

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

Are services safe?

Are services effective?

Are services well-led?

Overall summary

LCT Ambulance Ltd is operated by LCT Ambulance Ltd. The service provides a patient transport service.

We carried out a short notice announced inspection of the service using our comprehensive inspection methodology on 16, 18 and 20 December 2019. During this inspection significant concerns were identified in relation to regulatory compliance. A notice under Section 31 of the Health and Social Care Act 2008 was served on the provider suspending registration as a service provider of a patient transport service from 24 December 2019 to 21 February 2020.

We carried out a short notice announced focused follow up inspection of the service on 19 February 2020. This inspection focused on the issues highlighted in the Section 31 notice under the key questions safe, effective

and well led. Following this inspection, the suspension was extended until 16 May 2020 as the issues identified at the previous inspection that had led to the suspension of the service had not all been addressed.

We did not rate the service; this inspection was a focused follow up to assess the provider's progress against concerns identified in Section 31 notice.

We did not find evidence that significant improvement had taken place and found the following issues that the service provider needs to improve:

- We were still not assured the registered manager had the qualifications, competence, skills and experience which are necessary to manage and develop the service.

Summary of findings

- We were still not assured that care and treatment was provided in a safe way for service users and that the service did all that was reasonably practical to mitigate risks.
- We were still not assured that all premises and equipment used were clean and properly maintained.
- Systems and processes were still not established or in place to identify risk, manage performance and ensure governance of the service was followed. The provider had not taken action to address the concerns identified in the previous report.
- We were still not assured employees of the service received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.
- There was still a lack of effective recruitment procedures, and we were not assured employees were subject to the necessary background checks in line with the provider's policy
- We were still not assured the provider would act in an open transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

Following this inspection, we told the provider that it must take some actions to comply with the regulations to help the service improve. We also issued the provider with seven requirement notices that affected patient transport services. Details are at the end of the report.

We did not rate this service following this inspection as we did not look at all key questions.

Nigel Acheson

Deputy Chief Inspector of Hospitals (area of responsibility), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating Summary of each main service

LCT Ambulance Ltd is a patient transport service. 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.

Following the short notice announced inspection on 16, 18 and 20 December 2019, significant concerns were identified in relation to regulatory compliance. A notice under Section 31 of the Health and Social Care Act 2008 was serviced on the provider in respect of patient transport services from 24 December 2019 to 21 February 2020. Following this inspection, it was extended until 16 May 2020.

Summary of findings

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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 service was registered to provide one regulated activity, transport services, triage and medical advice provided remotely.

The provider employed five staff as patient transport drivers, this number had reduced from seven since our

previous inspection. The service transported patients between their home and hospital appointments and all journeys were privately booked by the patient or their relative.

The service was previously inspected by the Care Quality Commission in December 2019 and was rated as inadequate. Following the 2019 inspection, the provider was told to make improvements and given 13 must do actions, six should do actions, six requirement notices and was placed in special measures.

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 and CQC inspection manager. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Patient transport services

Safe

Effective

Well-led

Information about the service

The main service provided by this ambulance service was patient transport service. 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 one member of staff, the company director who is also the registered manager.

At the time of this inspection the service was suspended and not carrying out regulated activity.

Are patient transport services safe?

Safe was not rated

Mandatory training

The service had not documented the mandatory training all staff were expected to complete and not all staff had completed mandatory training the service stated was mandatory.

- During our previous inspection in December 2019, the provider told us staff did not receive mandatory training. This was identified as a concern in the notice of decision to suspend the service. During this inspection we found this had improved and staff had access to four training courses, basic life support (BLS), first aid, safeguarding adults level 2 and infection prevention control. However, in the five staff files we reviewed four members of staff had not completed first aid training and one had not completed BLS. There was no evidence to show that staff were due to attend these courses.
- The provider did not have a mandatory training policy. It was not clear what mandatory training staff would receive.

- The provider had not developed and implemented a mandatory training matrix which identified the training available for staff and what was mandatory for each job role.

Safeguarding

Staff now received training in how to recognise abuse however the provider continued to not have effective safeguarding systems and process in place for staff to follow.

- During this inspection we found staff received training in safeguarding adults level two. We reviewed the five employee files of staff members involved in regulated activity. All five had completed safeguarding training and had a certificate in their employee file. This had improved since our previous inspection when staff did not receive training in safeguarding.
- The provider did not have a safeguarding policy that was specific to their service. This was identified as a concern at our previous inspection. The registered manager told us it had not been updated or personalised to the service since our last inspection in December 2019.
- The suspected abuse of vulnerable adults procedure was a separate document to the safeguarding policy. This had not been updated since the inspection in December 2019. 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. Therefore, did not provide staff with clear guidance on how they should manage a safeguarding concern placing patients at risk.
- During our inspection we found that not all members of staff had an in-date disclosure barring service (DBS) check completed. We reviewed employee files of staff

Patient transport services

and directors and found that two people did not have a DBS check in place. Therefore, we were not assured that all staff were suitable to work with patients and vulnerable people.

Cleanliness, infection control and hygiene

The service did not have reliable systems in place to control infection risk well. The service did not undertake cleaning audits to ensure cleanliness and hygiene standards were maintained.

- We identified a vehicle with a rusty floor at our previous inspection. We inspected the vehicle during this inspection and found that it had not been repaired. The registered manager told us the floor had been painted, however the rust was bubbling under the paint. This continued to present an infection control risk to patients as the floor could not be sufficiently cleaned to reduce the risk of cross infection.
- The provider did not have an effective system and process in place for cleaning vehicles and did not carry out audits or keep records of which vehicle had been cleaned. The registered manager showed us receipts from a car wash service to evidence the vehicles were cleaned every Sunday. However, the receipts showed that not all vehicles had been cleaned weekly, they did not show what the cleaning included, how the vehicle had been cleaned or the level of cleaning. Therefore, we were not assured the vehicles were cleaned adequately to control the risk of infection. This was identified as a concern at our previous inspection but no action had been taken to improve this.

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.

- During this inspection we found that drivers were requested to complete the checklists which were given to the registered manager weekly. However, we reviewed the checklists for five vehicles and found that they were not consistently completed on a weekly basis. This was a similar finding to what we found in December 2019, when drivers were not consistently completing the vehicle checklist.

- The provider did not carry out audits of the vehicle checklist. The checklists were not filed or stored away, they were mixed with other paperwork on the desk. Therefore, learning or themes were not identified, and improvements made.
- During our inspection we found the provider did not have documented evidence to demonstrate that vehicles were maintained when required. The registered manager told us records of work undertaken by the garage were not kept by the service. This was identified as a concern at our previous inspection. Therefore, we were not assured all vehicles were maintained and fit for use.
- During our inspection, we found the provider did not have a system and process in place for disposing of clinical waste or a procedure for staff to follow to know how to dispose of clinical waste. There was no assurance the provider would dispose of clinical waste in line with best practice which placed a risk of cross infection to other members of the public. This issue was also identified at our previous inspection, but no action had been taken to resolve the matter.

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.

- During our inspection, we found that the provider had not identified and documented a criteria for the types of patients the service could accept for transfer to or from a hospital or for treatment. We had identified this as an issue at our last inspection, but the provider had not taken action to address this. The lack of criteria could lead to patients being accepted for transfer that the provider and staff did not have the skills and knowledge to care for safely, placing patients at risk of harm. When asked how the service decided which patients could be safely transferred, the registered manager referred the inspection team to a CQC standards book which is not a patient criteria book but explains the health and social care regulations providers must comply with.
- The provider did not have an established system or process to carry out a risk assessment of patients before accepting them into the service and there was no mechanism in place to record patients' requirements or an assessment of their needs. This had been identified

Patient transport services

as a concern at our previous inspection. The registered manager showed us the 'new client log book' which we were told would be used to record patient transfer bookings. This was a blank book and did not list any of the details required in order to accept a booking or any indication of what information was needed to assess whether a patient was appropriate for this service.

Staffing

There was a lack of effective recruitment procedures, and we were not assured employees were subject to the necessary background checks in line with the provider's policy.

- The provider told us they did not take up references for staff from previous employers despite their policy stating two references would be obtained. Therefore, they could not be assured staff had the relevant skills, knowledge and training to undertake the role they were employed for. This failure to obtain pre-employment references had been identified as a concern at our December 2019 inspection, but no action had been taken to resolve it.
- During this inspection the provider stated employees were subject to an occupational health check and received vaccines from the local NHS trust. There was no documented evidence of a contract with the local NHS trust and there was no evidence in employee files that staff had received a health assessment or vaccinations. This lack of occupational health checks had been raised at our previous inspection but had not been addressed. Therefore, there was no assurance the health of all staff was suitable for the role they were employed for.
- At our previous inspection in December 2019, the registered manager told us when they were on annual leave cover was provided by a relative who, we identified, did not have an employee file with relevant background and recruitment checks. During this inspection the provider showed us an employee file for the relative, which contained a curriculum vitae (CV), evidence a DBS had been applied for and three of the four identified mandatory training courses had recently been completed. The CV stated that he had worked for the provider since 2017 which meant they had been employed for three years without the relevant pre-employment checks being carried out.

Incidents

We were not assured the provider would act in an open transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

- At this inspection we found the registered manager did not demonstrate he had an understanding of duty of candour. During the inspection of the service in March 2017 and December 2019 we had previously identified that the registered manager did not have an understanding of duty of candour. He had taken no action to obtain or increase his knowledge of duty of candour which meant that we were not assured he could act in an open and transparent way.
- During this inspection the registered manager told us staff had been provided with a print out of information on duty of candour. The document was printed from the internet and was not specific to the service. There was no evidence staff had read this, understood it or knew how to apply it. We were not assured that the provider and employees understood and therefore could comply with regulation 20 Duty of candour of the Health and Social Care Act 2008. This was a similar concern to the findings of our December 2019 inspection when the service did not have duty of candour policy and procedure and staff did not receive training in this topic.

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

Effective was not rated

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.

- During our inspection we reviewed staff files and there was no documented evidence of ongoing staff development or audit of their skills to identify any gaps. This was an issue identified at the December 2019 inspection, when the provider told us they did not carry out annual appraisals for staff. As there had been a lack of improvement in this area, there was no assurance staff were trained and competent for the role they were employed to undertake.

Patient transport services

Are patient transport services well-led?

Well-led was not rated

Leadership

We were not assured the registered manager had the qualifications, competence, skills and experience which are necessary for the position.

- During the inspection we reviewed the employee file for the registered manager, who was also a director of the company and found it did not comply with Regulation 5 Fit and proper persons of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there continued to be information missing including qualifications, references, occupational health checks and an annual appraisal required by Regulation 5.
- The registered manager told us they had received a qualification as an ambulance technician, however they could not produce evidence of this. The curriculum vitae (CV) in their employee file stated they were previously employed as an Emergency Medical Technician, but there was no evidence of the training they had completed to ensure they had the skills and knowledge to undertake this role. There was no evidence to demonstrate they had updated their skills since leaving this post to ensure they retained these competencies to ensure safe and effective care was delivered.
- During our last inspection in December 2019, the provider did not have an employee file for the second director of the company. At this inspection the provider showed us an employee file which contained a CV. Other documents required to comply with the Health and Social Care Act 2008 (regulated activities) Regulations 2014, Regulation 5, Fit and proper persons were not in their staff file for example there was no evidence that an enhanced disclosure barring service (DBS) check had been completed, there were no references or occupational health clearance to confirm they were a fit and proper person for the role of director.

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.

- During our previous inspection in December 2019, we identified concerns with the provider's policy and procedures book. At this inspection the provider told us the policies and procedures had not been updated and remained the same. The policies and procedures were descriptive paragraphs, undated, with no version control and had been copied from another provider and some were also not relevant to the service provided.
- The provider did not follow or comply with their policies and procedures. For example, 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 staff files or that stress management was discussed with employees and no evidence the provider was following their own policy on stress management.
- At the previous inspection in December 2019, the registered manager stated staff did not have access to the policy and procedures book. During this inspection the registered manager told us he had identified some policies from the policy and procedure book to share with staff. However, there was no record of which policies had been shared with staff or whether staff had read and understood them. This meant patients may not receive care based on best practice or national guidance.
- The provider had not developed a system and process for recording the regulated work they were undertaking. The provider did not keep and maintain records other than staff member's timesheet time sheets, which lacked details such as the full name of the patient and if the journey was a patient transfer. This was an issue identified at our previous inspection, but the provider had failed to make improvements to address this failure. The registered manager showed us the "client log book" where information would be recorded. This was a blank diary and it did not detail the information that would be logged.

Management of risks, issues and performance

Patient transport services

The service did not use systems to manage risk effectively and identify actions to reduce their impact.

- The provider told us they did not carry out a risk assessment of staff who had previous criminal convictions, this lack of risk assessments had been

raised at our previous inspection, but no action had been taken. Therefore, we were not assured that transfers of vulnerable service users were not being undertaken by unsuitable staff placing patients at risk of harm.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Keep a log and hold accurate, up to date records of cleaning and maintenance for each vehicle.
- Develop and implement effective arrangements for the management and disposal of clinical waste.
- Develop and implement effective systems and processes for staff to follow in the event a patient's health deteriorating.
- 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.
- Ensure all directors meet the standards of and comply with fit and proper persons: directors Regulation 5.
- Develop their understand of their responsibilities in relation to duty of candour and ensure all staff have the skills and knowledge to evoke duty of candour as necessary.
- Maintain written records which includes information about patient's individual requirements and needs.
- Develop and implement systems and processes to ensure all company policies and procedures are up to date, are specific to the service being delivered, reflect current legislation and guidance, and staff have access to these.

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

Transport services, triage and medical advice provided remotely

Regulation

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

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulated activity

Regulation

Transport services, triage and medical advice provided remotely

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

Transport services, triage and medical advice provided remotely

Regulation

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

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Regulation

This section is primarily information for the provider

Enforcement actions

Transport services, triage and medical advice provided remotely

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulated activity

Regulation

Transport services, triage and medical advice provided remotely

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour