practices updated in order to reduce the risk of similar incidences from happening again. Since our last inspection, staff had undergone training in incident recognition, such as the use of restraints or near misses, and how to report them. Learning from incidents was included in staff supervisions to help reduce the risks for people who used the service and other staff. Staff could access the service's incident report policy and guidance on line and the manager received alerts when staff had not accessed the policy as directed.

The service planned to review all incidents at its quarterly governance meeting. This would identify any patterns and trends which could impact on patient care and safety. This included the monitoring of feedback, interventions, safeguarding, accidents and searches. It was planned this information would be shared with other providers who commissioned the service as part of its governance, performance and assurance feedback.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The service must ensure where there is a risk that restraint could be required for children, this is planned for in line with policy and the detail of the use of restraint is robustly documented, reported and investigated. Regulation 13(4)(b).

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service must ensure that all policies and procedures provide staff with clear and timely guidance, are regularly reviewed by a suitably qualified person, reflect national guidance and are communicated with staff. Regulation 17 (1)(2)(b).

The service must ensure effective systems and processes are in place to assess, monitor and improve the quality and safety of services provided. Regulation 17(2)(a).

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

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The service must ensure where there is a risk that restraint could be required for children, this is planned for in line with policy and the detail of the use of restraint is robustly documented, reported and investigated. Regulation 13(4)(b).

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service must ensure that all policies and procedures provide staff with clear and timely guidance, are regularly reviewed by a suitably qualified person, reflect national guidance and are communicated with staff. Regulation 17 (1)(2)(b).
- The service must ensure effective systems and processes are in place to assess, monitor and improve the quality and safety of services provided. Regulation 17(2)(a).