YorMed Limited

Yormed Ambulance Station

Inspection report

Manor Farm
Eddlethorpe
Malton
YO17 9QT
Tel:

Date of inspection visit: 7 November 2023
Date of publication: 12/02/2024

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?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

- The service failed to ensure that the designated safeguarding lead had received the correct level of training.
- The service failed to ensure that there were systems in place to monitor infection control and prevention.
- The service failed to ensure that all areas of the operational environment were safe and free from hazards.
- The service failed to ensure that there were systems in place for the proper and safe recruitment of staff.
- The service failed to demonstrate that there were systems in place to evidence how they monitored the effectiveness of the service.
- The service failed to demonstrate that there were systems in place to ensure that they had sufficient oversight of risk and performance.
- The service failed to demonstrate that there were effective governance systems in place.

However:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse. Staff assessed risks to patients and acted on them.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients and had access to good information.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inadequate 	Our rating of this service went down. We rated it as inadequate. Please see above summary for summary of this service. Following our inspection, we put our concerns regarding governance formally in writing to the service and asked that urgent actions be put in place to provide assurances and mitigate the risks to service users.

Summary of findings

Contents

Summary of this inspection

Background to Yormed Ambulance Station

YorMed Ambulance Station is operated by YorMed Limited. The service has been registered with CQC since 2011 but had been under the current ownership since January 2018. It is an independent ambulance service in Malton, North Yorkshire.

The service provided patient transport services for an NHS ambulance trust. The service has had a registered manager in post since August 2018. The service was inspected in July 2019 which resulted in the service being served with two warning notices. We undertook an unannounced, fully comprehensive inspection in November 2023 due to concerns received regarding patient safety.

The service has one contract with a NHS ambulance trust but due to the location, ambulances and staff were stationed over 50 miles from the service's registered location.

How we carried out this inspection

The inspection was undertaken by two inspectors, one specialist adviser and an inspection manager. The inspection team was overseen by Sarah Dronsfield, Interim Director of Operations.

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

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Inadequate	Inadequate

Inadequate

Patient transport services

Safe	Inadequate
Effective	Requires Improvement
Caring	Insufficient evidence to rate
Responsive	Requires Improvement
Well-led	Inadequate

Is the service safe?

Inadequate

Mandatory training

The service provided mandatory training in key skills to all staff and but did not ensure that everyone completed it.

Following inspection, we were provided with information that demonstrated that from 28 staff, only 70% had completed mandatory training. We also noted from documents provided, that there were staff employed by the service who did not feature on the provided staff list. Therefore, we were not assured that all staff had completed their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw examples of managers informing staff that training was due, but we were not assured that the service checked that the outstanding training had been completed.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Not all staff had training to the recommended level on how to recognise and report abuse.

The registered manager was also the named safeguarding lead for the service; however, their level of training was below the recommended level of training as recommended by intercollegiate guidance.

Inadequate

Patient transport services

Staff received training specific for their role on how to recognise and report abuse. Following inspection, we were provided with information that demonstrated that all ambulance staff had completed the required level of safeguarding training for their role since employment, but we saw no records that office based staff who were in contact with patients had received any safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff would make safeguarding referrals to the NHS ambulance trust and would also complete a service specific reporting form.

Cleanliness, infection control and hygiene

The service failed to demonstrate that they controlled infection risk well. They did not demonstrate that equipment, vehicles, and the premises were consistently clean and that they protected patients, themselves, and others from infection.

The service failed to undertake any audits that would provide assurance that staff were following the principles of infection control and prevention. Managers told us that they undertook random spot checks of staff but did not document when they did this or any findings.

The service failed to undertake any audits that would provide assurance that all vehicles and equipment met the required level of cleanliness.

The service employed an external company to undertake deep cleaning of the vehicles which involved pre and post cleaning swabbing to highlight areas of concern. The service failed to collect any cleaning reports to ensure that any areas of omission or issue were being addressed.

Areas for the storing of equipment were not visibly clean and saw no evidence of cleaning records for the service's registered location.

Staff told us they followed infection control principles including the use of personal protective equipment (PPE) but there was no opportunity to observe this during inspection.

Staff told us that they cleaned equipment after patient contact and labelled equipment to show when it was last cleaned but there was no opportunity to observe this during inspection. Managers told us that they undertook random spot checks of staff but did not document when they did this nor any findings.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles, and equipment kept people safe, but the service could not demonstrate how they maintained oversight and that vehicles and equipment were safe.

Staff told us they carried out daily safety checks of specialist equipment, but the service did not use existing systems to provide assurance that these checks had been undertaken.

Oxygen storage was not safe, whilst the oxygen bottles were stored in an appropriate cage system that was locked, the bottles were not secured in an upright position. We saw flammable materials; fire extinguishers and car batteries being actively charged within two metres of the oxygen.

All vehicles had the required level of servicing and MOT testing.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health.

The service had a deteriorating patient policy.

The service did not undertake an initial risk assessment as this was undertaken by the NHS ambulance trust, we were told by staff that they were empowered to make dynamic risk assessments as required.

Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

The service had enough staff but were unable to provide assurances that all staff had the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

We reviewed 12 staff files including the registered manager and found issues in 8 records, these included incomplete recruitment documentation and no evidence of the right to work in the UK. The registered manager's file did not have all appropriate recruitment documentation.

We requested interview notes for all staff employed by the service, but these had not been recorded even though the service's recruitment policy detailed this as a requirement prior to offers of employment.

We were told that staff would not be employed if they had more than 3 penalty points on their licence but we saw no reference to this within the policy.

We saw one member of staff had been employed despite a positive DBS disclosure for violence, we saw no completed risk assessment nor was the service able to provide a rationale to why they had been employed and how they were assured that they were suitable and that patients would not be at risk. It was noted that the member of staff had since left the service at the time of inspection but had been employed for three months.

The service had enough staff to undertake all contracted work. Current staffing numbers detailed an additional 50% of staff so that the service could cover short notice absence such as sickness.

Inadequate

Patient transport services

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. All records were maintained electronically on equipment provided by the NHS ambulance trust. All records were retrievable if required.

Records were stored securely.

Medicines

The service could not demonstrate that it followed best practice when administering, recording, and storing medicines.

The service did not carry medicines as part of the regulated activity except oxygen.

We were told that staff would administer oxygen in the event of an emergency. We were not assured that all staff had the required level of training regarding the prescribing and administration of oxygen. We requested evidence of appropriate training during the inspection visit, but this was not provided.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

Staff reported serious incidents clearly and in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service.

There was evidence that changes had been made because of feedback. We saw that the service had highlighted a trend of patients falling from wheelchairs due to them undoing their safety belts. We saw that this had been escalated to the commissioning NHS ambulance trust and measures were put in place to prevent this reoccurring.

Inadequate

Patient transport services

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident.

Is the service effective?

Requires Improvement

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

At referral, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural, and other needs.

Staff made sure patients had enough to eat and drink. We were given examples of food being sourced for patients on longer journeys.

Staff were aware that patients could have a variety of religious and cultural needs.

Response times

The service did not have agreed response times. The service did not collect their own response times, so there was no evidence that they could facilitate good outcomes for patients, nor use the findings to make improvements.

The contracting NHS ambulance trust did not provide a key performance indicator for response times.

The service did not use available performance data so there was no evidence that the service was providing good outcomes nor using any findings to drive improvement.

Competent staff

The service failed to ensure that all staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Inadequate

Patient transport services

We were not assured that managers gave all new staff a full induction tailored to their role before they started work. We reviewed the induction programme and saw no evidence of supervised practice from appropriately trained staff who were qualified to assess competence.

We requested training competency documents completed following induction, for all staff, but the service was not able to provide this information as it had not been collected. Therefore, there was no assurance that staff currently working were competent for their role.

We were not assured that any development needs would be met as the service had no employed staff qualified to train or mentor others. The service relied on unqualified staff to assess competence.

We were provided with information regarding appraisal compliance following inspection. The information did not confirm when staff had received an appraisal. Eight members of staff had a date for a future appraisal confirmed for 2024 but no record of any appraisal completed in 2023.

The service did not have staff meetings and relied on messaging services and social media to stay in contact with staff.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff worked across health care disciplines and with other agencies when required to care for patients.

All staff reported good multidisciplinary team working.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

All staff received training in consent, the Mental Capacity Act and Deprivation of Liberty Safeguards.

All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service responsive?

Requires Improvement

Service delivery to meet the needs of local people

Inadequate

Patient transport services

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population.

Facilities and premises were appropriate for the services being delivered.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff understood but could not describe how they would apply the policy on meeting the information and communication needs of patients with a disability or sensory loss. We did not see any information regarding supporting patients with additional communication needs.

The service did not have information leaflets available in languages spoken by the patients and local community. Staff were unable to articulate where they could find alternative formats.

Access and flow

People could access the service, but it could not be demonstrated that they could access it when they needed it.

Managers failed to monitor waiting times nor made sure patients could access services when needed. The service had no key performance indicators (KPI) from the commissioning NHS ambulance trust nor did they collect their own data.

Learning from complaints and concerns

It was not always easy for people to give feedback and raise concerns about care received. The service did not demonstrate that they treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

We saw no evidence of any information on giving feedback other than in English, there were no other languages or formats available.

Staff told us that they understood the policy on complaints and knew how to handle them. All staff could articulate the complaints process and their role within it.

Managers could articulate their role in investigating complaints and how they would identify themes.

Staff knew how to acknowledge complaints and they told us patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Inadequate

Patient transport services

Staff could give examples of how they used patient feedback to improve daily practice.

Is the service well-led?

Inadequate

Leadership

Leaders did not consistently demonstrate that they possessed the skills and abilities to run the service. They failed to provide assurances that they understood and were able to manage the priorities and issues the service faced. They were not visible in the service for patients and staff.

Senior leaders told us that they relied on outside freelance contractors to undertake key activities. We were not assured that the completed work was effectively overseen by senior leaders within the service. We saw key areas that had been delegated such as driving assessments did not provide assurance regarding the quality of the work undertaken and there was no evidence that the senior leaders recognised this issue, nor that they took any steps to gain assurance. We were also given an example of work being delegated to staff but not overseen by senior leaders that had been completed incorrectly which led to the loss of opportunity to bid for more NHS contracted work.

Staff told us that senior leaders were contactable but were not often seen, senior leaders told us that they visited staff in the operational location but could not evidence the frequency nor any outcomes from these interactions.

Vision and Strategy

The service had a vision for what it wanted to achieve but could not evidence a strategy to turn it into action nor how they would monitor progress.

Senior leaders were able to articulate how they wanted the service to develop. The main aim was to move to a new location closer to where the contracted work was undertaken. We were told that a new property had been identified but the process to register the property had not yet been undertaken.

We saw no evidence of any specific strategy on how the service was planning their development nor how it was to be aligned to local plans and the wider health economy.

We were not assured that staff understood that there was a wider strategy in place nor how their role would be utilised to monitor progress.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff told us that they felt respected and valued. They felt confident to raise concerns or to report incidents as they felt that they would be listened to and that there was a no blame culture.

We were given examples of individual members of staff being encouraged and supported to develop within their careers. We saw examples of courses being offered that would enable staff to progress within the industry.

Governance

Leaders failed to operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities but had no regular opportunities to meet, discuss and learn from the performance of the service.

We saw no evidence of effective governance processes throughout the service. We identified an absence of any effective audit programme to assess compliance and to drive improvement. We identified issues with environment, equipment, medical gas storage and recruitment that had not been identified and addressed.

Senior leaders were unable to evidence that they held any governance meetings, we were told that governance issues were discussed but there was no fixed agenda nor were the discussions ever minuted.

Staff at all levels were clear about their role and accountabilities but we saw an inconsistent approach from staff regarding the completion of their accountabilities. We saw that staff were non-compliant with mandatory training but there was no evidence of any acknowledgement of this issue nor any work in place to ensure compliance.

Management of risk, issues, and performance

Leaders and teams failed to use systems to manage performance effectively. They did not evidence that they identified and escalated relevant risks and issues and identified actions to reduce their impact. They did not demonstrate that they had plans to cope with unexpected events.

We saw no evidence that the service used systems to manage performance. The service did not provide performance data to commissioning groups, nor did they collect it at a local level to drive improvement.

Senior leaders could articulate what risks the service faced but they could not evidence that they managed risk effectively.

The service did not hold specific risk management meetings and the risk register that was provided following inspection did not hold all relevant information to demonstrate that risk was effectively managed.There is no date of entry for any risk nor any review date, therefore, it did not provide assurance that risk was being effectively managed.

We also requested the business continuity plan to assess how the service would cope with unexpected events, but this was not provided until after the inspection.

Information Management

The service did not collect reliable data and analysed it. Notifications were consistently submitted to external organisations as required.

There was no evidence that they service collected nor analysed any data.

Inadequate

Patient transport services

Notifications were submitted consistently to external organisations.

Engagement

Leaders failed to actively and openly engage with patients, staff, equality groups, the public and local organisations.

Senior leaders were able to articulate how they had engagement with staff, but we saw limited evidence within the service that demonstrated that engagement was ongoing. We saw that appraisals were undertaken but not consistently recorded, there were no regular staff meetings and contact was undertaken by messaging.

We saw no evidence of how the service collaborated with partner organisations nor could senior leaders articulate how this was achieved.

We saw examples of engagement with patients and the wider community including participation in school and community events. The service was also sponsoring local charities and youth sports teams.

Learning, continuous improvement and innovation

We saw no evidence that demonstrated that all staff were committed to continually learning and improving services. Senior leaders could not demonstrate that they had a good understanding of quality improvement methods nor the skills to use them.

Leaders told us that due to the size of the service they felt it was inappropriate to undertake innovation or research.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The service did not ensure that all work environments are safe and free from hazards. The service did not ensure that medical gases were stored in line with national guidance. The service did not ensure that all staff undertook the required level of infection prevention and control measures.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not ensure that all staff completed mandatory training nor did they ensure that all staff were competent for their role.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not ensure that all staff were appropriately trained regarding medical gas administration and that reference to medical gases was included within the medicines management policy.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The service did not ensure that all staff received, and completed safeguarding training as recommended by national guidance.
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service did not ensure that it adhered to its recruitment policy when employing staff.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service could not evidence how it monitored performance. The service could not evidence how it manages risk. The service did not have robust governance processes, including an audit programme to ensure that patients were receiving safe care.