

K.F.A Medical Ltd

KFA Medical

Quality Report

Butterfield House
Thwaites Lane
Keighley
West Yorkshire
BD21 4LJ

Tel: 01535 601748

Website: www.kfamedical.com

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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 inspection of this service using our comprehensive inspection methodology on 8 November 2017. The focus of this announced inspection was in relation to the transport of patients including patients with mental ill health.

The service 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. The provider's main service was medical cover at public and private events. We did not inspect this part of their service at this inspection.

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? For this inspection we inspected the safe, effective, caring, responsive and well-led domains of the service.

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

Services we do not rate

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

We found the following issues that the service provider needs to improve:

- There was no formal incident reporting procedure.
- There was no system to share wider learning or lessons learned from complaints or incidents with staff.
- There was no evidence to show that staff had received sufficient safeguarding training or systems in place to ensure safeguarding issues could be promptly identified or referred to the appropriate authority.
- The provider did not have systems and processes that ensured the safety of their premises and the equipment within it
- There was no understanding of the Duty of candour principles and how these would be applied.
- Staff had not completed any training in dementia, learning disabilities or caring for people with mental health needs, the Mental Capacity Act or Deprivation of Liberty safeguards. .
- There were no accurate records kept of staff training attendance.
- There was no evidence of appropriate support, training, professional development and supervision.
- There were no staff appraisals
- Staff were not recording their risk assessments when the patients were transferred into their care.
- KFA Medical did not maintain an accurate or complete record of the patients in their care. There was an over reliance upon the information from the provider that contracted the service.
- There was a lack of a recorded risk assessment which meant that timely care planning did not take place which therefore did not ensure the health, safety and welfare of the service users.
- There was no monitoring of the frequency of use of physical intervention or types of intervention used. Therefore, no themes or trends had been identified or potential for lessons learnt identified.

Summary of findings

- There was no evidence of there being a system in place to monitor safety and use of outcomes following patient transports.
- Staff did not have access to any communication aids to facilitate communication with patients with a learning disability or for whom English was not their first language.
- There were no systems in place to identify, manage and mitigate risks. The service did not have a risk register.
- There were no systems in place to monitor the quality of services or to monitor staff compliance with policies and relevant national guidelines. There were no audits taking place.
- There was no business continuity plan.
- The company policies were generic and not specific to the service provided by KFA. Medical.
- There was no evidence that there was a clear company vision with a set of values with quality and safety as the top priority.
- There were no formal governance meetings which were relevant to the planning and delivery of care and treatment. There were no meetings to discuss policies and procedures, service and maintenance records, audits and reviews, purchasing and action plans in response to risk and incidents which had minutes and actions.
- The Management team did not have identified areas of responsibility and accountability.

However, we also found the following areas of good practice:

- There was evidence of staff disclosure and barring service (DBS) checks.
- There were records kept of when the Patient Transport Service vehicle had been cleaned including a deep clean every 28 days.
- Control of Substances Hazardous to Health (COSHH) were stored in locked cupboards and staff responsible for cleaning of the vehicles had completed COSHH training.
- There was evidence that administrative staff checked the driving licences of staff that drove KFA Medical vehicles via the Driver and Vehicle Licensing Agency.
- Staff responsible for the cleaning and overseeing the maintenance of the vehicles had received appropriate training.
- Staff were aware of how to maintain patient privacy and dignity.
- The provider had a Respect Charter relating to the dignity, privacy and independence of patients.
- Complaints received in the last 12 months had been investigated internally. The complainants had been kept informed of the outcome which they were satisfied with.

We found areas for improvement including four breaches of legal requirements that the provider must put right. We found 27 things the provider must improve and nine things they should improve to comply with a minor breach of regulations that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. Details are at the end of the report.

Following the inspection, the provider voluntarily suspended registration of the following regulated activities until 30th April 2018 to allow them to address the issues identified at the inspection:

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

Summary of findings

This meant the provider could not continue to carry out these regulated activities until after 30th April 2018.

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.

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

We found poor practice in relation to safeguarding, risk management and governance processes.

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 provider is an independent ambulance service in Keighley, West Yorkshire.

The company provides 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. On site only event medical provision is currently not regulated.

The focus of this announced inspection was in relation to the transport of patients.

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

The provider was registered to provide the following regulated activities:

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

This provider was subject to an announced comprehensive inspection on 8 November 2017.

The provider employs three full time staff including the managing director, and an investor who provided general

business support where required on a full time basis. They had previous Patient Transport Service experience working for a NHS trust and for a private provider. The other full time member of staff member was responsible for fleet and logistics. There were four other part- time staff employed by KFA Medical, two administrative staff worked 25 hours per week, one clerical member of staff worked 20 hours per week and further member of staff worked 20 hours per week who assisting in patient transport but did not drive.

Other members of staff who worked for KFA Medical were self-employed and worked for the provider on an unplanned basis. The company tendered for business around the country to provide medical support at events and patient transport services. When a contract was secured they advertised the staffing requirements through a staff portal on their internet site. Suitably qualified staff from a range of organisations, who were self- employed, applied to work as required. A pool of approximately 25 staff were contracted by KFA Medical on a regular basis.

The three full time staff had received training in transporting patients with mental ill health; however this training was a year out of date. The training had been valid for two years but had been completed three years prior to this inspection.

Detailed findings

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 Lorraine Bolam, Head of Hospital Inspection.

How we carried out this inspection

We carried out an announced inspection of this service using our comprehensive inspection methodology on 8 November 2017. The focus of this announced inspection was in relation to the transport of patients including patients with mental ill health.

Facts and data about KFA Medical

KFA Medical first registered with the CQC on 14 June 2013. The provider is an independent ambulance service in Keighley, West Yorkshire and operates throughout the UK. The company provides a range of services including: 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 the inspection, we visited Butterfield House, Thwaites Lane, Keighley, West Yorkshire, which was the operating base of the provider. 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 provider'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. 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 five staff including: the managing director, the clinical director who acted as a consultant for the provider, an investor who provided general business support where required on a full time basis, they had previous Patient Transport Service experience working for a NHS trust and for a private provider and a member of staff with responsibility for fleet/logistics and the staff member with responsibility for HR and training. During our inspection, we reviewed 30 sets of patient records and 50 policies.

This was the service's first inspection since October 2014.

Activity (April to October 2017)

At the start of the financial year April 2017 KFA Medical had a flexible contract with a local hospital trust to transport patients including patients with mental ill health. This arrangement was reviewed by the trust in September 2017 and the contract cancelled. The number of patient transport journeys had reduced since the

Detailed findings

contract was cancelled. KFA Medical worked on an as required basis with the trust by responding to requests for patient transport if the trusts primary patient transport provider cannot meet demand.

- There were 618 patient transport journeys undertaken between April and September 2017
- There were five patient transport journeys undertaken between September and October 2017.

Track record on safety

- No Never events had been reported in the last 12 months
- No Clinical incidents of no harm, low harm, moderate harm, severe harm or death
- No serious injuries
- Two complaints

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

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. KFA Medical worked on an as required basis with the local NHS hospital trust by responding to requests for patient transport if the trusts primary patient transport provider cannot meet demand.

Summary of findings

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

- There was out of date equipment and sterile wipes with the expiration date not visible on the Patient Transport Service ambulance and there was out of date equipment in the store room.
- Medical gases in the equipment cupboard were not stored in accordance with the relevant legislation. There was also no associated risk assessments regarding the storage and handling of medical gases.
- Staff had not received the appropriate level of safeguarding training for adults or children, in line with intercollegiate guidelines.
- Mandatory training attendance could not be established because the training matrix was not up to date.
- The training staff had received regarding the transferring of patients with mental ill health had expired.
- No patient risk assessments or planning of journey's were done.
- There was no business continuity plan.
- Staff had no understanding or ownership of the Duty of candour principles and how these would be applied.

Patient transport services (PTS)

However, we also found the following areas of good practice;

- There were records to show when the Patient Transport Service vehicle had been cleaned including a deep clean every 28 days.
- Control of Substances Hazardous to Health (COSHH) were stored in locked cupboards and staff responsible for cleaning of the vehicles had completed COSHH training.

Are patient transport services safe?

Incidents

- The service had not recorded any never events during the past 12 months. 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 providers.
- During our inspection there was no evidence that there was a formal system for reporting and responding to incidents. The system was that incidents were reported to the managing director who reviewed them. The Managing Director told us the reason why there was no formal recording process system for reporting and responding to incidents or an incident reporting policy was because the company was small and it was not deemed necessary. There was no incident report policy.
- Staff we spoke were not aware of the basic principles of Duty of candour legislation. The provider did not have a Duty of candour policy.
- The Duty of candour is a regulatory duty that relates to openness and transparency and requires providers 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.
- A sample of 30 patient transport records were checked. There was no written evidence that every job was debriefed in order to identify good and bad practice. There was no system to share wider learning or lessons learned with staff.
- There was no evidence that KFA Medical received feedback from the provider who subcontracted the service in relation to information submitted.
- KFA Medical did not monitor the frequency of use of physical intervention or types of intervention used. Therefore, no themes or trends had been identified or potential for lessons learnt identified.

Mandatory training

Patient transport services (PTS)

- During the inspection we were given access to the provider staff training database which provided details of the dates that staff attended training. This listed all the training available. None of the training was identified as being mandatory.
- The levels of mandatory training attendance could not be established because mandatory training courses were not clearly identified. We looked at the training matrix, which was not up to date and did not clearly show which staff had completed which course and when.
- We did not see any evidence of a rigorous and methodical approach to ensure that all training had been fully completed and understood by staff. There was no evidence that there was a process for effective delivery of training to frontline staff.
- The management team told us there were three Patient Transport Service drivers. None of them required any additional driving qualifications because the Patient Transport Service vehicle was less than 3500kg and therefore the staff did not require C1 on their driving licence.
- There was no formal internal driver training or assessment carried out by the service.
- We saw evidence that Patient Transport Service staff had completed training in basic life support within the current year and had attended a nationally recognised course in first response in emergency care or the level 2 Citizen AID course. They had completed recent moving and handling training.
- 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 provided information about the types of abuse along with signs and symptoms.
- However the advice for staff on reporting concerns and making referrals was not appropriate for the level of training provided. There was no information for staff about who to refer safeguarding issues to within the organisation or to external agencies (such as the local authority safeguarding teams).
- Managers told us they were in the process of sourcing external safeguarding training for staff.
- Managers told us there were agreements for the referral of safeguarding concerns for work that was sub-contracted from the local NHS trust. However, there was no evidence that the provider had protocols for KFA Medical staff to refer to and use. There was no evidence as to how or if these agreements were working. There was no information for staff as to who to contact in the local authority to make a safeguarding referral.
- KFA Medical had not made any safeguarding referrals since registration with the CQC.
- KFA Medical did not have a system in place to monitor if referrals had been made when the safeguarding information had been passed to a third party.

Safeguarding

- The provider did not have an identified safeguarding lead.
- There were no safeguarding policies and procedures in place for adults or children.
- Staff were required to complete level one safeguarding adults and safeguarding children training. The specified level of training was not in line with intercollegiate guidance.
- Due to inaccuracies in recording which staff had attended any training it could not be established if all the staff had completed safeguarding training.

Cleanliness, infection control and hygiene

- The provider had one patient transport vehicle which was inspected. The vehicle was visibly clean. However, there was a secure bin for clinical waste which did not have a lid, and there was no clean linen or hand cleansing gel available in the vehicle. In addition it could not be established if the sterile wipes supplies carried in the vehicle were in date because the expiry date was not visible.
- A steam cleaner was used to clean the areas of the Patient Transport Service vehicle considered less accessible. The steam cleaner did not have additional cleaning agents added and there was no assurance that the steam / water temperature would be high enough to destroy viruses and bacteria.

Patient transport services (PTS)

- There was no evidence of staff having clear instruction as to how to use the steam cleaner.
- The vehicles had, cleaning wipes, personal protective equipment including gloves, aprons and face masks.
- During the inspection we did see that a record was kept of when each vehicle was cleaned and every 28 days there was a deep clean. However, there was no evidence of any audit activity to ensure compliance with this policy.
- Staff we spoke with told us vehicles were cleaned using wipes. The chairs, seats, stretchers and cupboards were cleaned using a steam cleaner.
- There was evidence in the training records that the staff responsible for cleaning the vehicles had attended infection prevention and control training within 2017.
- There was evidence that the provider had policies for cleanliness, infection control and hygiene. However, these were generic and not specific to the services provided by KFA Medical. Additionally, the policies were not supported by any audit activity. The provider was therefore unable to establish levels of staff compliance with the policies.
- There was no evidence that an audit of hand hygiene, personal protective equipment or isolation processes was carried out.
- During the inspection 30 KFA Medical patient handover forms were reviewed none outlined if the patient carried any infection risk which would necessitate a deep clean of the vehicle.
- When the store cupboard was inspected one mop was found upright on top of a paint pot with the mop head down. The way the mop was stored could not guarantee that it would dry and any viruses or bacteria carried on it would not be spread when used again. The mop was also not disposable.
- We found that the chlorine clinical waste bin in the store room was not locked.
- Staff told us they used ammonia based tablets for cleaning.
- There was no evidence of a cleaning record in relation to the mop or how long it had been in use.

- We found no evidence of an established cleaning system using two buckets as advised on the NHS choices website which advises one containing a cleaning agent and the other for rinsing.

Environment and equipment

- The station environment was spacious, clean, tidy and well organised.
- Patient Transport Service vehicle had essential emergency equipment including a defibrillator and resuscitation equipment. There was evidence the equipment had been regularly tested and test dates were recorded in the vehicle log book.
- When the store cupboard was inspected it was found that there were numerous paint tins, bottles of turpentine and white spirit next to each other. There were also used paint brushes left out on shelves. In addition there was a petrol strimmer in the store room along with loose paper containing staff induction information. This presented a possible fire hazard. The provider was immediately informed of the potential risks and took immediate action to minimise them.
- The Patient Transport vehicle had a current Ministry of Transport annual test certificate and there was evidence it had been serviced. The vehicle weight was below 3500kgs so there was no requirement for the drivers to have a C1 classification on their driving licence.
- We saw evidence that the member of staff responsible for vehicles had an electronic calendar to remind them of the next Ministry of Transport annual test certificate renewal date three weeks before the due date.
- Relevant equipment was available for adults. Necessary equipment to secure a passenger in a wheelchair was in place. However, there was no method of securing personal mobility aids such as walking frames or walking sticks in the rear of the ambulance during transfer.
- Staff told us any faults on vehicles or with equipment were reported to the member of staff who oversees fleet and logistics. Faults were recorded on an incident form and appropriate action taken.

Patient transport services (PTS)

- Control of Substances Hazardous to Health (COSHH) were stored in locked cupboards and staff responsible for cleaning of the vehicles had completed COSHH training. Staff also signed awareness information about the use of chlorine disinfectants.
- The service had an arrangement with the local NHS trust for the laundering of linen and we saw dirty and clean linen was stored separately.
- During the inspection we found that most the equipment was in date.
- However, 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 out of date.
- Patient report forms submitted by staff were paper based. When these were finalised they were delivered to the main office and left on a desk for the administration staff to confirm the recharge cost to the provider who had requested the transfer before they were filed. The paper forms were stored securely in a locking cabinet.
- We looked at 30 KFA Medical patient report forms. These were complete and up to date but only included basic information. There was no evidence that the documentation was individualised. There was no policy or procedure in place in relation to the creation, storage and destruction of patient records.
- There was no policy or procedure in place in relation to the creation, storage and destruction of patient records.

Medicines

- Staff we spoke with told us the only medicines carried on the Patient Transport Service vehicle was the patients own medicine.
- We saw evidence that medical gases were not stored in accordance with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders . There were two Entonox and two oxygen cylinders stored in a locked cupboard in the ground floor store room which was not ventilated.
- There was no evidence of a risk assessment in relation to the storage or handling of medical gases. There were no policies or procedures in place in relation to the storage of medical gases.
- There were no policies or procedures in place for medicines management.

Records

- During inspection we identified that the Patient Transport Service ambulance crews transferring patients, including those with mental ill health were given patient information by the provider who had requested the transfer. We found that some of the information provided was limited or inaccurate and KFA Medical staff did not request additional information with regard to individualised personal care

Assessing and responding to patient risk

- Staff we spoke with told us if a person deteriorated on a Patient Transport Service transfer after collection staff would stop and ring for a NHS emergency ambulance.
- Staff gave two examples when this had happened. Following NHS advice staff took one patient back to A&E and another back to a ward where they had been picked up from.
- Staff explained that the decision to take a person back was made by the staff on vehicle. If they were unsure they would ring KFA Medical to speak to the director. The director was not medically qualified so if he was unsure what to do he would contact one of the paramedics employed by KFA Medical to obtain their advice. There was no evidence any of requests for advice or what advice was given was recorded.
- Staff we spoke with told us they have transported people with dementia and with mental ill health.
- The management team confirmed three staff that transferred patients with mental ill health had been trained in restraint by an external provider. Three members of staff had received suitable training including use of restraint and mental ill health issues in March 2015 however this had a two year expiry date. Therefore none of the staff involved in transferring patients with mental ill health had current training.

Patient transport services (PTS)

- The management team told us the staff had never used any form of mechanical restraint. However, we did not find any evidence of staff recording when any form of restraint had been used on a patient.
- There was no evidence that KFA Medical had a risk assessment related to potentially violent patients. In addition there was no evidence that staff who took over responsibility for the patient did a risk assessment.
- 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 will stop if requested but not let the patient out of the vehicle. However, they do not record the rationale of why they stopped.

Staffing

- There were approximately 25 to 30 staff that worked for the service on a contractual basis. The numbers of staff in the pool available to work constantly fluctuated as staff left and others joined. There was no agreed establishment based on staff numbers or skills.
- There were five full time and two part-time staff who worked on the Patient Transport Service. Five of the seven staff were drivers. There were no staff vacancies. If any of the staff went sick someone else in the office had to do their work. The out of hours arrangements were to ring the managing director who would deal with the call.

Anticipated resource and capacity risks

- KFA Medical worked on an as required basis in relation to Patient Transport Service. If they received a request for their services they would contact staff who were paramedics or health care assistants from those in the pool who work for them to identify who was available and allocate the task accordingly.
- We did not see any evidence of alignment and shift patterns to meet demand because KFA Medical did not have a formal contract with any NHS providers but worked on an as required basis.

Response to major incidents

- There was no evidence that the provider had a business continuity plan. Managers we spoke with told us if the

current business premises became unusable they would operate out of the company director's private residence. There was no evidence that had been tested to confirm it was a viable solution.

- There was no evidence that any KFA Medical staff had any training or experience in responding to major incidents.
- There was evidence of a fire evacuation plan displayed on the walls in prominent places in the building. However, there was no evidence the plan had been tested or simulated fire drills had been carried out.

Are patient transport services effective?

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

- The provider's policies and procedures were generic and not specific to the services provided by KFA Medical. The managing director told us they had been directly copied from the internet.
- There was no assessment or planning of care of the patient once KFA Medical staff had received the transfer information from the hospital.
- The provider did not complete staff appraisals.
- There was no induction training for newly employed staff.
- There was no evidence that evidence based care and treatment was provided.
- The training that Patient Transport Service drivers had received in relation to secure patient transport which included use of restraint and mental ill health issues was out of date and had expired.
- Staff had received do not attempt cardiopulmonary resuscitation (DNACPR) training in 2011 and there had been no further training in this area since then.
- Staff had not received any training in dementia, learning disabilities or caring for people with mental health needs, the Mental Capacity Act or Deprivation of Liberty safeguards.

Patient transport services (PTS)

However;

- We saw evidence that KFA. Medical administrative staff checked driving licences via the Driver and Vehicle Licensing Agency. Further checks were made two-weekly or when staff were driving to ensure no penalty points had been accrued. However, there was no KFA Medical policy or procedure requiring staff to report any points added to their licence.
- There was evidence that staff disclosure and barring service (DBS) checks were carried out.
- We saw evidence that staff responsible for the cleaning and overseeing the maintenance of the vehicles had a Diploma in motor vehicle maintenance and repair.
- During inspection we saw evidence of a remote monitoring system fitted on the provider's vehicles which recorded the vehicle speed, level of revving and braking.

Evidence-based care and treatment

- There was no evidence based care and treatment of patients.
- Staff we spoke with told us no treatment was provided to patients during transfers while in the provider's care. If an emergency arose during the journey advice would be obtained from a member of KFA Medical and if it could not be obtained a NHS ambulance would be requested.
- During inspection 50 local policies and procedures were reviewed. They were all generic and not specific to the service provided by KFA Medical.
- There was evidence that the policies and procedures had recently been created two months prior to the inspection and uploaded on to the provider's internet portal they were generic and not specific to the organisation.
- There was no evidence that there were any review mechanisms in place including audits to check that local policies and procedures were being adhered to by staff.

Assessment and planning of care

- We saw evidence that when staff collected a patient for transfer home from hospital they obtained a hospital patient identification sticker providing details of the

patient's name and home address and the do not attempt cardiopulmonary resuscitation (DNACPR) order if relevant. This was visible in the top right corner of the KFA Medical patient forms.

- We looked at 30 patient transfer forms during the inspection and all contained basic information. There was no evidence that staff assessed or planned the care of the patient once they had received the transfer information from the hospital.
- There was no evidence that any risk assessments had been carried out when patients with mental ill health had been transported.

Response times and patient outcomes

- The management team we spoke with told us the only service monitoring was the patient transfer time the number of staff involved in the transfer and the distance travelled. This was data collated for financial / costing purposes only and not specifically focussed on patient outcomes. We did not find any evidence of corporate and wider benchmarking.

Competent staff

- Managers we spoke with told us they had not carried out any appraisals with staff during the past 12 months. There was no routine engagement or supervision of staff.
- Managers we spoke with told us there was no induction training. The induction procedures consisted of staff being shown around the headquarters and being given a provider handbook.
- We saw evidence that when staff were recruited, disclosure and barring service (DBS) checks and photo identification checks had been completed and two references were obtained. However, the references were not always from previous employers and in some cases they were from the relatives of the applicant.
- There was no evidence of formal health clearance, however, in some cases the recruit had completed a medical self-assessment form with details of their past medical history and current health status.
- Application forms were completed by applicants but there were no interview notes or records of interviews.

Patient transport services (PTS)

- New policies were added to the provider portal that all employees could access. There was no 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 but there was no formal method of testing the levels of understanding of staff, levels of adherence or compliance with any policies current or new.
- None of the Patient Transport Service staff had completed any training for dealing with patients living with dementia, learning disabilities or caring for people with mental health needs. They had not completed training in the Mental Capacity Act (2005) or Deprivation of Liberty safeguards.
- Three of the Patient Transport Service drivers had completed training in secure patient transport which included use of restraint and mental ill health issues in March 2015 however, this had a two year expiry date. Therefore none of the staff involved in transferring patients with mental ill health had any current training.
- Staff training in DNACPR issues was last completed in 2011. There was no evidence of any additional DNACPR training for staff had taken place since then.
- We saw evidence that KFA Medical administrative staff checked driving licences via the Driver and Vehicle Licensing Agency. Further checks were made two-weekly or when staff were driving to ensure no penalty points had been accrued, however, there was no KFA Medical policy or procedure requiring staff to report any points added to their licence.
- We saw evidence that staff responsible for the cleaning and overseeing the maintenance of the vehicles had a Diploma in motor vehicle maintenance and repair.
- During inspection we saw evidence of a remote monitoring system fitted on the provider's vehicles which recorded the vehicle speed, level of revving and braking. Managers we spoke with told us they would review the information and decide if any Patient Transport Service drivers required advice about their driving if their speed, revving and braking raised concern, however, we did not see any evidence of when this information had been used or discussed with staff.

Coordination with other providers and multi-disciplinary working

- During inspection we did not find any evidence of coordination with other providers of healthcare because KFA Medical had no current Patient Transport Service contracts with trusts and worked on an as required basis.

Access to information

- The patient transport vehicle had a satellite navigation system.
- Staff collecting a patient for transfer home from hospital, obtained a hospital patient identification sticker providing details of the patient's name and home address and the DNACPR order if relevant.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had not attended training in the Mental Capacity Act (2005) or Deprivation of liberties safeguards (DoLS).
- Patient capacity was identified at the referral stage. There were no clear processes for how staff managed patients that lacked capacity.
- If there were any issues regarding capacity or level of understanding due to learning difficulties, hearing or sight impairment staff would take direction from the hospital staff and discharge documentation.

Are patient transport services caring?

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

- Staff were aware of how to maintain patient privacy and dignity. There was positive feedback from patients who described the staff as caring, professional and kind.
- Staff would not transport two patients together if each had a DNACPR in place.
- The provider had a Respect Charter relating to the dignity, privacy & independence of patients.

Compassionate care

- We inspected 36 KFA patient feedback forms submitted between December 2016 and October 2017. The forms

Patient transport services (PTS)

asked four basic questions relating to the journey, the staff, whether they were treated well and whether their wishes were carried out. There was a tick box for each question with a four-point scale ranging from very poor to very good. At the end of the form there was a section for any other comments. The majority of the responses ticked very good or good. There were no responses ticked poor or very poor.

- Some of the patient quotes in the comments section were “two brilliant men very caring”, “pleasant and professional” and “very pleasant staff, kind”.
- Staff we spoke with told us the feedback forms were only given to patients who staff thought were well enough or could understand what was being asked of them.
- Staff we spoke with told us before they take a patient into their care for transport they confirm with the patient in the presence of the discharge nurse the patient they are happy to leave.
- Staff we spoke with told us they ensured dignity in public places and for those in vulnerable circumstances by using blankets to cover patients. Any activity inside the ambulance such as moving a patient was done with the doors closed. Before a patient was taken into the care of KFA Medical staff they checked for example if the patient was wearing incontinence pads and they would not need to be changed prior to leaving the hospital.
- Staff we spoke with told us if a patient was experiencing physical pain, discomfort or emotional distress prior to transfer they would discuss with hospital staff whether the patient was suitable to be moved. The decision to transfer would rest with the hospital.
- Staff told us if a patient started experiencing physical pain, discomfort or emotional distress during a transfer the crew would stop, do some initial observations then contact the discharging ward for advice. Staff told us consideration would be given to returning the patient back to the hospital they had been discharged from. There was no evidence that any these of discussions or decisions were recorded or how often they occurred.
- Staff we spoke with also told us they would not transport two patients together if both had a DNACPR in place because of the potential for distressing one patient if the other died while in the ambulance.

Understanding and involvement of patients and those close to them

- Staff we spoke with told us if the patient they were transferring had capacity they had communicated verbally with them so that they understood what the transfer would entail.
- KFA Medical staff did not provide additional support to help patients or those close to them to understand and be involved in their care and treatment.

Emotional support

- We saw no evidence that staff understood the impact that a person’s care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially.
- There was no evidence that KFA Medical staff provided appropriate and timely support and information to help patients to cope emotionally with their care, treatment or condition. Staff told us emotional support would be given by the hospital prior to discharging the patient.

Are patient transport services responsive to people’s needs?

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

- Staff did not have access to any communication aids to facilitate communication with patients with a learning disability or for whom English was not their first language.
- There was no service planning as the company worked on an as required basis with a local NHS trust in relation patient transport services.

However;

- A checklist for staff was used to obtain information from the trust requesting the service prior to accepting the assignment.

Patient transport services (PTS)

- Two complaints received in the last 12 months had been investigated internally and the complainant had been kept informed of the outcome which they were satisfied with.

Service planning and delivery to meet the needs of local people

- During inspection we did not see any evidence of planning of the service with commissioners.
- Service planning was done on an as required basis. If a referring provider requested patient transport services the managing director would determine if KFA Medical could fulfil the requirements.
- During inspection we did not see any evidence of how capacity was planned to meet the differing demands depending on geography because KFA Medical Patient Transport Service worked on an as required basis.
- KFA Medical did not provide transport for bariatric patients.

Meeting people's individual needs

- Staff we spoke with told us they did not have access to any communication aids to facilitate communication with patients with a learning disability or for whom English was not their first language.
- Staff we spoke with told us if patients required additional support interpreters, sign language interpreters, specialist advice or advocates for example the hospital requesting the transfer would supply this.
- Staff had not completed any training in dementia, learning disabilities or caring for people with mental health needs. They had not completed training in the Mental Capacity Act of Deprivation of Liberty safeguards.
- During the inspection we did not see any evidence of how the provider was meeting people's individual needs.
- We did see evidence of the existence of a Respect Charter and feedback pledge to ensure dignity, privacy and independence of patients. The pledge offered feedback channels including verbally, telephone, email or by feedback form. However we did not see any evidence of any patient feedback resulting from the pledge.

Access and flow

- The management team said their contract with local NHS services was to transport non-emergency patients. They received referrals through a telephone call. Essential details were obtained and the timescale for attending and transferring the patient were agreed. We saw evidence of the checklist staff used to obtain information from the trust requesting the service prior to accepting the assignment.
- We saw evidence that the management of bookings were done on an as required basis as the requests for the service were received.

Learning from complaints and concerns

- During the inspection we reviewed the number of complaints and their outcome. The provider had received two complaints in the previous 12 months. Both had been investigated internally and the complainants had been kept informed of the outcome which they were satisfied with.
- The provider had leaflets in the Patient Transport Service vehicle which provide guidance to patients as to how to make a complaint.
- There was no evidence that information about complaints were shared with staff to aid learning.

Are patient transport services well-led?

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

- There were no formal governance meetings with minutes and actions.
- There were no systems in place to identify, manage and mitigate risks. There was no organisational risk register in place. There was no evidence of any recording of organisational or patient risks.
- The company vision and strategy was not documented or displayed. This had not been cascaded to all staff working in the organisation.
- Although some patient feedback was collected there was no evidence that it was reviewed and acted upon.

Patient transport services (PTS)

- There was no feedback collected from the hospital trust that had requested the patient transport services.
- Performance data was not collected apart from the mileage and time taken to complete the transport so the provider requesting the service could be charged.
- There was no public or staff engagement.
- There was no managerial ownership, responsibility and accountability for reviewing and improving areas of the business or work streams.

However;

- Staff we spoke with told us the managers were visible because they were regularly involved operationally.

Leadership / culture of service related to this core service

- There was evidence of a management structure with staff roles but there was no evidence of accompanying identified areas of responsibility.
- The leadership team consisted of three individuals. The managing director had overall managerial oversight. The managing director had no formal medical qualifications but did have a background in first aid. There was an investor in the business who provided general business support where required on a full time basis. They had previous Patient Transport Service experience working for a NHS trust and for a private provider. An interim medical director worked part-time.
- Both the company director and investor had an operational role as Patient Transport Service drivers including transferring patients with mental ill health. The interim medical director, who was a paramedic with 20 years' experience, worked part-time, as and when required reviewing company policies and procedures.
- The management team were supported by a member of staff responsible for fleet and logistics on a full time basis. Four other staff members worked on a part time basis being responsible for accounts, event planning, human resources/training and general hoc support.
- Staff we spoke with told us the managers were visible because they were regularly involved in the day to day running of the service.
- During inspection we found no evidence of how the leadership team would manage organisational change.

There was no evidence that the recent loss of a contract with a local NHS trust had resulted in any review of the impact on the business or how this loss of a revenue stream would affect the business in the longer term.

Vision and strategy for this this core service

- The managing director told us the vision was to improve the efficiency of the service in in order 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.
- We found no evidence that a documented vision and strategy was in place. The managing director told us the vision and strategy was aspirational.
- The management team told us the core staff employed by KFA Medical were aware of the vision and strategy and this was through management meetings which were held monthly. However, these meetings were not recorded with no evidence of any minutes or actions being taken. The management team also told us the vision and strategy was not communicated to the pool of staff who worked for KFA Medical on an as required basis.

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

- There were no formal governance meetings taking place which were relevant to the planning and delivery of care and treatment.
- There were no meetings to discuss policies and procedures, service and maintenance records, audits and reviews, purchasing and action plans in response to risk and incidents which had minutes and actions.
- There were no formal audits or reviews of patient records. The reviews that were done were on an individual basis to establish the recharge costs to the provider who contracted the service.
- During inspection we found no evidence of any identification of risk or an organisational risk register. There were no formal documented system for identifying, assessing and mitigating risks
- The management team told us patient safety was monitored by providing patients with feedback forms.

Patient transport services (PTS)

However, although there was evidence of limited patient feedback we found no evidence of any patient feedback being that was provided being acted upon or generating any audit activity regarding patient safety.

- During inspection 30 KFA Medical patient transfer forms were reviewed and none had any comments added in relation to patient needs. There was no evidence that there had been any audit activity in relation to the patient transfer forms.
- There was no audit activity or quality monitoring of information such as records, staff training, staff recruitment, infection control, performance targets or reviews of complaints to improve the service.
- The management team we spoke with confirmed that they had not reviewed or analysed the information on the patient transfer forms in order to identify any issues or patterns.
- The management team told us they monitored crews to ensure they were working within the protocols. One of three management team went out with crews. The managers then fed information back to staff, however there was no evidence that the feedback was recorded or acted upon.
- The provider stated that staff undertook a driving skills assessment by an independent observer every six weeks. We saw evidence that two members of staff were observed in April 2016 however there was no evidence of any more observations of staff since then.
- The management team told us their performance target was to be able to attend within 40 minutes from receiving the call to collecting the patient from a local trust. There was no evidence that the time it took crews to attend the call was collected and reviewed.

- There was no evidence that the provider collected any data in relation to the different types of patient transport services undertaken that could be reviewed in order to improve the service. Due to the unplanned nature of the Patient Transport Service there was no evidence that any data was collected in relation to transporting patients to their homes. The management team described the demand 'as and when'.

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

- The management team told us there had been limited public engagement. They gave an example of when the company set up a stall at a public event and demonstrated resuscitation techniques for the public.
- During inspection there was no evidence of service user, public or staff engagement.
- KFA Medical gathered limited patient feedback. There was no evidence of using patient feedback or feedback from the trust that contracted the Patient Transport Service from KFA Medical.
- The management team told us any feedback from the hospital trust that KFA Medical provided in relation to the Patient Transport Service for was verbal. We found no evidence that any of the information provided by the hospital trust had influenced an improvement in the service or improved patient safety.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- The management team we spoke with told us they believed the business was sustainable despite the loss of the patient transport service contract with a local NHS provider because of the other areas of business and revenue streams the company were involved in.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must take actions to ensure there are effective systems in place to identify, assess and mitigate risks relating to the health, safety and welfare of people using services.
- The provider must take appropriate actions to ensure the outcomes of investigations into incidents are shared with the person concerned and, where relevant, their families, carers and advocates. This is in line with duty of candour principles.
- The provider must ensure the safety of their premises and the equipment within it. They should have systems and processes that assure compliance with statutory requirements, national guidance and safety alerts.
- The provider must ensure medical gases are stored in accordance with the legislation. And there are no risk assessments associated with the storage and handling of medical gases in place.
- The provider must ensure they identify the link between infection prevention and control in relation to the cleanliness of the Patient Transport Service vehicle or the premises and take appropriate steps to prevent and control infections.
- The provider must actively work with others, both internally and externally, to make sure that care and treatment remains safe for people using services.
- The provider must make sure that they have, and implement, robust procedures and processes that make sure that people are protected. Safeguarding must have the right level of scrutiny and oversight, with overall responsibility held at senior management level.
- The provider must ensure that staff receive safeguarding training that is relevant, and at a suitable level for their role. The safeguarding training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns
- The provider must ensure staff must be aware of their individual responsibilities including understanding their roles and associated responsibilities in relation to any of the provider's policies, procedures or guidance relating to safeguarding to prevent, identify and report abuse when providing care and treatment. This includes referral to other providers.
- The provider must, where appropriate, ensure staff follow local safeguarding arrangements to make sure that allegations are investigated internally or externally. Providers must make sure that they respond without delay to the findings of any investigations.
- The provider and staff must understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with people who may lack the mental capacity to make some decisions.
- The provider must act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty, Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice.
- The providers must operate effective systems and processes assessing and monitoring in response to the changing needs of people who use the service. The system must include scrutiny and overall responsibility at board level or equivalent.
- The provider must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety and should, where possible, include the experiences people who use the service.
- The provider must ensure the systems and processes are continually reviewed to make sure they remain fit for purpose.
- The provider must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.

Outstanding practice and areas for improvement

- The provider must, subject to statutory consent and applicable confidentiality requirements, share relevant information, such as information about incidents or risks, with other relevant individuals or bodies. Where they identify that improvements are needed these must be made without delay.
- The provider must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service and introduce measures when risks are identified to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service.
- The provider must escalate within the organisation risks to the health, safety and/or welfare of people who use services or to a relevant external body as appropriate.
- The provider must ensure records relating to the care and treatment of each person using the service must be kept and be fit for purpose.
- The providers must ensure that their audit and governance systems remain effective.
- The Provider must ensure that they have an induction programme that prepares staff for their role.
- The provider must ensure that the training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment.
- The provider must ensure staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.
- The provider must ensure staff must be supervised until they can demonstrate required/acceptable levels of competence to carry out their role unsupervised.
- The provider must ensure staff receive appropriate on going or periodic supervision in their role to make sure competence is maintained.
- The provider should ensure staff should receive regular appraisal of their performance in their role

from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

Action the hospital **SHOULD** take to improve

- The provider should consider using risk assessments about the health, safety and welfare of people using their service to make required adjustments. These adjustments may be to premises, equipment, staff training, processes, and practices and can affect any aspect of care and treatment.
- The provider should ensure relevant health and safety concerns are included in people's care and treatment plans/pathways. This includes allergies, contraindications and other limitations relating to the person's needs and abilities.
- The provider should look at using incidents and complaints to identify potential abuse and should take preventative actions, including escalation, where appropriate.
- The provider should consider looking at information from audits and the service provided is up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated and appropriate action taken.
- The provider should look at having effective communication systems to ensure that people who use the service, those who need to know within the service and, where appropriate, those external to the service know the results of reviews about the quality and safety of the service and any actions required following the review.
- The provider should consider actively seeking the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service.
- The provider should look at reading and implementing relevant nationally recognised

Outstanding practice and areas for improvement

guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological development or other factors.

- The provider should ensure all feedback is listened to, recorded and responded to as appropriate. It should be analysed and used to drive improvements to the quality and safety of services and the experience of engaging with the provider.
- The provider should consider having a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. The approach they use must reflect current legislation and guidance where it is available.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment.</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks.</p> <p>(c) Providers must make sure that equipment is suitable for its purpose, properly maintained and used correctly and safely. This includes making sure that staff using the equipment have the training, competency and skills needed.</p> <p>(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.</p> <p>(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way.</p> <p>(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>(i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.</p> <p>How the regulation was not being met:</p> <p>Risk assessments relating to the health, safety and welfare of people using services were not carried out. There was no evidence that KFA. Medical had staff with the qualifications, skills, competence and experience to do risk assessments. There were no plans as to how to mitigate risk. Thirty patient records (PRF`s) were</p>

Enforcement actions

reviewed. None contained a record of a risk assessment when KFA Medical staff took a patient for transfer into their care. There was no system in place for KFA Medical staff to refer to previous patient risk assessments which would influence a new risk assessment. Reviews of risk were not evidenced in the patient records. There was recording of patient handovers on a KFA Medical form but this contained minimal information. There was no evidence of a formal handover procedure to the receiving service if the patient transport was to another hospital or care home. There was a reliance on the original patient information supplied by the provider that had subcontracted the service. There was no centralised recording or review of patient records and handovers. There was no evidence of any planning of patient transfer journeys taking account of distance, welfare needs, comfort breaks and any associated risks.

Staff were not appropriately supervised when they were learning new skills or were new to the company.

Medical gases were not stored in accordance with the legislation. There were no risk assessments associated with the storage and handling of medical gases.

There was no induction and training plans for the safe operation of premises and equipment, including incident reporting and emergency and contingency planning.

The provider did not consider the link between infection prevention and control, antimicrobial stewardship and cleanliness of the Patient Transport Service vehicle or the premises.

The provider did not actively work with others, both internally and externally, to make sure that care and treatment remained safe for people using services. There were no appropriate risk assessments undertaken for people who moved between services or providers to make sure their safety is not compromised.

There was no business continuity plan or major incident plan.

Enforcement actions

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

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

(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.

(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

(3) Systems and processes must be established and operated effectively to investigate immediately upon becoming aware of, any allegation or evidence of such abuse.

(5) A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

How the regulation was not being met:

There was no identified suitably trained safeguarding lead .There was no evidence the provider had sufficient numbers of trained competent staff or systems in place to ensure safeguarding issues could be identified or referred expeditiously to the appropriate authority. The provider did not have the right level of scrutiny or oversight at board level or equivalent. There was an internal training safeguarding course for staff did not provide them with sufficient skills to make a referral independently. In addition the course was not mandatory. There was an overall lack of understanding of the Mental Capacity Act 2005 whenever the provider worked with people who may lack the mental capacity to make some decisions.

There was a lack of effective policies and procedures for safeguarding issues to be identified and handled immediately.

The provider had not implemented, robust procedures and processes that made sure that people were protected. Safeguarding did not have the right level of scrutiny and oversight, with overall responsibility held at board level or equivalent.

Enforcement actions

Staff must did not receive safeguarding training that was relevant, and at a suitable level for their role. Training was not updated at appropriate intervals and to keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns.

Staff were not aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. This includes referral to other providers.

Staff did not understand their roles and associated responsibilities in relation to any of the provider's policies, procedures or guidance to prevent abuse.

The provider and staff must did not know and understand the local safeguarding policy and procedures, and the actions they need to take in response to suspicions and allegations of abuse, no matter who raises the concern or who the alleged abuser may be. These include timescales for action and the local arrangements for investigation.

Staff were not aware of, and had access to, current procedures and guidance for raising and responding to concerns of abuse. Staff did not have access to support from line management when considering how to respond to concerns of abuse.

Managers and staff did not understand their individual responsibilities to respond to concerns about abuse when providing care and treatment, including investigating concerns.

Staff did not understand their roles and associated responsibilities in supporting the actions the provider takes in responding to allegations and concerns about abuse.

The providers did not ensure that staff were kept up to date about changes to national and local safeguarding arrangements.

The providers did not act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice.

Enforcement actions

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

How the regulation was not being met:

The senior management team did not have oversight of key areas of governance. There were policies and procedures in place for mental health, risk assessment, training, safeguarding or incident reporting, however, these were generic and not specific to the services provided by KFA Medical.

There was no evidence of a risk register or audit activity that demonstrated how KFA Medical were monitoring and mitigating risk regarding the health, safety and welfare of staff and patients. There was no evidence of the routine collection and review of performance data. There were no KPI's. There was no provider appraisal system or performance review process for staff that were sub-contracted to work for KFA Medical. The provider did

Enforcement actions

not seek feedback from patients' staff or providers contracting their Patient Transport Services. Despite repeated requests the provider did not respond to the PIR requests for company policies and procedures.

There were no systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.

The providers did not actively seek the views of a wide range of stakeholders, including people who use the service and staff.

The providers did not progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.

The provider did not have systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of people who use the service.

Records relating to the care and treatment of each person using the service was not fit for purpose.

The providers did not actively encourage feedback about the quality of care and overall involvement from people who used the service.

The provider did not ensure that their audit and governance systems remained effective.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

(2) Persons employed by the service provider in the provision of a regulated activity must—

Enforcement actions

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

(b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and

(c) where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

How the regulation was not being met:

There was no evidence of appropriate support, training, professional development, supervision and appraisal of staff. There was no evidence staff could obtain further qualifications appropriate to the work they performed. There was no evidence that staff continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

The providers did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure that they could meet people's care and treatment needs and therefore meet the requirements of Section 2 of these regulations (the fundamental standards).

The provider did not an induction programme that prepares staff for their role.

The training, learning and development needs of individual staff members were not carried out at the start of employment and was not reviewed at appropriate intervals during the course of employment.

The provider did not support staff to obtain appropriate further qualifications that would enable them to continue to perform their role.

The provider did not ensure staff were able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

The provider did not know what Duty of candour was .There was no induction training or mandatory training for staff in relation to the Duty of candour.

The providers did no promote a culture that encouraged candour, openness and honesty at all levels. This was not an integral part of a culture of safety that supporting organisational and personal learning. There was no commitment to being open and transparent at board level or its equivalent, such as a governing body.

The provider did not have policies and procedures in place to support a culture of openness and transparency .