YorMed Limited

Yormed Ambulance Station

Quality Report

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	

Summary of findings

Letter from the Chief Inspector of Hospitals

YorMed Ambulance Station is operated by YorMed Limited. The service provides a patient transport service and event medical cover.

We carried out a focused unannounced inspection on 09 April 2019 in response to some information of concern, received by the Care Quality Commission (CQC) regarding the patient transport service.

A focused inspection differs to a comprehensive inspection, as it is more targeted looking

at specific concerns rather than gathering a holistic view across a service or provider.

In our comprehensive inspections, 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?

Focused inspections do not usually look at all five key questions; they focus on the areas indicated by the information that triggers the focused inspection. Although they are smaller in scale, focused inspections broadly follow the same process as a comprehensive inspection.

We inspected but did not rate the safe, effective and well-led domains. We did not inspect caring and responsive. The focus of our inspection related to mandatory training, safeguarding, cleanliness, infection prevention and control, hygiene, staffing, the safe management of medicines, staff competence, the culture within the service and governance processes including the management of risk, issues and performance.

The service has one location. We looked at the vehicle storage, preparation and storage areas and two ambulances. We reviewed 13 staff files, training records, rotas, and provider policies and procedures. We spoke with five members of staff which included permanent and bank staff and the managing director who was also the Registered Manager.

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

Due to the focused nature of the inspection we did not rate the service or inspect all key lines of enquiry within each domain.

On 08 May 2019 we served two warning notices under section 29 of the Health and Social Care Act 2008. The warning notices related to Regulation 17, (1)(2) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance and Regulation 19 (1), (2)(a) – Fit and proper persons employed. The warning notices require the provider to take action to ensure systems and processes are established to ensure effective governance arrangements and effective staff recruitment and training are in place. We have given the provider one month to make the necessary improvements.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Patient transport services is the main activity of the service.

Yormed Ambulance Station

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Yormed Ambulance Station

YorMed Ambulance Station is operated by YorMed Limited. The service has been registered with CQC since 2011 but had been under the current ownership since August 2018. It is an independent ambulance service in Malton, North Yorkshire. The service provided patient transport services and event medical cover nationally.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,and three other CQC Inspectors which included colleagues from the medicines and registration team. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Facts and data about Yormed Ambulance Station

The service is registered to provide the following regulated activities:

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

During the inspection, we visited YorMed Ambulance Station. We spoke with five staff including; patient transport drivers and management.

We inspected two patient transport ambulances and we reviewed 13 staff files, training records, rotas, and provider policies and procedures.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection, under the current ownership.

Patient transport services (PTS)

Safe	
Effective	
Well-led	
Overall	

Information about the service

Yormed are an independent ambulance provider whose main activity is providing patient transport services to both NHS and private providers.

Track record on safety:

- Zero never events between August 2018 and April 2019.
- Zero incidents between August 2018 and April 2019.

Summary of findings

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

- A governance framework had not been fully developed.
- There were no documented management or governance meetings.
- The risk register was incomplete.
- The management team were able to identify some of the risks but there was no evidence that all risks had been systematically identified, assessed and mitigated.
- There was a recruitment policy in place but there were errors and omissions. Staff personnel files were incomplete with important documentation missing.

However, we found the following areas of good practice:

- Vehicles were well maintained, cleaned and equipped to provide safe care. We saw deep clean schedules that had been adhered to over the past six months.
- Staff we spoke with told us the managing director was visible and involved in the day to day provision of the service.
- Staff told us that the culture within the organisation was positive.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service did not manage patient safety incidents well. We were not assured that the registered manager of the service understood what constituted an incident as there was no completed incident recording system. The registered manager described an incident where medicine was discovered to be missing but was unable to produce an incident report form (IRF).
- Staff did not always recognise incidents and there was no formal method to report them appropriately. Managers did not investigate incidents and there was no evidence of shared lessons learned with the whole team.
- The registered manager knew about duty of candour but was unable to give any recent examples of it being applied.
- During our inspection we found that the provider had failed to follow their own recruitment policy. We raised this with the registered manager who was unsure if this should be reported as an incident.
- Following our inspection, we requested copies of meeting minutes from the incident reporting forum, described in the incident reporting policy. We were told these were not available as no incidents had been reported.

Mandatory training

- We were not assured that all mandatory training had been completed by all staff.
- We were told the service employed five permanent members of staff and 20 staff on zero hours contracts. We reviewed 13 personnel files. Information on the computerised system was inconsistent with the information within the paper copy files. We spoke with the training and development lead and the registered manager about mandatory training. We were advised that some staff had a contract or previous employment with another organisation, for example, some staff also worked for an NHS ambulance trust. We were told if they had completed training with another organisation the training record would be used as evidence for their employment and recorded onto their personnel file.
- We looked at the electronic data relating to training compliance and found this included data pertaining to basic life support and automated external defibrillator training, safeguarding, statutory and mandatory training, manual handling, data protection and customer service.
- This showed 79% of staff had not completed manual handling or data protection training. 50% of staff had not completed basic life support and automated external defibrillator training.
- At the time of inspection 72% of staff had not completed statutory and mandatory training. In addition, two of the dates provided were 06 December 2021 and 05 October 2019. It was not clear if these were dates when staff were booked to complete the training or the data provided contained errors. It was also unclear what subjects were included as part of the 'statutory and mandatory training'. Therefore, we were not assured the service could demonstrate or the manager had oversight that all staff employed had the required training to ensure they could provide safe care for patients.

Safeguarding

- Staff we spoke with understood how to protect patients from abuse, however the we found that 54% of staff had no record of safeguarding training at either level one or level two being completed. Therefore, we were not assured that all staff had the required level of training. We spoke to two members of staff who were able to describe what constituted a safeguarding concern and could tell us how they made safeguarding referrals
- The registered manager was the safeguarding lead and he told us that he would be imminently completing level three safeguarding training for adults and children. We did not see any evidence to support training was being undertaken nor that the training had been booked for the registered manager. We were not assured that the registered manager had the required training to fulfil the role of safeguarding lead for the service as referenced in the intercollegiate guidelines Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 and the Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018.

Patient transport services (PTS)

- Staff had access to the national (NHSE) safeguarding application on their personal mobile telephones which provided national guidance on making a safeguarding referral.
- Staff were able to give examples of safeguarding referrals they had made but were unable to provide examples of feedback received. No statutory notifications of safeguarding referrals were reported to CQC by the provider in the previous 12 months.
- The registered manager told us the service would follow the policies of their contracting organisation, for example if they were carrying out work on behalf of an NHS trust they would refer to that organisations safeguarding policies.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All crews would be made aware from the contracted organisation if there were existing hygiene or infection control risks associated with a patient. We were assured that the service adhered to policy and maintained the required standards for cleanliness, infection control and hygiene.
- We inspected two ambulances and found both were visibly clean. We noted personal protective equipment (PPE), for example disposable gloves and aprons, were available to staff. Cleaning materials and hand washing facilities were also available.
- The registered manager told us daily vehicle checks were undertaken. We observed staff completing these at time of inspection. We reviewed the daily vehicle checklists from January 2019 to April 2019 and found them fully completed.
- The service contracted an external cleaning company to provide a monthly deep clean of all vehicles. We reviewed monthly cleaning reports from January 2019 to April 2019 and found these were completed fully. It was noted that as part of the deep clean service adenosine triphosphate (ATP) was used which demonstrated effective cleaning.

Staffing

- The service had enough patient transport staff employed to provide the contracted services as we were shown staffing requirements compared to current establishment. However, we were not assured that all staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The training and development lead told us the service employed five members of staff. 20 staff were employed through zero-hour contracts.
- We were not assured that all staff employed met the requirements as set out in the service's own recruitment policy and staff may be employed who are unfit to fulfil their roles or are allowing existing staff to continue in roles they are not fit to fulfil. We reviewed 13 electronic and paper-based staff personal files and found that the provider was in breach of its own recruitment policy and failed to meet the regulatory requirements of schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule three details the information required in respect of persons employed or appointed for the purposes of a regulated activity.
- The recruitment policy also stated that staff may only be offered employment with a maximum of six penalty points on their driving licence. We found that one member of staff had been employed with eight penalty points.
- The service had a named medical director. We asked to see the recruitment documentation for the medical director position and were told this information was not available as none had been completed.

Medicines

- We found that medicines were purchased from a licensed provider. The medicines were stored securely, and access was restricted to authorised personnel. Medical gases were stored securely in both vehicles and in storage areas.
- The service could not account for one medicine and we were told by the registered manager this had not been reported in line with their own incident reporting policy. Actions had been taken to mitigate the loss of medication by creating guidelines on the reporting of missing medication and the failure at the time of the incident to notify the CQC.

Patient transport services (PTS)

- The provider's medicines policy was not robust and did not reflect the processes at the service, for example the policy stated a medicines formulary and strategy was in place however this was not the case.
- When we asked the provider for their list of formulary medicines published by the head of clinical governance cited in the medicines policy, the provider told us this was something that needed to be completed by the head of clinical governance, this role was unfilled at the time of inspection.
- The medicines policy stated the service had a medical director and a pharmacy advisor, however there was no recruitment information held for either position.
- Audits were not carried out in line with the medicines policy. The registered manager stated that the policy was under review however the dates on the policy indicated that a review was not due until later in 2019.

Are patient transport services effective?

Competent staff

- During our inspection we reviewed the electronic and paper based personal files for 13 members of staff. These showed that 92% of staff had not had an appraisal from the date of registration to 09 April 2019.
- We asked the training and development lead for evidence that all staff had completed the local induction in line with the providers recruitment policy. This policy stated all new starters would receive an induction and the details about what this included and how it would be provided. The provider identified the local induction was a new process and was in the process of being completed with the current staff. We looked at the induction policy which was issued in January 2019. We did not see evidence that any staff had been provided with a local induction.
- We asked the provider for any recruitment documentation they held for their head of clinical governance, including the job description for this role. The provider told us a job description was still to be created and that no documents had been taken from the person as they had not yet been employed.
- We asked the provider who the clinical lead was and for a copy of the job description. The provider told us the role was still in the process of being created but that it was currently filled by a named individual. This person was not on the staff training matrix provided to us.
- We were not assured that there were policies in place to ensure that staff did not work excessive hours in line with Working Time Directive (2003). On review of personnel files of non-permanent staff, we saw no evidence regarding ambulance staff declaring working hours outside of this service. Nor was there evidence demonstrating that the service monitored working hours to ensure that staff were not working excessive hours.
- We were not assured the service could demonstrate or the manager had oversight that all staff working for them had the required training to ensure they were safe to care for patients.

Are patient transport services well-led?

Culture within the service

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The values and standards were displayed in the entrance to the ambulance station. Staff that we spoke with were aware of the service's values and standards.
- During our inspection we spoke with two members of staff who both reported that the service had a positive working environment. Both members of staff told us the registered manager was visible and approachable. They felt that if they had any issues or suggestions they would be happy to speak to the registered manager.
- The registered manager told us that he had an open-door policy and they encouraged all staff to raise any issues, concerns, complaints or suggestions for the service regardless of their role. No staff that we spoke to were able to give examples of having to raise areas of concern.

Governance

Patient transport services (PTS)

- The provider did not have appropriate governance systems and processes in place to provide them with robust oversight of their risks and issues.
- Contracting services had undertaken site visits to review governance arrangements, however we were told by the service that they had not been asked to provide documentation to the contracting service and that verbal assurances were accepted.
- Clinical governance meetings were cited within the providers medicines policies. We requested copies of the minutes of these meetings and were told these were not available as they were 'in person' or through a social media messaging service. Therefore, we were not assured that these meetings were being held or that they provided clinical governance oversight.
- We found there were outstanding actions for completion by the head of clinical governance. We asked the provider who this was and were told the post was filled by the clinical lead.
- Following our inspection, we looked at the incident reporting policy and asked the provider for minutes of their incident learning forum which was cited in the policy. The provider told us no meetings had taken place because there had not been any incidents. However, during our inspection, we heard about incidents that had occurred and raised concerns which should be reported as incidents.

Management of risk, issues and performance

- The service had a risk register; however, it was incomplete, and the registered manager was not confident in describing how a risk register functioned. They were able to describe some identified risks and the steps they had taken to mitigate them but had not included them on the risk register.
- There was no process in place to ensure all risks were appropriately documented and shared.
- The registered manager was not aware of what constituted an incident and therefore an incident record was not kept. The service did not have a formal recording mechanism to record incidents.
- We asked for evidence to show that reported incidents had been used to inform the risk register. Again, we were told that no incidents had been reported.
- The registered manager could not describe what constituted a statutory notification or when he would be required to make a statutory notification to CQC. We referred the registered manager to CQC's provider handbook.
- During our inspection we were given two examples of changes to practice to maintain business continuity and to ensure the safe and secure management of medicines. However, these were not included on the risk register. We were not assured that the service understood the function of a risk register and therefore any risk register would be incomplete.

Recruitment

- Prior to our inspection we looked at the YorMed recruitment policy. This policy included the required completion of pre-employment checks such as Disclosure and Barring Service (DBS) checks and references prior to commencement of employment. This included 33% of staff having no evidence of enhanced DBS checks, 31% had incomplete references, 44% did not have a full employment history and 54% did not have a completed health questionnaire.
- Job roles had been created but not filled. We saw no evidence of recruitment documentation, job description and person specification for the unfilled roles.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure it fully develops a robust governance framework. Regulation 17, (1) (2), Good governance.
- The provider must ensure all management and governance meetings have fully documented minutes. Regulation 17, (1) (2), Good governance.
- The provider must ensure it has a robust risk register which is managed to evidence that risks are identified, mitigated and frequently reviewed. Regulation 17, (1) (2), Good governance.
- The provider must ensure that it adheres to its own recruitment policy and ensure all documentation is collected and collated. Regulation 19 (1), (2)(a), (3) Fit and proper persons employed.

This section is primarily information for the provider

Requirement notices

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance • During inspection we did not see a robust governance framework. • The provider could not provide full documented minutes from all management and governance meetings. • There was no completed risk register which identified, mitigated and reviewed risks.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • During inspection we saw evidence that the recruitment policy had not been followed. • During inspection we saw that staff employment records were incomplete with documentation missing.