

K.F.A Medical Ltd

# KFA Medical

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

KFA Medical is an independent ambulance service based in Keighley, West Yorkshire.

We carried out an announced focused follow up inspection of this service using our comprehensive inspection methodology on 25 April 2018. All five domains were not inspected because this was a follow up inspection.

This service had been inspected on 8 November 2017. Following that inspection of the service several breaches of regulations were identified, in addition, 27 areas where the service must improve and nine areas where the service should improve were identified. In December 2017 the service voluntarily suspended carrying out regulated activity for three months to enable them to make the required improvements. The service was subject to a CQC desk top review of progress in February 2018 in relation to the breaches of regulations, the areas where the service must improve and should improve. The improvements were not completed and the service requested and we agreed to an extension of its voluntarily suspension for a further two months which concluded on 30th April.

The focus of this announced follow up inspection was in relation to the five legal requirements, 27 areas where the service must improve and nine areas where the service should improve. Following this inspection, the provider was found to be compliant in relation to the breaches identified in the previous inspection and had taken action in relation to the 27 areas where the service must improve and nine areas where the service should improve were identified.

### 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 services need to improve and take regulatory action as necessary.

We also found the following areas of good practice:

- There was clear management structure with defined areas of responsibility.
- There was evidence of staff disclosure and barring service (DBS) checks.
- There were records kept of when the Patient Transport Service ambulance had been cleaned which included a deep clean every 28 days.
- There was evidence of formal internal driver training assessment carried out by the service by an independent person who was blue light trained.
- There was evidence that administrative staff checked the driving licences of staff that drove KFA Medical vehicles via the Driver and Vehicle Licensing Agency.

We found the following issues that the service needed to improve:

- There was a bin for clinical waste in the PTS ambulance but the lid could not be secured.
- There was not a system to collect data which identified which patients had been transported to their own residence.
- There was a business continuity plan but it had not been tested practically or through an exercise to ascertain if it was viable.

Following this inspection, we told the provider that it should make three improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

### Ellen Armistead

Deputy Chief Inspector of Hospitals, 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?

KFA Medical provided transport services for patients transferring from hospitals to other hospitals, to care homes and to patients' places of residence which included patients with mental ill health.

At the time of this inspection the service had not carried out any regulated activity for five months since December 2017.

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service services need to improve.

Following this inspection, we told the provider that it should make three improvements, even though a regulation had not been breached, to help the service improve.

# KFA Medical

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to KFA Medical

KFA Medical first registered with the CQC on 14 June 2013. The service is an independent ambulance service in Keighley, West Yorkshire.

The company provided a range of services including; urgent and emergency paramedic and first aid medical coverage at both private and public events; blood and organ transport; first aid training, repatriation of patients and a patient transport service including patients with mental ill health. It also provided on site only event medical provision which is not currently regulated by CQC.

The service had been subject to an announced comprehensive inspection on 8 November 2017. Following the inspection, the service was issued with five legal requirements, additionally, 27 areas where the service must improve and nine areas where the service should improve were identified.

The purpose of this focused announced follow up inspection was to obtain evidence in relation to the

five legal requirements, 27 areas where the service must improve and nine areas where the service should improve to ensure improvements had been made and that the service met the regulatory standards.

At the time of this inspection the service had voluntarily suspended carrying out any regulated activity for five months from 1st December 2017 until 30th April 2018.

The service had a registered manager who was also the managing director.

The service was registered to provide the following regulated activities:

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

Although the service had not carried out any regulated activity since December 2017 and did not have a PTS contract the managing director, the two directors, the logistics manager and HR administrator had all completed the relevant training to undertake PTS.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector Michael Lillico, two other CQC inspectors and a specialist advisor who had ambulance service expertise. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

## Facts and data about KFA Medical

KFA Medical first registered with the CQC on 14 June 2013. The service is an independent ambulance service in

Keighley, West Yorkshire and operated throughout the UK. The company provided a range of services including;

# Detailed findings

urgent and emergency paramedic and first aid medical coverage at both private and public events; aid training; repatriation of patients and a patient transport service for patients including patients with mental ill health.

The service had a registered manager who was also the managing director.

The service was registered to provide the following regulated activities:

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

During this focused follow up inspection we visited Butterfield House, Thwaites Lane, Keighley, West Yorkshire, which was the service's operating base. The building was privately leased building split level over two floors. The exterior of the building was fitted with security lights and a CCTV system. There was a large car park to the front of the building with ample space for the service`s ambulances and private vehicles. The ground floor area consisted of a large open plan storage area for equipment and a locked storage cupboard.

On the first floor there was a large reception area which doubled as a general office. There was a separate shared office used by the administrative staff and an office used by the director. There was a separate office with two

computer work stations which was used by the two Human Resources (HR) staff. The first floor also had a room which was used for training or a meeting room. The first floor had welfare facilities for staff to use.

We spoke with seven staff including: the managing director, a director, the fleet/logistics manager, the HR manager, HR administrator, events administrator and the accounts administrator. During our inspection we were unable to review any patient records as the provider had not carried out any regulated activity for five months. We did review the providers revised patient transport form which was their version of a patient record form, we reviewed 33 policies, inspected the building and the PTS ambulance.

This inspection was a follow up to the inspection held on 8 November 2017.

## Activity

- The service had voluntarily suspended carrying out any regulated activity from 1 December 2017 until 30 April 2018 therefore there was no PTS activity to report on since the last inspection held on 8 November 2017.
- No Never events had been reported,
- No clinical incidents reported which resulted in, no harm, low harm, moderate harm, severe harm, death or serious injuries
- No complaints had been received.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

KFA Medical first registered with the CQC on 14 June 2013. The service is an independent ambulance service in Keighley, West Yorkshire.

The service had been subject to an announced comprehensive inspection on 8 November 2017.

Following the inspection, the service was issued with five legal requirements, additionally, 27 areas where the service must improve and nine areas where the service should improve were identified.

At the time of this inspection the service had voluntarily suspended carrying out any regulated activity for five months from 1st December 2017 until 30th April 2018.

## Summary of findings

KFA Medical provided transport services for patients transferring from hospitals to other hospitals, to care homes and to patients' places of residence which included patients with mental ill health.

At the time of this inspection the service had not carried out any regulated activity for five months since December 2017.

# Patient transport services (PTS)

## Are patient transport services safe?

We found the following areas of good practice:

- Medical gases were stored in accordance with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders. There were associated risk assessments and a policy regarding the storage and handling of medical gases.
- Staff had received the appropriate level of safeguarding training for adults and children in line with intercollegiate guidelines.
- Mandatory training attendance compliance could be established because the training matrix was up to date.
- The training staff had received regarding the transferring of patients with mental ill health was up to date.
- Patient risk assessments and planning of journeys were included in the revised patient transport forms.
- Staff understood the Duty of candour principles and how these would be applied.
- There was a Duty of candour policy.
- The equipment and sterile wipes carried on the PTS ambulance and in the store room were in date.

However, we found the following:

- There was a bin for clinical waste in the PTS ambulance but the lid could not be secured.
- There was not a system to collect data which identified which patients had been transported to their own residence.
- There was a business continuity plan but it had not been tested practically or through an exercise to ascertain if it was viable.

## Incidents

- The service had not recorded any never events since the last inspection in November 2017. Never events are incidents of serious patient harm that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare services.

- During our inspection we saw evidence that there was a formal system for reporting and responding to incidents. Blank incident reporting forms that had been revised since the last inspection; we reviewed these and considered them to be fit for purpose.
- Managers told us incident report forms would be reviewed by the managing director. All incidents would be discussed at the monthly managing directors' meeting and any learning would be shared at the monthly staff meeting.
- We saw evidence of an incident reporting policy that had been revised since the last inspection; we reviewed this and considered it to be fit for purpose.
- The service had set up a database to record all incidents reported including a section where the managing director would add their review comments and actions taken.
- Staff we spoke with were aware of the basic principles of Duty of candour legislation. The service did have a Duty of candour policy which had been developed since the last inspection
- Duty of candour training had been classed as mandatory training. We saw that six of the nine who were employed by the service had been signed off as having completed all mandatory training.
- The Duty of candour is a regulatory duty that relates to openness and transparency and requires services of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Due to the fact the service had not carried out any recent regulated activity we were unable to review any patient transport records. However, we were able to review the seven page patient transport record form which had been revised following the last inspection. The form contained prompts for staff to ensure all areas were completed.
- We saw evidence that every job would be de-briefed by supervisors on the patient transport record form in order to identify good and poor practice. There was system in place to share wider learning or lessons learned with staff which would be achieved through the monthly directors' meeting and monthly staff meeting.
- During the inspection we saw evidence that KFA Medical intended to actively seek patient and commissioning

# Patient transport services (PTS)

feedback. Patient feedback forms were included in the patient transport record form. Managers told us they intended seeking feedback from every fifth patient dependent upon their capacity.

- The patient transport record form had a section for the senior nurse present when KFA staff collected a patient to feedback on how the staff had carried out their duties. Feedback from the provider who had requested PTS would be discussed at the monthly directors' meeting and monthly staff meeting in order to identify good and bad practice.
- Managers told us following the last inspection KFA Medical had reviewed their use of force policy and had decided that none of their staff should use any force or restraint against a patient. The revised policy reflected this.
- There was evidence PTS staff had attended a one day restraint course which included de-escalation and use of restraint. Managers told us they had trained the staff as a contingency to cover situations when a patient who had not been risk assessed as violent became violent while being transported.
- During the booking in process if the patient was violent KFA Medical would request an escort from the provider requesting the PTS. If this request was declined they would refuse the job. If a patient became violent while being transported the policy was for staff to contact KFA Medical control who would contact the provider where the patient had come from telling them the patient was being returned. If a patient was very violent and de-escalation techniques failed the Police would be contacted to intervene.

## Mandatory training

- During the inspection we were given access to the staff training database which provided details of the dates that staff attended training. This listed all the training available. The training was identified as being either statutory or mandatory.
- The levels of mandatory training attendance could be established because mandatory training courses were clearly identified. At the previous inspection the training matrix had been out of date. During this inspection we looked at the training matrix which was up to date and showed clearly which staff had completed which course and when.
- We saw evidence of a methodical approach to ensure that all training will be fully completed and understood

by staff. When staff were recruited to work for KFA Medical a training needs analysis would be carried out to establish the individual training courses they required.

- We saw evidence of a formal internal driver training assessment carried out by the service. This was done on behalf of KFA Medical by an independent person who was blue light trained. During the inspection we reviewed five staff files including the designated PTS drivers; all contained recent completed driver assessment forms.

## Safeguarding

- The managing director was the identified safeguarding lead. There was evidence they held adult and level three children safeguarding qualifications. The logistics manager had the same safeguarding qualifications and would cover when the safeguarding lead was not available.
- There were safeguarding policies and procedures in place for adults and children. During the inspection the policies and procedures were reviewed and found to contain current information, guidance on how to make a referral and information in relation to local safeguarding contacts.
- Staff were required to complete level two safeguarding adults and safeguarding children training. The specified level of training was in line with intercollegiate guidance. The training matrix showed all five staff that worked on PTS had completed this training.
- During the inspection there was evidence the training matrix accurately recorded which staff had attended safeguarding training. The level of training attendance was 100%.
- Staff told us they had not transported any children during the past 12 months but they could potentially in the future, if required.
- During inspection the content of the training was reviewed and it provided information about the types of abuse along with signs and symptoms.
- The advice for staff on reporting concerns and making referrals was appropriate for the level of training provided. There was information for staff about who to refer safeguarding issues to within the organisation or to external agencies, such as the local authority safeguarding teams.

# Patient transport services (PTS)

- Managers told us no agreements for the referral of safeguarding concerns for work that would be sub-contracted from NHS trust's had been established because the service did not have a PTS contract.
- Managers told us if the service acquired a PTS contract KFA Medical would ensure their reporting procedures aligned with those of the provider requesting PTS.
- KFA Medical had not made any safeguarding referrals since registration with the CQC.
- KFA Medical did have a system in place once they had commenced regulated activity to monitor when referrals would be made when the safeguarding information had been passed to a third party. Staff told us they would set up a two weekly safeguarding meeting where referrals made by KFA Medical staff would be reviewed. Any learning would be disseminated through the monthly staff meeting.
- There was no evidence as to how or if these proposed agreements or systems could work operationally because the service had not carried out any regulated activity for five months and did not have a PTS contract.
- There was evidence that the service had policies for cleanliness, infection control and hygiene that were specific to the service. Additionally, there was evidence the service had a system in place to carry out audit activity to establish levels of staff compliance with the policies. We were told that the audit would be agenda item at the monthly directors' meeting. During the inspection there was no audit activity to review because the service had not carried out any regulated activity since December 2017.
- There was evidence the service had a system in place to audit of hand hygiene, personal protective equipment (PPE) or isolation processes. We were told that the audits would be an agenda item at the monthly directors' meeting and any staff learning would be disseminated through the monthly staff meeting. During the inspection there was no audit activity to review because the service had not carried out any regulated activity since December 2017.
- During the inspection the revised KFA Medical patient booking form was reviewed. There was a section in it to record if a patient carried any infection risk which would necessitate a deep clean of the vehicle.
- The service had disposable mop heads which were colour coded, yellow to clean and blue for rinse in accordance with the guidance on the NHS choices website. There was evidence these were single use. There was evidence a cleaning audit had been carried out.
- We found that the clinical waste bin in the buildings store room was locked.

## Cleanliness, infection control and hygiene

- The service had one patient transport vehicle which was inspected. The vehicle was visibly clean. There was a bin for clinical waste in the PTS ambulance but the lid could not be secured. There was concern that the contents of the clinical waste bin could potentially spill out into the vehicle if the bin became dislodged from its mountings.
- There was no linen because the service had not carried out any regulatory activity for five months. Managers told us if they acquired a PTS contract an agreement would be reached with local NHS trusts regarding the exchange of used linen.
- Hand cleansing gel was available in the vehicle. Sterile wipes supplies carried in the vehicle were in date. The vehicles had, cleaning wipes, personal protective equipment including gloves, aprons and face masks.
- During the inspection we saw that a record had been kept of when the PTS vehicle had been cleaned and every 28 days it was subject to a deep clean. There was evidence the service had a system in place to record audit activity to ensure compliance with this policy. We were told the audit was to be an agenda item at the monthly directors' meeting. During the inspection there was no audit activity to review because the service had not carried out any regulated activity since December 2017.

## Environment and equipment

- During the previous inspection the store cupboard was found to contain numerous paint tins, bottles of turpentine and white spirit stored next to each other. There were also used paint brushes left out on shelves alongside a petrol trimmer in the store room next to some loose paper. This presented a possible fire hazard. During this inspection the store cupboard was found to be completely empty.
- Equipment was available for adult patients on the PTS vehicle. Necessary equipment to secure a passenger in their wheelchair was in place. We saw evidence there was a method of securing personal mobility aids such as walking frames or walking sticks in the rear of the ambulance during transfer by using secure straps.

# Patient transport services (PTS)

- Two manual resuscitators or "self-inflating bags", which are hand-held devices commonly used to provide positive pressure ventilation to patients who were not breathing or not breathing adequately, one of which was on the vehicle and the other in the equipment store, were in date.

## Medicines

- We saw evidence that medical gases were stored in accordance with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders.
- There was a risk assessment in place in relation to the storage or handling of medical gases. There were relevant policies and procedures in relation to the storage of medical gases.
- There were policies or procedures for medicines management in relation to medicines prescribed to the patient and carried during patient transport.

## Records

- During inspection we identified that PTS ambulance crews transferring patients, including those with mental ill health would be given patient information by the provider who had requested the transfer. We found that KFA Medical staff would request additional information with regard to individualised personal care through prompts on the revised patient transport form.
- We looked at the revised patient booking form. There was evidence that the documentation was individualised.
- There was a policy and procedure in place in relation to the creation, storage and destruction of patient records.
- There was no evidence as to how or if these proposed systems would work operationally because the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.

## Assessing and responding to patient risk

- Managers told us KFA Medical had reviewed their use of force policy since the last inspection and decided that none of their staff should use any force or restraint against a patient. This was reflected in the service's use of force policy which was reviewed during the inspection. The policy advised staff to use de-escalation techniques.

- There was evidence PTS staff had attended a one day restraint course which included de-escalation and use of restraint. The training would enable PTS staff to deal with a situation where a patient who had not been risk assessed as being violent became violent while being transported.
- During the booking in process if the patient was considered violent KFA Medical would request an escort from the provider requesting the PTS. If the request was declined they would not accept the job. If a patient became violent while being transported the policy was for staff to contact KFA Medical control who would contact the provider where the patient had come from telling them the patient would be returned. If a patient became very violent and de-escalation techniques had not worked the Police would be contacted to intervene.
- There was evidence the five PTS staff had undertaken conflict resolution training. Managers told us staff had been advised to use de-escalation techniques not physical intervention when dealing with violent or potentially violent patients.
- There was evidence that KFA Medical had a risk assessment system in place relating to potentially violent patients which was on the revised patient transport form which also included handover information including who took over responsibility for the patient.
- Staff we spoke with told us if they were transferring a patient with dementia or with mental ill health they would explain what was happening and would stop if requested but not let the patient out of the vehicle. We saw evidence on the revised patient transport form where staff would record the rationale of why they stopped.
- There was no evidence as to how or if these proposed systems would work operationally because the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.

## Staffing

- KFA Medical employed nine staff.
- The Managing Director was the registered manager and safeguarding lead. They were also responsible for Patient Transport Service (PTS) control and governance and worked 40 hours per week Monday to Friday.
- A director was responsible for general supervision and governance worked; they worked 40 hours per week Monday to Friday. Another director was responsible for

# Patient transport services (PTS)

event control and governance who worked 21 hours per week Monday to Sunday. The days this person worked varied depending on how many events they had to monitor.

- A medical director oversaw medicine control and was the lead for infection prevention and control as well as clinical practices. They were a Health and Care Professions Council's (HCPC) registered paramedic who could be contacted 24 hours per day seven days a week for advice. They had attended the company headquarters once every two weeks to check overall compliance with the company's policies and procedures in relation to their role. They had attended the directors' meetings once every month.
- The provider had another Health and Care Professions Council's (HCPC) registered paramedic available that could be contacted if the medical director was unavailable to provide advice on infection prevention and control as well as clinical practices.
- A logistics manager was responsible for PTS control and overall logistics and worked 40 hours per week Monday to Friday. They were also level three children's safeguarding trained and would cover if the safeguarding lead was not available.
- An HR manager was responsible for recruitment and retention of staff; they worked 30 hours per week Monday to Friday. An HR administrator worked 25 hours per week Monday to Friday supporting the HR manager. An events administrator worked 20 hours per week. An accounts administrator worked 20 hours per week Monday to Friday.

## Response to major incidents

- The service had a business continuity plan which was reviewed during the inspection and considered fit for purpose.
- There was no evidence the viability of the business continuity plan had been tested either through an exercise or in reality.
- The service was not included as part of any NHS trust major incident plan. Staff told us therefore none of the KFA staff had any training or experience in responding to major incidents as it was not required.
- There was evidence of a fire evacuation plan displayed on the walls in prominent places in the building. There was evidence the plan had been tested five times since

January 2018 which was recorded in the fire register book signed by the appointed fire marshal. There was evidence of regular checking of fire extinguishers, fire blankets and lighting.

## Are patient transport services effective?

We found that:

- The service's policies and procedures were specifically written in relation to PTS.
- There were prompts on the patient transport form which would ensure KFA Medical staff obtained relevant information so they could assess and plan patient care.
- The service had completed staff appraisals.
- There was induction training for newly employed staff.
- Staff had received some training in dementia, learning disabilities or caring for people with mental health needs, the Mental Capacity Act or Deprivation of Liberty safeguards.

## Evidence-based care and treatment

- During the inspection we reviewed 33 policies. They were all specific to the PTS which could be provided by KFA Medical. Each policy had a review date.
- Managers told us any changes to local policies would be discussed at the monthly directors' meeting and shared with staff at the monthly staff meeting.
- There was evidence the service had set up review mechanisms including audits to check that local policies and procedures were being adhered to by staff.
- There was no evidence as to how or if these proposed systems would work practically because the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.

## Assessment and planning of care

- We looked at the revised patient transport form during the inspection it contained numerous sections for staff to obtain patient information. If the form was completed correctly by KFA Medical then staff would enable them to assess the care of the patient.
- There was evidence that risk assessments were included on the revised patient transport form for patients with mental ill health.

# Patient transport services (PTS)

- There was no evidence as to how or if these proposed systems would work operationally because the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.

## Response times and patient outcomes

- The management team told us the arrival and departure times of the crews at the provider requesting PTS were now included on the patient transport form as well as the patient transfer time the number of staff involved and the distance travelled. This data would be collated for both financial / costing purposes as well as focussing on patient outcomes. We were told this information would be reviewed at the monthly directors' meeting.
- There was no evidence as to how or if these proposed systems to gather and review performance information would work because the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.

## Competent staff

- During the inspection we saw evidence of a staff appraisal system. The personal files of the nine employed staff were checked; all contained a current appraisal. The service had also set up an appraisal system for sub-contracted staff although none had been carried out as the service had not carried out any regulated activity for five months and did not have a PTS contract.
- There was a system of routine engagement of staff through the monthly staff meeting which had commenced in January 2018.
- Regular supervision of staff would be achieved by practical supervision assessments where supervisors would observe staff while they carried out their duties. The provider was aiming to do two per month which would be recorded in the individual's appraisal. Any development needs would be dealt with by an action plan. We saw evidence this process was supported by a supervision policy.
- There was no evidence any supervisory assessments had been carried out as the service had not carried out any regulated activity for five months and did not have a PTS contract.
- We saw evidence of an induction programme and training. The induction procedures consisted of conducting a staff training needs analysis, identifying

statutory and mandatory training. In addition, staff would receive a handbook containing the service's policies and procedures and information about the service.

- We saw evidence that when staff had been recruited disclosure and barring service (DBS) checks and photo identification checks had been completed and two references were obtained. There was evidence the references had been correctly obtained. During the inspection we saw references in relation to an employee who had recently been appointed and they were in order.
- There was evidence of formal health clearance in the five personal files checked during the inspection.
- The managing director told us any new policies would be added to the service portal that all employees could access. There was evidence that there was a system in place to record which staff member had looked at them. Staff were sent a form to tick and sign when they had read a new policy.
- Staff would be asked about policies and observed adhering to them during "on the job" supervisory checks and when completing staff appraisals.
- Although the service had not carried out any regulated activity since December 2017 and did not have a PTS contract the managing director, the two directors, the logistics manager and HR administrator had all completed the relevant training to undertake PTS work.
- There was evidence all PTS staff had completed training for dealing with patients living with dementia, learning disabilities or caring for people with mental health needs. They had completed training in the Mental Capacity Act (2005) or Deprivation of Liberty safeguards.
- There was evidence in the training matrix all PTS staff had been trained in do not attempt cardiopulmonary resuscitation (DNACPR).
- We saw evidence that KFA Medical administrative staff checked staff driving licences via the Driver and Vehicle Licensing Agency. Further checks would be made two-weekly when staff were assigned PTS driving duties to ensure no penalty points had been accrued. There was a policy requiring staff to report any penalty points added to their licence to KFA Medical managers.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

# Patient transport services (PTS)

- There was evidence in the training matrix all PTS staff had attended training in the Mental Capacity Act (2005) and Deprivation of liberties safeguards (DoLS).
- Managers told us patient capacity was identified at the PTS booking stage. There was a clear process for how staff would manage patients that lacked capacity through the patient transport form which identified individual patient needs.
- If there were any issues regarding capacity or level of understanding due to learning difficulties, hearing or sight impairment staff told us they would take direction from the hospital staff and refer to the discharge documentation.
- There was no evidence as to how or if these proposed systems would work practically as the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.

## Are patient transport services caring?

We did not inspect this domain

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

### Meeting people's individual needs

- We saw all PTS staff had completed training in dementia, learning disabilities and caring for people with mental health needs. They had also completed training in the Mental Capacity Act of Deprivation of Liberty safeguards.

## Are patient transport services well-led?

We found that:

- There were formal monthly governance meetings with minutes and actions.
- There were systems in place to identify, manage and mitigate risks. There was an organisational risk register in place.
- There was evidence of the recording of organisational and patient risks.
- The company vision and strategy was documented and had been cascaded to all staff employed by the service through the appraisal system.

- There was evidence the service had a system in place to proactively seek patient and provider feedback. The feedback would be discussed at the monthly directors' meeting and monthly staff meeting.
- There was evidence of managerial ownership, responsibility and accountability for reviewing and improving areas of the business or work streams. We were told owners of work streams would be held to account through the monthly directors' meeting.

### Leadership / culture of service related to this core service

- There was evidence of a management structure with staff roles and accompanying identified areas of responsibility.
- During inspection we found evidence the leadership team would manage organisational change through the monthly directors' meeting and the monthly staff meeting.

### Vision and strategy for this this core service

- The managing director told us the vision was to improve the efficiency of the service to grow the business. The strategy to achieve this was to promote the patient transport services with the clinical commissioning groups (CCG's) and hospital trusts.
- The service's vision and strategy had been cascaded to all staff employed by the service through the appraisal system.
- We found evidence that a documented vision and strategy was included as part of staff induction.
- The management team told us any changes to the service's vision and strategy would be cascaded to staff employed by KFA Medical through the directors' monthly meetings and staff meetings which were held monthly.
- We saw evidence the minutes and actions of the director's monthly meetings and staff meetings were recorded. The minutes for the meetings held in January and February 2018 were reviewed during the inspection. Both sets of minutes showed evidence the service had prioritised the actions required to bring to the service up to regulatory standard following the previous CQC inspection.

# Patient transport services (PTS)

- The management team told us the service vision and strategy would be shared with sub-contracted employees through the induction training. There was no evidence of this because the service had not carried out any regulated activity for five months.

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

- There were formal governance meetings in place each month which would be relevant to the planning and delivery of care and treatment. The meetings had commenced in January 2018. The service had prioritised the actions required to ensure the service complied with regulations following the previous CQC inspection.
  - There was no evidence of planning and delivery of care and treatment having been discussed because the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.
  - Managers told us policies and procedures, service and maintenance records, audits and reviews, purchasing and action plans in response to risk and incidents would be agenda items at the monthly directors' meeting and monthly staff meeting.
  - There was no evidence how this activity would work practically because the service had not carried out any regulated activity since December 2017 and did not have a PTS contract.
  - During inspection we found evidence of a risk register that identified both organisational and operational risk. The risk register was an agenda item at the monthly directors' meetings and monthly staff meeting.
  - We saw that the service had devised a system to actively seek patient and provider feedback. The feedback received would be an agenda item at the monthly directors' meeting and monthly staff meeting.
  - During inspection we saw that the service had devised a system to audit patient transfer forms, records, staff training, staff recruitment, infection control, performance targets, and reviews of complaints to improve the service.
  - The management team we spoke with confirmed that they could not review or analyse the information on the patient transfer forms to identify any issues or patterns as they had not carried out any regulated activity for five months.
- The management team told us they would be monitoring crews to ensure they were working in accordance with company policies. One of the three management team members would go out with crews. The managers would feedback to staff as to how they performed. There was evidence the service had a system in place to record the supervisors' comments or subsequent action plan in staff appraisals.
  - The service stated that staff undertook a driving skills assessment carried out by an independent observer every six weeks. We saw evidence that five employed members of staff were observed in January and February 2018. Records of the assessments were in the staff files. No issues had been identified.
  - The management team told us their performance target was to be able to attend within 40 minutes from receiving a call for PTS to collecting the patient from the provider. Managers told us the arrival and departure times were now included on the patient transport form and this would be reviewed at the monthly directors meeting.
  - There was no evidence that this information had yet been recorded or reviewed because the service had not carried out any regulated activity for five months.
  - There was evidence that the revised patient transport form contained relevant sections for staff to complete which would enable the service to collect data in relation to the different types of patient transport services undertaken that could be reviewed to improve the service provided.
  - Managers told us due to the unplanned nature of the PTS they did not have a system to collect data in relation to transporting patients to their homes.

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

- Managers told us staff engagement would be achieved through the monthly staff meeting which would have a set agenda as well as agenda items submitted by staff for discussion. The minutes for the staff meetings held in January and February 2018 were reviewed. Both sets of minutes showed evidence the service had prioritised the actions required to ensure the service complied with the regulatory breaches following the previous inspection. No other areas of business had been discussed.

## Patient transport services (PTS)

- Managers told us patient feedback forms would be included in the patient transport record form. Managers told us they intended seeking feedback from every fifth patient transported dependent upon their capacity.
- The patient transport record form had a section for the senior nurse present when KFA staff collected a patient to feedback on how they had carried out their duties.
- The management team told us any feedback would be discussed at the monthly directors' meetings and monthly staff meeting. There was no evidence that this information had yet been recorded or reviewed because the service had not carried out any regulated activity for five months.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

- The service should have a bin in the PTS ambulance for clinical waste with a secure lid.
- The service should have a system to collect data which identified which patients had been transported to their own residence.
- The service should test the viability of the business continuity plan.