

# Devon Ambulance And First Aid Services CIC

# The Colin Sully Centre

## Quality Report

The South Devon Railway  
Buckfastleigh  
Devon  
TQ11 0DZ  
Tel: 01803 315251  
Email: [ambfas@devonems.org](mailto:ambfas@devonems.org)

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

## Ratings

### Overall rating for this ambulance location

Patient transport services (PTS)

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Colin Sully Centre is operated by Devon Ambulance and First Aid Services CIC and provides a patient transport service. Devon Ambulance and First Aid Services is a Community Interest Company owned by Devon Essential Medical Services, a Registered Charity. They provide an event ambulance service, specifically where there is an actual or identified need to provide off-site transportation to a local hospital. In addition, Devon Ambulance and First Aid Services CIC provide a limited planned patient transport service either using a two-man ambulance crew or single person wheelchair accessible vehicle. All staff who worked for the organisation are volunteers who do this in their spare time.

We initially inspected Devon Ambulance and First Aid Services CIC on the 14 November 2017. During that inspection we had concerns about the safety of service users. Following the inspection, we took enforcement action and issued two warning notices. These included concerns about safe recruitment procedures for new staff and governance arrangements to monitor service provision. We also issued four requirement notices. These included; the lack of comprehensive assessment of patients' needs for the planned transport service, no incident reporting system, no maintenance and servicing of equipment, infection control procedures and no on-going appraisal system for staff.

On 21 February 2018, the registered manager sent us an action plan outlining the actions they had taken, and planned to take, to improve the areas of concern we identified. On the basis of this, we carried out a focused inspection on 17 April 2018. This inspection was only focused on the areas of concern reported in the warning notices and requirement notices.

### Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Staff who required safeguarding training at level two for adults and children had or were due to attend courses provided by the local county council.
- Processes to identify and demonstrate the service was assessing the risk of infection, taking action to prevent, detect and control the spread of infections had been implemented.
- The maintenance and use of equipment kept patients safe. All equipment was up to date with their servicing and maintenance.
- A new comprehensive risk assessment document had been developed for people who were going to use the planned transport service. Risk management plans would then be developed to make sure their needs could be met during the journey (no planned patient transport had been undertaken since our last inspection).
- A new recruitment and selection policy had been introduced to make sure new staff were suitable for their role.
- Arrangements for reviewing and investigating incidents when things went wrong had been implemented.
- Structures, processes and systems of accountability to support the delivery of the strategy, good quality care and sustainable services had been developed.

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

- The new recruitment application form did not have enough room for proposed staff to fill in details about previous employment history.
- The updated recruitment policy needed to be amended to make sure the references they obtained with information about new staff is kept.
- Risks to the service provision were not documented and therefore could not be kept under review.

# Summary of findings

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 one requirement notice that affected patient transport. Details are at the end of the report.

**Amanda Stanford**

**Deputy Chief Inspector of Hospitals (South), 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?

The main service provided by Devon Ambulance and First Aid Services CIC was patient transport. This included both planned and unplanned transport.

During the inspection, we saw a significant number of improvements which had been made in response to the breaches identified in the two warning notices and four requirement notices issued to the service. The registered manager demonstrated a lot of work had been undertaken to making sure the service was compliant against the Health and Social Care Act 2008 (Regulated Activities) 2014 and was providing a safe service to patients.

New systems and procedures had been introduced to ensure the safety of patients using the service and to enable the registered manager to monitor the safety, quality and performance.

# The Colin Sully Centre

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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### Detailed findings from this inspection

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## Background to The Colin Sully Centre

The Colin Sully Centre is operated by Devon Ambulance and First Aid Services CIC. The service opened in 2015. It is an independent ambulance service in Buckfastleigh, Devon. The service primarily serves the communities of the south west peninsular.

A registered manager has been in post since 2015. At the time of our last inspection in November 2017, a new manager Richard Stanton had recently been appointed and registered with the CQC on 31 August 2017.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During this inspection, we visited The Colin Sully Centre location. We spoke with two staff including: the planned patient transport driver and the registered manager.

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 been inspected once, in November 2017. At that inspection, we found the service was not meeting all the standards of quality and safety it was inspected against.

Activity November 2017 to 17 April 2018

- There were no planned or unplanned patient transport journeys undertaken. The registered manager told us this was due to them wanting to make the changes to their service to meet the regulations. They planned to start attending events which may need unplanned transport following this inspection. Planned patient transport was not taking place as the main driver had been off sick since December 2017.

The nine staff working for the service included two ambulance technicians, one emergency care assistant and five ambulance care practitioners who all volunteered at the service.

Track record on safety

- No Never events
- No Clinical incidents
- No serious injuries
- No complaints

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector and another CQC inspector. The inspection team was overseen by Daniel Thorogood, Inspection Manager and Mary Cridge, Head of Hospital Inspection.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

The main service provided by this ambulance service was patient transport.

## Summary of findings

We found the following areas of good practice:

- Staff who required safeguarding training at level two for adults and children had or were due to attend courses provided by the local county council.
- Processes to identify and demonstrate the service was assessing the risk of infection, taking action to prevent, detect and control the spread of infections had been implemented.
- The maintenance and use of equipment kept patients safe. All equipment was up to date with servicing and maintenance.
- A new comprehensive risk assessment document had been developed for people who were going to use the planned transport service. Risk management plans would then be developed to make sure their needs could be met during the journey (no planned patient transport had been undertaken since our last inspection).
- A new recruitment and selection policy had been introduced to make sure new staff were suitable for their role.
- Arrangements for reviewing and investigating incidents when things went wrong had been implemented.
- A new competency assessment framework had been implemented for new and existing staff to ensure they were proficient to fulfil their roles.
- Structures, processes and systems of accountability to support the delivery of the strategy, good quality care and sustainable services had been developed.

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

# Patient transport services (PTS)

- The new recruitment application form did not have enough room for proposed staff to fill in details about previous employment especially which involved children or vulnerable adults.
- The updated recruitment policy needed to be amended to make sure the references they obtained about new staff were kept.
- Risks to their service had not been documented therefore they could not be kept under review.
- A system to make sure equipment was continually serviced as required and maintained was not yet in place.

## Are patient transport services safe?

### Safeguarding

- Systems and processes reflecting relevant safeguarding legislation were up to date to safeguard adults and children from avoidable harm and abuse. At our last inspection, the registered manager was not able to demonstrate the level safeguarding training staff had undertaken. The service had signed up to a level two safeguarding adults and children e-learning course provided by the local county council. This training for staff was on going at the time of our inspection. Two members of staff had completed safeguarding adults and children training in their current NHS roles, however, the registered manager had not yet seen evidence of this.
- The service had appointed another senior member of staff as their new safeguarding lead. The registered manager said this member of staff had undertaken safeguarding level three training for adults and children with their current NHS employer. However, they need to see clear evidence of this. The registered manager was also planning on undertaking safeguarding training at level three but had not yet booked onto this course. This was due to the few courses available and timings of the course. It was the registered manager's priority to attend this course as soon as possible.

### Cleanliness, infection control and hygiene

- There was evidence to demonstrate the provider was assessing the risk of infection, taking action to prevent, detect and control the spread of infections. Immediately following our last inspection the registered manager devised an infection, prevention and control policy for the cleaning of the vehicles used and purchased cleaning products suitable for this task. A copy of this policy was sent to us. At our initial inspection we found the vehicles used were not clean, and products used for cleaning them were not suitable for this purpose. The action plan we received in February 2018 stated cleaning schedules had been implemented and ongoing audits were taking place to make sure vehicles were cleaned as per their policy. At this inspection, we found all vehicles were clean and the appropriate cleaning products for cleaning equipment were



# Patient transport services (PTS)

provided on board for staff to use. The registered manager told us a member of staff had been allocated the task of cleaning the vehicles each week and this would be overseen by a senior member of staff.

- A checklist had been developed for staff to document vehicle cleaning which was carried out to ensure effective prevention and control of infection. As there had been no planned or unplanned transfers since our last inspection we were not able to see any in use. However, the registered manager was able to show us one that had been used following an event they had attended. Auditing of these was not yet started as they had not done any planned or unplanned journeys. The form was going to be discussed at the first meeting of the quality, clinical and governance team following our inspection.
- Pre-planned journey booking forms had been developed to ensure the service was able to identify any infection control risks associated with patients using the transport service. The form now included a prompt to ensure this was a key question asked at the booking stage. If a risk was identified, a risk assessment would be completed to ensure it could be safely managed. We were unable to see evidence of any risk assessments of this nature which had been completed. This was because the service had not carried out any pre-planned work since the previous inspection and the introduction of this new form.

## Environment and equipment

- The maintenance and use of equipment kept patients safe. At our last inspection, the provider was not able to give us details of up to date maintenance and servicing of equipment on the ambulances. This included suction machines and an automated external defibrillator (AED). A senior member of staff told us they were in the process of setting up an assets list and arranging servicing from a local NHS trust. The action plan sent to us in February 2018, following our last inspection stated a contract had now been drawn up, and any equipment without evidence of up to date servicing would not be used. At this inspection, we were shown a certificate to demonstrate all equipment had been serviced and was in date. We saw stickers on equipment held on the ambulances, such as suction machines and AED identifying when the next service was required. Servicing intervals differed between different pieces of equipment. We asked how the service planned to

monitor when equipment servicing was due for a review. This procedure was yet to be identified and was something which was to be discussed at the first quality, clinical and governance team meeting. This was an improvement from our last inspection.

- Storage of consumables held on the ambulances and wheelchair accessible vehicle were organised, tidy, secure and were in date. Consumables were stored in storage boxes located in cupboards on the ambulance. A member of staff had been allocated to carry out a review of the consumables found on the vehicles. The frequency of this was to be decided at the quality, clinical governance team meeting. The registered manager also planned to label each storage box identifying when the first expiry dates for the consumables. This was also due to be discussed at the clinical governance meeting.
- Oxygen was stored on the ambulances. Oxygen cylinders were in date, and equipment associated with the cylinders had been recently calibrated. Warning signs had also been put on the ambulances and wheelchair accessible vehicle to highlight medical gases were stored on them. This was an improvement from the previous inspection where oxygen cylinders were out of date and there were no warning notices on the vehicles.

## Assessing and responding to patient risk

- Comprehensive risk assessments were going to be carried out for patients who used the planned service and risk management plans would be developed. At our last inspection, there were inconsistencies between comprehensive risk assessments being completed and documented for patients managed under the planned patient transport service and the unplanned events transport service. The unplanned transport service had detailed assessments whereas the planned service had very limited details. The action plan sent to us in February 2018 stated they had implemented a new patient transport assessment forms for pre-planned patient transport with prompts for information (such as mobility, vision and medical conditions).
- Pre-planned patient transport booking forms has been developed to ensure risks could be identified and managed effectively during a journey. The booking form prompted staff to request information including mobility status, vision, whether the patient had dementia or they were diabetic. Risk assessments could

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then be completed if required on the basis of the information which had been collected at the booking stage. This ensured the journey could be carried out safely. At the time of this inspection the service had not carried out any pre-planned work, therefore we were unable to see any completed forms and associated risk assessments. The development of the booking forms demonstrated a significant improvement since our last inspection. Previously, there were no documented risk assessments or risk management plans completed for the planned patient journey records we reviewed.

- The registered manager told us at our last inspection they did not have a policy for the management of deteriorating patients, as they only transported stable patients from events. If a patient's condition changed, they would refer this immediately to the local NHS ambulance trust for support and to hand over the patient. However, their action plan stated they had devised and introduced a policy covering unexpected change in patient's condition. We were shown this policy during the inspection. The policy identified how the staff would work within their skill level to stabilise the patient and call the local NHS ambulance service for support. Any decision to transfer a patient was made by a health care professional. This policy was awaiting sign off at the first quality, clinical governance team meeting. The registered manager then planned to circulate the policy to all staff working for the service. Staff would be expected to sign a form to demonstrate they had seen and read the policy. This was an improvement on the previous inspection where there was no formalised policy or procedure to manage deteriorating patients.

## Staffing

- A new recruitment and selection policy meeting Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been developed to safeguard patients against unsuitable staff. The policy stated the information needed to meet this policy would be collected for all members of staff. This would ensure they were suitable for the role.
- We saw the new recruitment form which has been developed. This included the applicant's employment history and requested further information to account for breaks within employment, qualifications, and referee details. Applicants had to also submit a photograph and proof of identification for their role. However, there was very little space on the form to enable applicants to

provide more detailed information if required, for about their employment history. The registered manager had started to get existing members of staff to complete the new forms and was making sure all required information and documentation was gathered to meet the regulations. This was ongoing. This was an improvement on the previous inspection where the service did not meet the legal regulations.

## Incidents

- Arrangements for reviewing and investigating incidents when things went wrong had been implemented. At our last inspection, there was no incident reporting process to report accidents, incidents or near misses. We identified an incident which should have been reported. This related to a planned journey where the patient was found to be living with dementia at the time of the journey and not discussed at the time of booking. This should have been reported and investigated to see where lessons could have been learned.
- Immediately following our inspection, the registered manager sent us details of a new policy developed for incident reporting and a copy of the new incident reporting form. The action plan we received in February 2018, stated a new policy and reporting forms had been introduced. At this inspection visit we were shown a copy of the new policy and incident reporting/near miss form. The policy included a flow chart for staff to follow when reporting an incident and how this would be investigated. The registered manager told us staff had been informed of this during their training evenings and they would all need to sign a form to say when they had read it. This was in progress. As there had been no planned or unplanned journeys since our previous inspection, there had not been any reported incidents to review. This was an improvement from the last inspection.

## Are patient transport services effective?

### Competent staff

- Arrangements for supporting and managing staff to deliver effective care and treatment had been developed since our last inspection. At our last

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inspection we identified issues with the lack of an ongoing appraisal system and proof staff were competent to under their designated positions other training pertinent to their roles was in place.

- The registered manager had developed a new system to carry out yearly appraisals and supervision with staff. Supervision and appraisals are an important aspect of ensuring staff are competent and for identifying any learning needs within their current role, not just for further development. The Action plan sent to us following their last inspection stated "yearly appraisals to be completed with all personnel which will include a self-appraisal element, new training records for all personnel as part of the yearly training update and competency review and revised training and competency framework being introduced; staff will not be authorised to undertake relevant tasks until signed off by designated senior staff."
- During this inspection, we saw a two stage approach had been initiated for staff appraisals. Staff could complete an optional self-appraisal form which encouraged them to think about their role and contribution towards it, what they liked best and what they found the most challenging. This document was designed to support staff with their individual mandatory appraisal. The individual appraisal was to be carried out on a yearly basis. This process had already been completed for four members of staff working for the service. Of the other five staff members, there had been no opportunity to carry out their appraisal. This was due to staff members being off on sick leave or not being current active members for the service. The registered manager told us if staff were not active and were not up to date with their competencies or appraisals they would not be able to work for the service.
- Work was ongoing on how the service planned to provide supervision for staff. This was dependant on how often staff worked for the service. This was going to be discussed at the first meeting of the quality, clinical governance team. This system demonstrated a significant improvement compared to our previous inspection where there was no formal system for carrying out annual appraisals with staff.
- A competency assessment framework and checklist for new and existing staff had been brought in to demonstrate they were competent in their role and to demonstrate their ongoing fitness to fulfil the role. The

competency assessment framework was a booklet based on clinical care provider training standards. There were nine standards all staff had to pass. This included, person centred values, communication, dementia and safeguarding. Once the booklet had been completed the checklist would then be used to document ongoing competency. This competency assessment would also be used as induction for any new member of staff. The registered manager said all staff would need to complete this competency assessment framework before being able to work on one of the ambulances. This competency framework was going to be discussed at the first meeting of the quality, clinical and governance team. This demonstrated a significant improvement from our first inspection, where there was limited competency assessment for new and existing staff, and checklists not being up to date to demonstrate whether the member of staff had been deemed competent in the role.

## Are patient transport services caring?

## Are patient transport services responsive to people's needs?

## Are patient transport services well-led?

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

- Structures, processes and systems of accountability to support the delivery of the strategy, good quality care and sustainable services had been developed. As this was in its infancy the service was not able to provide ongoing regular reviews and evidence of improvement. The action plan we received following our inspection in November 2017 stated "they planned to implement a clinical and governance policy. Three monthly reviews and audit of all duty reports, patient report forms, new incident reporting procedure and reporting forms, new pre-planned patient transport booking and recording forms and formation of the quality, clinical and governance team".
- We found at this inspection the service had devised their clinical and governance policy but it was waiting to go

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through their quality, clinical and governance team to be agreed. A meeting of this team was yet to take place, but the registered manager planned this would be before the end of May 2018. Following our inspection the registered manager notified us the meeting took place at the beginning of May 2018. Copies of their minutes and agenda were going to be sent to us.

- No audits had been undertaken as there had been no planned or unplanned patient transport since our inspection in November 2017. At the first meeting of their quality, clinical and governance group they planned to set up their terms of reference and to agree on roles. As the service was very small, they planned to meet twice a year. Despite being in the initial stages, this development demonstrated a significant improvement from our initial inspection in November 2017. At that time, there were no systems or procedures to enable the registered manager to monitor the safety, quality and performance of the service.
- There was no system at our last inspection to routinely request feedback from stakeholders for the unplanned events transport or the planned transport services. The registered manager told us this was to be discussed at the first meeting of the quality, clinical and governance team.
- At our last inspection, the provider or registered manager did not maintain a risk register or any other document to identify risks to the service provision for

both unplanned and planned patient transport. There were no processes to assess, monitor and mitigate any risks relating to the service, or the health and safety and welfare of patients and others. Senior staff told us a risk assessment took place for each event they took part in, as this included how many ambulances and staff they required. These were often for events they had done in the past so they were aware of the location and environment in which they would be working. They were not able to show us any of these risk assessments as they were stored by their parent company. The action plan we received following this inspection made no reference to a risk register.

- At this inspection the registered manager told us the process for formally documenting their risks was to be discussed at the first meeting of the quality, clinical and governance group. They were able to tell us their main risk was lack of staff to be able to provide a service at events or planned transport and how they would refuse work if they did not have the correct staffing numbers and skills. They were actively recruiting at the time of this inspection. No events that would require unplanned transport had taken place since our inspection in November 2017 therefore, we were not able to see any documented risk assessments. The service was planning to start undertaking events that may require unplanned patient transport but these had not been risk assessed at the time of our inspection.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service continues to be run by staff who volunteer in their spare time.

## Areas for improvement

### Action the hospital SHOULD take to improve

- Implement a system to make sure all equipment continues to be serviced on time and maintained.
- Make sure the new safeguarding lead has completed the required levels of safeguarding training for children and adults.
- The registered manager and staff who have not done so should also try to complete a safeguarding course for children and adults as level 3.
- Review the new recruitment application form to ensure there is enough room for proposed staff to fill in details about previous employment especially which involved children or vulnerable adults.
- Update their recruitment policy to make sure references are kept for new staff. Particularly if they contain information regarding their conduct where they have had employment working with children and vulnerable adults.
- Confirm the arrangements for supervision of staff at their first meeting of the quality, clinical and governance team.
- Formalise systems and process to obtain the views of stakeholders and how this will be used to improve the service.
- Formally document risks to the service and keep this under review, with actions they intend to use to reduce them.
- Make sure audits are ready to be used when planned and unplanned patient transport is carried out.
- Maintain evidence of risk assessments for events which may require unplanned transport at The Colin Sully Centre.