LCT Ambulance Ltd

Quality Report

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

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Not sufficient evidence to rate
Are services responsive?	Inadequate
Are services well-led?	Inadequate

Overall summary

LCT Ambulance Ltd is operated by LCT Ambulance Ltd and they provide patient transport services. The provider was not commissioned by any NHS provider and did not hold any contracts to provide patient transport services. They only provided services to patients who had directly contacted them and self-funded these services. At the time of our inspection most of the provider's work was not regulated activity and therefore was not inspected as part of this inspection.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of the inspection on 16, 18 and 20 December 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Summary of findings

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

We rated it as **Inadequate** overall.

- The service did not provide mandatory training in key skills to staff.
- The service did not provide training in how to recognise and report abuse. There were no effective safeguarding systems and processes in place for staff to follow.
- The service did not control infection risk well. Staff did not always have access to equipment and control measures to protect patients, themselves and others from infection.
- The maintenance of vehicles and equipment did not keep people safe and staff did not receive training in how to use them.
- Staff did not complete risk assessments for each patient and did not receive training to help them identify patients at risk of deterioration.
- The service had enough staff but not all staff had the right skills, training and experience to keep patients safe from avoidable harm.
- Staff did not keep detailed records of patients' care and treatment. The provider did not record or store information about patients they transported.
- The service did not manage patient safety incidents well. Staff were not trained to recognise incidents and near misses. The manager and staff had no knowledge or understanding of duty of candour.
- The service did not provide care based on national guidance. The provider did not have a policy or training on the rights of patients subject to the Mental Health Act 1983.
- The service did not collate data around response times and did not monitor the effectiveness of care and treatment.
- The service did not make sure staff were competent for their roles. The manager did not appraise staff and staff were not supported in their development.
- The service did not work or communicate with other agencies to provide care for patients.
- Staff did not support patients to make informed decisions about their care or have the knowledge to support patients who lacked capacity.
- The service did not take into account patients' individual needs and preferences or make reasonable adjustments to help patients access services.
- There was no evidence the service treated concerns and complaints seriously. It had limited knowledge of how to investigate them.
- Leaders did not have the skills and abilities to run the service. They did not support staff to develop their skills.
- The provider did not have a written vision or strategy for the service.
- The service did not have processes and procedures in place to ensure there was an open and honest culture.
- The service did not operate an effective governance process throughout the service. Staff were not clear about accountabilities and did not have regular opportunities to meet, discuss and learn from the performance of the service.
- The service did not use systems to manage performance effectively. They did not identify and escalate relevant risks and issues and identify actions to reduce their impact. Staff did not contribute to decision-making to help avoid financial pressures compromising the quality of care.
- The service did not collect data on any of their activity and therefore could not analyse it to improve the service.
- The service did not engage with staff or the public and did not collect patient feedback.

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 issued the provider with six requirement notice(s) that affected patient transport services. Details are at the end of the report.

I am placing the service into special measures.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Summary of findings

The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Name of signatory

Nigel Acheson

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	Rating	Summary of each main service
Patient transport services	Inadequate 	LCT Ambulance Ltd is a patient transport service and primarily carries out non-regulated activity. It is not contracted to provide patient transport services for any commissioners, NHS or private health care providers. Regulated activity was provided as and when required and patients contacted the provider directly. The provider had ten vehicles, adapted to accommodate wheelchair users, six of which were used for regulated activities and employed staff for each vehicle. We found that there were not systems and processes in place to ensure that staff were supported in delivering quality care to patients.

Summary of findings

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Inadequate

LCT Ambulance Ltd

Services we looked at

Patient transport services

Summary of this inspection

Background to LCT Ambulance Ltd

LCT Ambulance Ltd is operated by LCT Ambulance Ltd. The service was registered with the Care Quality Commission (CQC) in 2014. It is an independent ambulance service based in Hounslow, London, primarily serving the communities of the Hounslow area.

The provider employed seven staff as patient transport drivers. The service transported patients between their home and hospital appointments and all journeys were privately booked by the patient.

The service was previously inspected by the Care Quality Commission in March 2017 and was not rated as the CQC did not rate ambulance services at this time. Following the 2017 inspection, the provider was told to make improvements and given three must do actions, five should do actions and one requirement notice. At the time of this inspection none of these actions had been met.

The service has had a registered manager in post since 20 November 2014.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,a CQC inspection manager, and a specialist advisor with expertise as a paramedic. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Information about LCT Ambulance Ltd

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

During the inspection, we visited the registered location which was also the provider's' operational base. We spoke with seven staff including; patient transport drivers and the registered manager and owner of the business. We inspected six patient transport vehicles, which were large multi-person vehicles (MPV) which were adapted to accommodate wheelchair users. We did not speak to any patients or relatives as there was no regulated activity undertaken during the inspection.

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 before, and the most recent inspection took place in March 2017.

Activity for the period November 2018 to October 2019.

- None provided. Prior to our inspection the provider failed to return any requested data including activity data.
- During our inspection for the reporting period November 2018 to October 2019 the provider was not able to provide the number of patients transported as part of regulated activity.

Track record on safety

- 0 Never events
- Clinical incidents; 0 no harm, 0 low harm, 0 moderate harm, 0 severe harm, 0 death
- 0 serious injuries
- 0 complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Not sufficient evidence to rate**
Are services responsive?	**Inadequate**
Are services well-led?	**Inadequate**

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Inadequate	Not rated	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Not rated	Inadequate	Inadequate	Inadequate

Inadequate

Patient transport services

Safe	Inadequate
Effective	Inadequate
Caring	Not sufficient evidence to rate
Responsive	Inadequate
Well-led	Inadequate

Are patient transport services safe?

Inadequate

We rated safe as **inadequate** because**;**

Mandatory training

The service did not provide mandatory training in key skills to staff.

- The provider told us that staff did not receive mandatory training in topics such as, infection prevention and control, health and safety, manual handling, safeguarding or driver specific training. The provider told us they showed staff how to use the straps in the vehicles to secure a wheelchair, however this was not recorded in the staff files and there were no written criteria of what the training included. The lack of formal training meant there was a risk to patient safety.
- The provider's policy and procedures book reviewed during this inspection stated in the policies the training courses staff should have completed and these included, employee's health, safety and risks, single crew policy, substances hazardous to health policy, aggression and violence policy, infection control policy, waste policy and conduct on the road procedure. There was no evidence staff had completed these training courses.
- We reviewed the provider's statement of purpose and found several instances where the provider failed to deliver on the aims and objectives set out. For instance, it stated that they would deliver patient centred services by trained staff and that a formal programme of staff training, and personal development will be managed to ensure clients' needs are met. It further stated that all members of staff "have medical and first aid course and they refresh their skills every 12 months". However, staff did not receive mandatory training and not all staff had completed basic life support training.

Safeguarding

Staff did not receive training in how to recognise and report abuse. There were no effective safeguarding systems and processes in place for staff to follow.

- The provider did not have a safeguarding policy or procedure that was specific to their service and did not submit any policy prior to our inspection as part of the provider information request (PIR). The policy we were provided with and reviewed during the inspection was an undated, printed copy of a safeguarding policy and procedure for another organisation. It did not refer to the provider, did not reflect the business provided or clearly detail what action the provider and staff would take if they had a safeguarding concern. Therefore, there was no evidence that any safeguarding concerns would be managed effectively.
- We reviewed the suspected abuse of vulnerable adults procedure in the provider's policy book which was a separate document from the safeguarding policy and procedure. It was not dated and did not have a revision date. The procedure stated concerns should be reported to the Commission for Social Care Inspection; however, this organisation ceased to exist in 2009. The procedure also stated that staff would often be the first professional on scene which does not reflect the service provided or the provider's registration.
- The suspected abuse of vulnerable adult's procedure stated staff were responsible for following this procedure. However, the provider told us the policy book was not reviewed or accessible to staff and was a

corporate policy book only. Therefore, it was unclear how staff were expected to know what action to take if they had a safeguarding concern, as they did not have access to the safeguarding procedure.

- The provider told us staff did not receive formal safeguarding training, but safeguarding would be discussed with an employee when they started work. Those staff we spoke with stated if they were concerned about a patient they would discuss this with the manager. We were not provided with examples of when this had occurred. Therefore, we were not assured staff had the skills and knowledge to identify and take action to safeguard patients.
- The provider was not clear how to raise a safeguarding alert. They stated if they had a safeguarding concern they would contact the Care Quality Commission and a social worker and were not aware that local authorities have statutory responsibility for safeguarding. Therefore, we were not assured appropriate action would be taken in a timely way to safeguard patients.
- The owner and registered manager, who was the safeguarding lead, had completed safeguarding vulnerable adults level 2 training and had received a certificate from an independent nationally recognised organisation. The certificate was valid for three years and was in date. However, this level of safeguarding training was not sufficient for the role of safeguarding lead.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Staff did not always have access to equipment and control measures to protect patients, themselves and others from infection.

- On our first day of inspection we inspected one vehicle which did not have access to antibacterial hand gel, cleaning equipment and personal protective equipment (PPE) such as gloves, yellow bags for clinical waste and vomit bowls despite the provider telling us each vehicle had these. We also noted this vehicle had food debris on the seat. On the final day of the inspection we inspected six vehicles the provider told us were involved in regulated activity. We found that all vehicles had access to antibacterial hand gel, cleaning equipment and personal protective equipment (PPE) such as gloves, yellow bags for clinical waste and vomit bowls. All products were unused, and one vehicle had wipes to clean stainless steel rather than antibacterial wipes for cleaning.
- The provider told us that all drivers carried a small bottle of antibacterial hand gel on their person but none of the drivers we saw had this.
- The provider did not hold cleaning records, including deep cleaning of vehicles. We were shown copies of receipts for a local car valet service, this did not show which vehicle had been cleaned or the level of cleaning received. There was no evidence that each vehicle was cleaned on a regular basis.
- The provider did not have processes in place for the deep cleaning of vehicles. There was no contract in place or set criteria for deep cleaning for each vehicle and no records of when deep cleans had taken place. The provider stated in the event a vehicle became contaminated with body fluids, they would use the cleaning facilities at a local hospital for urgent cleaning. However, they did not have a contract in place and could not provide evidence of an agreement for this use. There was no evidence all vehicles had received an appropriate level of cleaning to reduce the risk of cross infection.
- There was no contract or agreement in place for the disposal of clinical waste. Clinical waste was disposed of alongside household waste at the local refuse centre. This posed a risk to other members of the public and has been reported to the Health and Safety department responsible for clinical waste.
- The provider did not audit the cleanliness of each vehicle and therefore there was no evidence all vehicles were cleaned in line with best practice for patient transport. The ambulance cleaning protocol in the provider's policy book stated the cleaning of vehicles should be added to the individual vehicle log book and logged on the fleet computer system. The provider did not maintain a vehicle log book or have a fleet computer system. Therefore, they were not following their own protocol to ensure vehicles were cleaned and any issues identified and addressed.
- There was no evidence that staff uniforms were washed at a suitable temperature to reduce the risk of cross infection. The provider told us they cleaned all staff uniforms weekly at a local laundrette. There were no records of this occurring and we did not see receipts from the laundrette.

Inadequate

Patient transport services

Environment and equipment

The maintenance of vehicles and equipment did not keep people safe and staff did not receive training in how to use them.

- All vehicles were stored either at the driver's home or outside the provider's home address from which the service was provided from. Vehicle keys were stored either at the provider's home or held by the driver. We were told the vehicles were restocked from the provider's home address. The provider had a vehicle checklist which they stated was kept in the vehicle folder stored on the vehicle. However, only one of the seven vehicles inspected had a checklist which had been completed and this was from a month prior to our inspection. Checks were not regularly recorded to demonstrate the vehicle was fit for purpose.
- The provider did not give a consistent account of the frequency the vehicle checklist should be completed. We were told it was weekly and then on another occasion that it was monthly. The provider's policy for statutory vehicle checks incorporating pre and post shift arrangements, listed a number of checks drivers should undertake including checks on tyres, lights, brakes and seatbelts and that these should be undertaken before the vehicle was driven. There was no evidence that a consistent approach to checking vehicles was in place. There was a lack of clear policies and procedures to inform staff about the frequency and what checks should be undertaken and no monitoring of the completion of these checks.
- The provider stated that once the vehicle checklist was completed by the driver the vehicles were taken to a local garage, who reviewed the checklist and decided if any work was required on the vehicle. The garage undertaking the work did not email or prepare a report of the work required, this was discussed verbally before being carried out and the provider billed once the work was completed.The garage destroyed the checklist the driver had completed and the provider did not keep a log of the work undertaken. Therefore, there was no evidence of vehicle checklists or identified vehicles defects being resolved in a timely manner.
- The provider told us they did not audit completion of vehicle checklists. They did not hold records of any vehicle maintenance and could only produce receipts for car parts purchased. There was no assurance the vehicles were checked on a regular basis or which vehicle had received maintenance work.
- There was no standard load list that each PTS vehicle should have on board.
- One vehicle we inspected had a green diamond sticker, this indicated the vehicle was carrying medical gas, but there was no medical gas on board. This incorrect information could cause confusion for emergency services in the event of a road traffic collision and lead to incorrect protocols being put in place. When raised with the provider he removed the sticker but could not understand why it posed a potential risk.
- There was no medical equipment or consumables on the vehicles. Each vehicle had wheelchair restraints which were all in working order.

Assessing and responding to patient risk

Staff did not complete risk assessments for each patient and did not receive training to help them identify patients at risk of deterioration.

- Risk assessments were not carried out for patients, the provider stated these were not necessary as all patients would be accompanied by an escort and that they do not take emergency patients.
- We were told informal risk assessments were taken at the time of booking, however no information was recorded and there was no record the risk assessment had been completed. The provider stated the drivers would be informed by a telephone call or text, when they received the job, what the patient's specific requirements were.
- There was no written escalation policy or procedure to inform staff of the actions they should take if a patient deteriorated during the transfer. The provider told us this had not happened before and if it did the driver would pull over and call the emergency services and that the escort was responsible for providing care to the patient.
- The provider's violence and aggression policy stated a risk assessment would be undertaken to ensure staff were protected. However, the provider did not undertake a risk assessment and therefore did not follow or comply with their policy.

Staffing

Inadequate

Patient transport services

The service had enough staff but not all staff had the right skills, training and experience to keep patients safe from avoidable harm.

- The provider did not employ paramedics or ambulance technicians. All employees were employed as drivers.
- Not all staff had the right experience and were not provided with training to prepare them for their role. Therefore, they may not have the right skills to keep patients safe.
- Not all staff had an up to date disclosure barring service (DBS) certificate in their employee file. Of the seven staff files we looked at only five had evidence of a valid DBS check.
- The registered manager and owner advised us a family member would be in charge of the business while they were out of the country on holiday. However, the family member did not have an employee file and DBS checks had not been carried out. Therefore, there was no evidence they had the necessary skills and knowledge to effectively manage the service.
- The provider and other directors did not meet the Fit and Proper Persons (directors) Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, not all directors had an employee file and there was no record of employment history or DBS checks being carried out for one of the two directors.
- Only two of the six drivers the provider stated were involved in regulated activities had completed basic life support training. The provider told us only these two drivers would be responsible for transporting patients. However, as the provider stated they had seven vehicles which were used for patient transport, we were not assured only these drivers were used for these transfers and there was no evidence bookings had been refused if these drivers were not available.
- The provider's policy book included several policies and procedures that stated staff would receive training, support and information. However, we were not provided with evidence staff had received training or additional information to assist them implement the policies. Therefore, the provider was not following their own policies.

Records

Staff did not keep detailed records of patients' care and treatment. The provider did not record or store information about patients they transported.

- The provider told us they did not complete or hold any patient records. Therefore, there was no log of the time the patient was collected, the location they were taken to and any care or support provided on the journey.
- The only records of activity completed and provided during our inspection were completed staff timesheets. However, these did not include all the necessary information to demonstrate the journey related to a regulated activity, the name of the patient, collection and drop off address. We were not assured detailed patient records were maintained.
- Records that included patient details, for example staff timesheets, were not stored securely. These records were stored in an unlocked room which could be accessed by unauthorised persons and were mixed with other household bills and documents.

Medicines

The service did not prescribe, administer or store medicines.

- The service did not prescribe or administer medicines or medical gases. However, the company website stated that non-emergency vehicles carried oxygen on board. The registered manager told us they did not administer or carry oxygen. If they were transporting a patient with their own oxygen cylinder, the crew would take instructions from the care provider on how to administer the patient's oxygen. Staff we spoke with confirmed that they were not trained to administer oxygen, therefore unless the patient had a medical escort this treatment could not safely be provided.
- The service did not assess the risk of patients carrying their own medicines including oxygen and controlled drugs. There was no secure locker to store patient's own medicines and these remained the responsibility of the patient or carer.

Incidents

The service did not manage patient safety incidents well. Staff were not trained to recognise incidents and near misses. The manager and staff had no knowledge or understanding of duty of candour.

Inadequate

Patient transport services

- The investigation and learning from incidents, PALS, complaints and claims policy we reviewed was high level and did not provide the detail required to support staff. It did not include a clear process of how an incident would be investigated, who was responsible for investigating it or how learning would be shared with staff.
- Staff were not provided with training on duty of candour or the actions to take if an incident or near miss occurred. The staff we spoke with stated they would report all incidents to the manager but could not provide an example of having done so. Therefore, we could not be assured all incidents were reported and investigated.
- The provider reported that there had not been an incident or never event reported over the last 12 months. Therefore, we were not able to evidence how incidents were dealt with.
- At our previous inspection the provider had no knowledge or understanding of duty of candour. At this inspection we found that the provider still did not have an understanding of duty of candour. Therefore, we were not assured the service understood the importance of being open and honest with patients when things went wrong.

Are patient transport services effective?
(for example, treatment is effective)

Inadequate

We rated effective as **inadequate** because;

Evidence-based care and treatment

The service did not provide care based on national guidance. The provider did not have a policy or training on the rights of patient's subject to the Mental Health Act 1983.

- At our last inspection in 2017 we found the provider's national clinical guidance policy was only a paragraph long and did not reference national guidance. We found the same policy was in use at this inspection and the risk identified of not having an effective clinical guidance policy at our previous inspection had not been acted upon.
- The policy stated the provider would, provide the best available locally agreed clinical practice guidelines to follow. However, it does not state what these local guidelines were or how staff would be made aware of them.
- Staff did not have access to the provider's local policies and procedures. The policies and procedures we saw did not reference national guidance or legislation and were not specific to this service. Therefore, we were not assured care was provided in line with best practice.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

- The provider told us they suppled bottled water for patients on the vehicles. However, we did not find water bottles on the vehicles we inspected.
- Staff told us they would discuss requirements with a patient and would stop to obtain refreshments if it was required. However, we could not evidence this as the provider did not complete or retain patient record forms where this information would be recorded.

Pain relief

The service did not provide or administer pain relief to patients.

- The provider stated that they did not administer pain relief.

Response times

The service did not collate data around response times.

- The provider did not collate data on the number of completed patient journeys over the last 12-month reporting period. The only evidence of activity carried out was drivers' time sheets and the journey log book used to write down booked journeys. Drivers time sheets did not provide details of the patient's name and their pick up and destination point., These were not filed or kept in date order and were included in papers piled on a desk. The journey log book recorded a date and a client name but no further information about the booking. It was not clear which journey formed part of regulated activity and how many had been undertaken.
- The provider stated they were always on time for the journeys booked and usually arrived 30 minutes early. A

computer programme linked to a mobile telephone application was used to monitor drivers' routes and journey times. However, this data was not collected, logged or analysed to improve performance.

Patient Outcomes

The service did not monitor the effectiveness of care and treatment.

- Patient outcomes were not recorded as no patient records were completed.

Competent staff

The service did not make sure staff were competent for their roles. The manager did not appraise staff and staff were not supported in their development.

- The provider stated that five staff plus himself were able to provide the patient transport service. On review of their staff files we noted only two of the five staff members had experience of working with the public or in PTS. The provider did not offer an induction programme to new staff. No training analysis was carried out to identify specific learning needs.
- Three of the seven members of staff, including the service owner, had completed basic life support (BLS) and we saw evidence of this in their staff files. The provider stated all staff must complete a first aid and basic life support course to ensure they were competent for the role. Not all staff had received this training and the provider told us only staff with this training would be used for patient transport work. However, as no activity data was provided we were unable to confirm that only those staff with BLS had transported patients.
- The services employee handbook stated all staff would complete training relevant to their role prior to commencing employment to ensure they were competent. However, there were no records of this in the staff files.
- The provider did not document staff's driving competencies and there was no evidence of staff having a driving assessment when they started their employment.
- The provider told us they met with staff once a week for a one to one meeting to discuss what had gone well that week and what could be improved. However, he then stated this was a group staff meeting and not an individual meeting with employees. This meeting was informal and not documented. We were not assured staff had the opportunity to discuss their performance or learning needs.
- We were told staff were expected to use the carry chair to transport patients between floors or locations. Staff did not receive training in using the carry chair. The registered manager told us he and another employee had received training from a previous employer, however there was no evidence of this and no refresher training was provided.
- The provider's stress management policy stated to reduce stress the provider would undertake an appraisal with the individual to identify potential development opportunities. However, the provider did not follow their own policies and appraisals were not provided and learning needs were not identified.
- The provider's disciplinary policy listed issues, including lack of competency, that may lead to dismissal without notice. The registered manager stated they would issue a verbal warning followed by a written warning before dismissal. They stated this had happened once in the last 12 months however there were no records of the dismissal held to review.

Multidisciplinary working

The service did not work or communicate with other agencies to provide care for patients.

- The service was not commissioned by any NHS provider and did not undertake sub-contracted work for other independent health ambulance services.
- The registered manager told us when they transported patients for hospital appointments they would discuss a patient's requirements with the clinic directly and follow their instructions for care.
- The provider stated they worked with a local care home to transport patients to hospital, these patients would be accompanied by a nurse or support worker. However, there was no evidence of when or the frequency this occurred.

Health promotion

Staff did not give patients practical advice to lead healthier lives.

- Due to the nature of the service provided staff had limited opportunities to promote healthier lives.

- The provider did not demonstrate an understanding of health promotion and had not discussed this with his staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not support patients to make informed decisions about their care or have the knowledge to support patients who lacked capacity.

- The provider did not have a mental capacity act, deprivation of liberty safeguards or consent policy.
- The provider did not offer training to staff on the mental capacity act, deprivation of liberty standards and consent. This meant staff did not have the skills or knowledge to care for patients effectively.
- The provider stated they did not transport patients with mental health needs. However, they did take patients living with dementia and stated these patients would always be accompanied by an escort or family member.
- The provider had completed assisting and caring for people with dementia training but had not used this training to improve the service provided or to train other staff.
- The service did not use patient record forms; therefore, we were not able to review whether patient consent had been recorded or if this had been obtained in line with national guidance.
- The vehicles we saw did not carry restraints and the provider confirmed restraint was not used. As there were no patient records we were unable to confirm restraint had not been used in the last 12 months.

Are patient transport services caring?

Not sufficient evidence to rate

We did not rate caring because there were no patients transported during the inspection and therefore we could not collect evidence of caring.

Compassionate care

- We did not speak to any patients or relatives or observe any care being delivered during this inspection as no regulated activity was carried out therefore, compassionate care could not be assessed.

Emotional support

- We did not speak to any patients or relatives or observed any care being delivered during this inspection as no regulated activity was carried out. Therefore, the provision of emotional support care could not be assessed.

Understanding and involvement of patients and those close to them

- We did not speak to any patients or relatives or observe any care being delivered during this inspection as no regulated activity was carried out. Therefore, how patients and relatives were involved in their care could not be assessed.
- Staff told us if they were undertaking long journeys they would discuss with the patient whether they needed comfort breaks.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Inadequate

We rated responsive as **inadequate** because;

Service delivery to meet the needs of local people

The service was planned in a way that met the needs of those people who chose to use it and pay for the service themselves.

- The service was not commissioned by any NHS provider or subcontracted by another independent ambulance service to provide services to the local community.
- The service was mostly used by people living locally. The provider told us they would discuss the requirements with the client and worked flexibly around their needs. However, there was no evidence to support this approach.
- The provider told us they would operate outside of normal working hours should this be required. This was possible as most drivers lived locally and could respond quickly to jobs when they were booked. However, there was no evidence to support this in the journey log book.

Meeting people's individual needs

Inadequate

Patient transport services

The service did not take into account patients' individual needs and preferences or make reasonable adjustments to help patients access services.

- The provider did not have a clear criteria for the types of patients the service was able to support.
- The provider could not explain how they would make reasonable adjustments to the service to facilitate patients with additional needs and we found this was the same as our previous inspection. The provider told us that patients would travel with an escort to assist the patient and driver. However, we were not assured the provider would be able to support an unaccompanied patient adequately, as they stated they would never refuse a job, they would at times be transporting unaccompanied patients.
- The provider did not have access to a translation service or language line and did not have communication aids to support patients in communicating with staff.
- The provider did not maintain patient record forms therefore we were not able to evidence whether patients' individual preferences, culture or faith requirements had been met.
- The service did not accept bariatric patients however they could not state what weight they would consider bariatric and how they would assess the patient.
- The registered manager and owner had completed assisting and caring for people with dementia training, this was in date and was valid for three years. He was the only person to have completed this training and there were no plans to extend this to other employees.
- The provider's website stated, all non-emergency vehicles have a carry chair and oxygen on board. However, there was no carry chair or oxygen on the seven vehicles we inspected. This information is misleading to clients who may have relied on oxygen being provided and could result in their individual needs not being met.
- The provider's website stated that "patients are supported by our staff, who are trained to ambulance industry standards in first aid, manual handling and oxygen therapy" and that staff are fully trained in lifting and moving patients into and out of vehicles. However, this is not an accurate reflection of the training their staff had received.

Access and flow

People could access the service when they needed it as all work was self-funded by the patient.

- Bookings were made directly with the service who took the booking according to the service's availability.
- There were no key performance indicators or targets for journey times. We were told journey times were monitored using an app. But there was no evidence of the time a journey was booked for and the data provided, did not demonstrate journeys were completed within an agreed timescale. There were no audits completed to demonstrate patients were not waiting for long periods of times for collection pre and post appointments.

Learning from complaints and concerns

There was no evidence the service treated concerns and complaints seriously. It had limited knowledge of how to investigate them.

- We were told that the service had not received any complaints in the 12-month reporting period and therefore we could not evidence lessons learnt.
- The complaints and feedback policy and procedure and the investigation and learning from incidents, PALS, complaints and claims policy we saw were not policies but a paragraph long, were not dated or had a revision date.
- The complaints and feedback policy and procedure were not relevant to the service. It stated that learning from complaints would be fed back to the learning from experience group, clinical quality safety and effectiveness group, quality committee and the risk compliance and assurance group. All groups the provider did not have, this policy related to a much larger organisation. We were not assured the provider understood their responsibility for dealing with complaints.
- The provider described the action they would take if they received a complaint which included taking statements from the driver and patients involved. However, they stated they would submit this information to social services to investigate and inform the Care Quality Commission. They were unaware of their responsibility in relation to the investigation of complaints.

Inadequate

Patient transport services

- The service did not have an arrangement with another provider for an independent review of any complaints received and investigations carried out.

Are patient transport services well-led?

Inadequate

We rated well-led as **inadequate** because;

Leadership

Leaders did not have the skills and abilities to run the service. They did not support staff to develop their skills.

- The provider had not taken action to address the concerns found at our previous inspection.
- The registered manager demonstrated he had limited knowledge of the NHS, ambulance service or healthcare system. He could not articulate the challenges the service faced in relation to quality and sustainability, or how these would be addressed.
- The registered manager stated he had the skills and experience to manage and develop the service as he was an experienced ambulance technician. He was unable to demonstrate these skills or experience. His staff file did not contain an employment history that demonstrated his experience or certificates of qualifications.
- While the provider stated he was an experienced ambulance technician he could not provide evidence of training or to what level, he stated a previous employer held the certificates. The only evidence that he had to demonstrate these skills was an identification badge from the previous employer. This stated the registered manager was an ambulance driver and not a technician. This did not demonstrate he had the skills and abilities to run the service.
- The registered manager showed us an NHS identification badge despite no longer working for the provider. He told us he used this with potential commissioners to instil confidence in his ability to provide an effective service. This NHS property should have been returned once the employment was terminated. The registered manager demonstrated no insight that this was a security breach.
- The registered manager told us the service had a flat structure. The registered manager and owner managed the service and all employees were drivers. However, when managerial cover was required for the business, during holidays, a relative would provide this. This individual was not an official employee of the company and did not have an employee file. No references had been obtained from previous employers and a disclosure barring service (DBS) check had not been carried out. The registered manager later changed their mind about who covered during his annual leave and stated that one of the drivers deputised for him. Therefore, we were not assured that during the provider's annual leave there was cover by an individual suitable for this role.
- The registered manager and owner was not aware of regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. He had no understanding of the requirements for all directors of the company under fit and proper persons and not all directors had a staff file to demonstrate they were a fit and proper person for the role.

Vision and strategy

The provider did not have a written vision or strategy for the service.

- The registered manager told us his vision was to increase the service and had contacted local GP surgeries to advertise the business.
- There was no written vision or strategy for how this growth would be achieved.

Culture

The service did not have processes and procedures in place to ensure there was an open and honest culture.

- The registered manager did not understand his responsibility under regulation 20, duty of candour and staff had not received duty of candour training. There was no evidence the provider promoted a culture of openness and honestly at all levels of the organisation.
- The provider's stress management policy stated that risk assessments were carried out to help reduce employee stress. However, there was no evidence of a risk

assessment in the employee files or that stress management was discussed with employees. Therefore, no evidence the provider was following their own policy on stress management.
- The provider had a transgender policy which stated the company was committed to ensuring all employees received equal treatment. It stated the company's "equal opportunities policy is reinforced by our published values …". However, the provider does not have an equal opportunities policy and had not published their values. Therefore, it was unclear how this commitment to staff would be achieved.

Governance

The service did not operate an effective governance process throughout the service. Staff were not clear about accountabilities and did not have regular opportunities to meet, discuss and learn from the performance of the service.

- At our previous inspection the provider was told to make improvements in the governance of the services as they were not compliant with this regulation. At this inspection we found that the provider had not made improvements and did not meet the regulatory breach.
- At our last inspection we found that policies were not dated, did not have a revision date, did not reference national guidance and did not reflect the service. We found this issue had not been addressed at this inspection. The provider did not have in date, evidence-based policies and procedures. The service's policy book included policies which most were no more than a paragraph long and were the same policies reviewed at our previous inspection.
- Several of the policies we saw quoted out of date legislation, for example, reference to the criminal records bureau (CRB), which was abolished in 2012 and replaced with disclosure and barring service (DBS) under the Protection of Freedom Act 2012. Many policies were not relevant to the service. For example, the violence and aggression policy stated a panic button would be provided on the reception desk and weekly checks should be made to make sure it worked. The service was not run from premises with a reception desk and it was evident that this policy was for another organisation and had not been personalised for the service delivered by this provider.
- The provider did not follow all the service's policies and procedures and during the inspection we found many examples of this. For example, the employment history and reference checks policy stated that previous employment references should be checked, application forms should be cross referenced, and this was assurance of the individual's integrity and qualifications. The provider did not take up references from previous employers and not all employee files had a record of the individual's previous employment. The provider told us that employees were recruited from the job centre who should have checked their references. There was no evidence the provider had reviewed these references to ensure the individual was fit for the role they were employed for.
- The registered manager told us there was a team meeting every Friday afternoon. This was informal, there was no set time or agenda and no minutes were taken or actions logged. However, if a driver was not working on the Friday, did not finish their bookings or did not go to the provider's premises they would not attend the meeting and would not have access to the information shared at this meeting.
- The provider told us that employees did not have access to and therefore had not had the opportunity to read the policy book. The reason he provided was that this was a corporate book and not for employees. This meant staff were not aware of the company's policies and procedures and would not know what action to take in certain circumstances.

Management of risks, issues and performance

The service did not use systems to manage performance effectively. They did not identify and escalate relevant risks and issues and identify actions to reduce their impact. Staff did not contribute to decision-making to help avoid financial pressures compromising the quality of care.

- The provider did not have a risk register and could not assure us that risks were identified, and action was taken to mitigate against these risks.
- The provider did not have a major incident policy and there was no evidence of planning for unforeseeable risks, such as adverse weather conditions.

- There were set key performance indicators for the collection of patients but no systems and processes in place to monitor these. Therefore, areas of good practice and those for improvement were not identified.
- The provider did not carry out any audits to monitor the quality of the service provided and therefore, they were unaware of where improvements could be made.
- The provider told us that staff were not asked for suggestions about business and this was not considered to be part of the staff member's role.

Information management

The service did not collect data on any of their activity and therefore could not analyse it to improve the service.

- At our last inspection the provider advised us that they used a telephone application to log and book all journeys. During this inspection we were told they did not use a telephone application and all jobs were recorded in the journey record book. Drivers were called or sent a text with booking information. There was no reason provided why the service had moved to a paper recording system.
- The journey record book we saw during this inspection did not include information about the booking that would demonstrate the request for the journey had been risk assessed and there was evidence the service could meet the patient's needs. It detailed a date and name and occasionally a monetary amount. It did not state what type of booking it was and the service could not tell which booking formed part of regulated activity and which did not.
- We reviewed the provider's data protection policy, it referenced the Data Protection Act which was superseded by the General Data Protection Regulation (GDPR) in May 2018. Therefore, the policy did not reflect current legislation.

Public and staff engagement

The service did not engage with staff or the public and did not collect patient feedback.

- At the last inspection we found that the company website did not provide an accurate representation of the company for the public. On this inspection we found this was still a concern. The provider displayed a Care Quality Commission banner which included the wording "trusted provider" and "accredited provider". We raised this with the registered manager as the CQC does not accredit or comment on whether a provider is trusted. Following the inspection, the website has been amended and now states "trusted provider" and "registered provider".
- At this inspection there was no evidence that patient feedback had been sought and there were no patient feedback forms. Therefore, patients 'views were not taken into account to improve the service.
- Staff's views were not sought, and they were not engaged in the planning and delivery of the service.

Learning, continuous improvement and innovation

The service did not continually learn or use quality improvement methods to improve services.

- There was no evidence of learning and continuous improvement or that any quality improvement work that had been undertaken. The provider had not taken action to address issues identified at the previous inspection and these continued to be a concern.
- There was no evidence the provider sought to innovate and explore new ways of working to improve the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must provide mandatory training in key skills to all staff relevant to their role and maintain a record of the completion of the training in the staff member's file.
- The provider must develop and implement an induction programme that prepares staff for their role.
- The provider must ensure staff have access to infection control equipment to prevent and protect patients from healthcare-associated infection.
- The provider must keep a log and hold accurate, up to date records of cleaning and maintenance for each vehicle.
- The provider must have effective arrangements for the management and disposal of clinical waste.
- The provider must have effective systems and processes for staff to follow in the event a patient's health deteriorates.
- The provider must ensure all staff have an up to date disclosure barring service check and a record of the date this check was completed, and the outcome documented in the employee's file.
- The provider must ensure all directors meet the standards of and comply with fit and proper persons: directors Regulation 5.
- The provider must have systems and processed for the management of incidents.
- The provider must ensure they understand their responsibilities in relation to duty of candour and that all staff have the skills and knowledge to evoke duty of candour as necessary.
- The provider must maintain written records which includes information about patient's individual requirements and needs.
- The provider must implement systems and processes to ensure all company policies and procedures are up to date, reflect current legislation and guidance, are implemented and staff have access to these.
- The provider must ensure all polices reflect the service provided.

Action the provider SHOULD take to improve

- Implement regular vehicle cleaning audits and take action on the findings of these audits.
- Remove information from their website that does not accurately reflect the service they are registered to provide.
- Maintain a record of all employees driving competencies.
- Maintain a record of, collate and analyse all journey data.
- Seek patient feedback to help improve the service.
- Consider providing access to translation services and communication aids to assist staff communicating with patients.

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 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

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 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour