

Mobile Medical Cover Ltd

# Mobile Medical Cover

## Inspection report

Unit 10, New Clee Ind Est.  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Requires Improvement	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

# Summary of findings

## Overall summary

We rated this location as inadequate because:

- The service failed to ensure robust infection prevention control measures were in place which follow current government guidance and legislation.
- The service failed to ensure risk assessments for patients using the service including plans for managing risks were completed, recorded and audited to provide evidence doing all that is reasonably practicable to mitigate risk.
- The service continued to demonstrate poor management of medicines and medical gases including storage, dispensing, administration, recording and disposal in line with best practice guidance.
- The service failed to share outcomes of incident investigations with the patient, their families and carers and their own staff.
- The service continued to be unable to demonstrate the implementation of an effective system and process to ensure the premises and equipment including each vehicle and the equipment carried on it is clean, safe, well maintained and fit for purpose.
- The service managers continued to be unable to demonstrate a full understanding of their roles and responsibilities and the duties delegated to them by the Health and Social Care Act 2008.
- The service continued to be unable to demonstrate effective governance systems and oversight supported by clearly defined audit of systems and processes.
- The service failed to ensure effective systems were in place to assess and monitor the quality of care for patients.
- The service continued to be unable to demonstrate staff were recruited in accordance with Schedule 3 requirements of the Health and Social Care Act 2008 (Regulations) 2014.



Following the inspection CQC took enforcement action using our urgent powers whereby we suspended the provider's registration until 19 August 2022 under section 31 of the Health and Social Care Act 2008 as people may or will be exposed to the risk of harm. This was to immediately protect patients from the risk of harm and to give the provider the opportunity to put in place urgent actions to address our concerns.

We also issued a notice of proposal to cancel the registrations of the provider and registered manager on 30 May 2022. The provider submitted representations to appeal the notices on 02 June 2022. The representations were not upheld regarding the cancellation of the provider and a notice of decision to cancel the registration of the provider was issued on 06 July 2022.

The provider did not appeal the notice of decision to cancel the provider registration. Therefore, the notice of decision to cancel the registration of the provider took effect on 12 August 2022.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Patient transport services</b>	Inadequate 	<p>Our rating of safe stayed the same. We rated it as inadequate.</p> <p>See the summary above for details.</p>
<b>Emergency and urgent care</b>	Inadequate 	<p>Emergency and urgent care is a small proportion of the ambulance provider's activity. The main service was patient transport. Where arrangements were the same, we have reported findings in the patient transport services section.</p> <p>At the time of inspection, the provider had not supported any events since the resumption of operations in April 2022, although some events were planned. Consequently, no transfers from event sites had taken place from April 2022 to the time of inspection.</p>

# Summary of findings

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# Summary of this inspection

## Background to Mobile Medical Cover

The service was registered with CQC in 2016 and has had the same registered manager in post since registration. It is registered to provide the following regulated activities:

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

The main service provided was patient transport. Where our findings for patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to patient transport services.

Mobile Medical Cover Ltd is an independent ambulance provider based in Grimsby, North East Lincolnshire. It provides patient transport services to the local NHS trust, primarily in the form of patient discharges. The provider is also registered for emergency and urgent care and covers a range of events, including festivals and motor racing and is contracted to provide medical cover at a specific site which is out of our scope of regulation.

The previous inspection of Mobile Medical Cover took place on 9 and 14 February 2022. Following this inspection Mobile Medical Cover was served with an Urgent Section 31 suspension of the regulated activities. Following an application made by Mobile Medical Cover Ltd the suspension was lifted and the provider was able to carry out regulated activity from 15 April 2022. Patient transport services running sheets we reviewed for the period following the resumption of services in April 2022 until our inspection showed the service undertook about 50 patient transport journeys. This inspection was a comprehensive follow up inspection carried out on 16 May 2022, to assess if the provider was now compliant.

## How we carried out this inspection

The inspection was unannounced and was conducted on 16 May 2022 at the provider's operating base: Unit 10 New Clee Industrial Estate, Spencer St, Grimsby, DN31 3AA.

During the visit, the inspection team:

- looked at the quality of the environment; this included offices, staffrooms, storage areas, the garages, and ambulance vehicles
- spoke with the registered manager, operations director, the patient transport services and stores manager and one other member of staff
- reviewed patient transport services running sheets for the most recent 50 journeys undertaken
- reviewed staff records for the five most recently recruited members of staff
- looked at a range of policies, procedures and other documents relating to the running of the service

The on-site team who inspected the service comprised of two CQC acute inspectors and a specialist advisor to CQC. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection. You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

# Summary of this inspection

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations.

Action the service MUST take to improve:

The service must ensure robust infection prevention control measures are in place which follow current government guidance and legislation (Regulation 12).

The service must ensure risk assessments for patients using the service including plans for managing risks are completed, recorded and audited and must do all that is reasonably practical to mitigate risks (Regulation 12).

The service must ensure the proper and safe management of medicines and medical gases including storage, dispensing, administration, recording and disposal (Regulation 12).

The service must ensure outcomes of investigations into incidents are shared with the patient, their families and carers and with staff (Regulation 12).

The service must have an effective system and process in place to ensure the premises and equipment including each vehicle and the equipment carried on it is clean, safe, well maintained and fit for purpose (Regulation 15).

The service must ensure managers understand clearly and can articulate their roles and responsibilities and the duties delegated to them (Regulation 17).

The service must have an effective system of governance oversight supported by clearly defined audit of systems and processes and must ensure that audit and governance systems remain effective (Regulation 17).

The service must seek and act on feedback about the quality of service provided from patients, carers and staff and engage with other relevant bodies so that improvements are identified, implemented and communicated appropriately (Regulation 17).

The service must recruit all staff in accordance with Schedule 3 requirements of the Health and Social Care Act 2009 (Regulations) 2014 (Regulation 19).

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Requires Improvement	Not inspected	Requires Improvement	Inadequate	Inadequate
Emergency and urgent care	Inadequate	Requires Improvement	Not inspected	Requires Improvement	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Not inspected	Requires Improvement	Inadequate	Inadequate

## Patient transport services

Safe	Inadequate 
Effective	Requires Improvement 
Responsive	Requires Improvement 
Well-led	Inadequate 

### Are Patient transport services safe?

Inadequate 

Our rating of safe stayed the same. We rated it as inadequate.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it although we were not assured training was effective.**

Staff received and kept up to date with their mandatory training. The service had a mandatory training policy which was version controlled and within the specified review date. Training compliance was monitored through a central database which included each mandatory training module, the date training was undertaken, and the date it was due for renewal. The clinical quality, compliance and audit manager led on all training matters and monitored mandatory training and alerted staff when they needed to update their training.

We were not assured training was effective because staff had received training in areas (for example infection prevention and control) where we continued to identify issues during this inspection. Although the provider used a driving checklist it did not include whether drivers had the licence to drive the relevant class of vehicle.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff were trained in how to recognise and report abuse and they knew how to apply it.**

Staff received training to level three specific for their role on how to recognise and report abuse. The service had a policy for safeguarding adults and children (although children were not transported) to comply with legislation which was version controlled and within the review date. The safeguarding lead was kept informed of updates through liaison with the local authority, and there was a member of staff responsible for updating the policy. Managers informed us staff knew how to make a safeguarding referral and who to inform if they had concerns. Managers also told us the last safeguarding referral was made in January 2022. No safeguarding referrals had been made since the last inspection in February 2022.



# Patient transport services

The disclosure and barring service (DBS) and vetting policy was version controlled and within the review date. New members of staff were required to complete enhanced DBS checks before they could work. The service also required DBS checks to be updated every three years for staff in post. The DBS and vetting policy set out actions to be taken for staff members with a positive disclosure on their DBS check. We checked a sample of five patient facing staff records and each contained completed DBS information.

## Cleanliness, infection control and hygiene

**The service continued to fail to demonstrate how they controlled infection risk. Staff did not use equipment and control measures to protect patients, themselves and others from infection. They did not keep equipment, vehicles and the premises visibly clean.**

We inspected five ambulances which we saw continued to be visibly dirty with accumulations of dust and dirt on horizontal and vertical surfaces. Vehicles had damage to the interior of the vehicle body which would prevent effective cleaning and there continued to be damage to the seating with multiple breaks in the fabric which would prevent effective cleaning. Protective casing continued to be missing from around the seating which had led to accumulations of rust that would again prevent effective cleaning. Patient equipment within each vehicle continued to be visibly dirty which demonstrated that it was not regularly cleaned after each use.

Vehicle journey logs recorded that all vehicles inspected were in use; cleaning records had recorded that four out of the five vehicles inspected had been cleaned within five days of inspection. We were not assured that any cleaning undertaken was effective or recorded correctly. Audits continued to fail to identify deficiencies in vehicle maintenance and cleanliness. Vehicle cleaning records were held centrally and were accessible to each member of the management team, however, we saw this did not detail any record of vehicle deep cleaning completed within the last two months which was not within the timescale set out in the provider's policy.

Staff still did not have access to all required personal protective equipment (PPE) on all vehicles, which meant that they would not have the required level of protection required for their role.

## Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment was not appropriate to keep people safe.**

Safety equipment to secure wheelchairs was rusted and visibly degraded; we were not assured that in the event of an emergency these would remain intact and therefore, would pose a risk to the safety of the patients. We found servicing had expired on equipment on the ambulances including wheelchairs and specialist equipment for safe moving and handling, therefore, the service could not be assured that the equipment was safe to use. We saw one fire extinguisher on board an ambulance which had an expired service information label; therefore the service could not be assured the fire extinguisher would operate effectively in the event of an emergency.

There was no clear access to the building with vehicles blocking access which could limit response in the event of an emergency. We saw limited evidence of electrical equipment being tested in accordance with Portable Appliance Testing (PAT), therefore we were not assured that equipment being used was safe.

We were informed vehicle daily checks and any other corresponding issues found would be reported using the 'quick response' QR scanning system. However, the damage found within all vehicles were the same issues found on previous inspections, so we were not assured there was adequate oversight of these processes.

# Patient transport services

There continued to be no completed cleaning schedules easily accessible within the location, therefore we were not assured that cleaning was undertaken regularly. We were not assured of any sustained improvement in the maintenance of environment and equipment following the previous inspection.

## Assessing and responding to patient risk

**Staff did not routinely record risk assessments for each patient and did not always remove or minimise risks.**

The service had a deteriorating patient policy which was version controlled and within the review date. The policy stated the clinical quality, compliance and audit manager was responsible for monitoring compliance with this policy. A patient eligibility policy was also version controlled and within the review date. However, we saw no evidence that the service completed individual risk assessments for any patients that it transported.

The transport journey logs for each patient transported from the previous month indicated that a risk assessment was completed. Following the inspection, we requested risk assessments for ten patients selected from the previous month's journeys and these were not provided.

We requested the patient exclusion/inclusion policy and were provided with a flow chart rather than a bespoke service specific policy. The flow chart referred to the provider's exclusion criteria which were not provided.

The registered manager told us that they relied on the person booking transport to relay any pertinent information that would allow them to facilitate the transfer. However, the service was unable to provide evidence of this assessment. The criteria for accepting a booking was reported to be that the patient required a non-emergency transfer and did not need medical intervention.

We reviewed the patient transport journey logs for the previous month and saw no evidence that any risks had been identified or addressed. We requested copies of the incident reports for the failed journeys in the previous month (as determined by the provider flow chart) and these were not provided, except in one instance where a provider note of the incident was shared.

## Staffing

**Managers gave their staff including those who were self-employed a full induction, but we found omissions within multiple staff records which were in contradiction of the provider's own policies.**

We reviewed five staff files on this inspection and found all to be non-compliant with schedule three requirements of the Health and Social Care Act 2008. The only assurance completed in all of the files we reviewed was disclosure and barring service (DBS) checks. We saw staff records had been modified to allow for information as to physical or mental health of an applicant and were informed this had been added since the previous inspection in February 2022, although information specific to staff members had not been completed. The patient transport service (PTS) and stores manager stated they intended to resume reference requests in staff files and information about physical or mental conditions was to be added to the application process.

The registered manager continued to be unable to articulate the schedule three requirements for the safe recruitment of staff. We were therefore not assured that staff had been recruited appropriately.

Patient transport staff received an induction on commencement of employment, as detailed in the recruitment and induction policy. This policy was version controlled and within the specified review date. We were not assured the induction training staff received was effective because we found policies were not being followed.

# Patient transport services

## Records

**Staff kept records of patients' care and treatment. Records were stored securely and available to staff providing care.**

The daily running sheets of patient transport services operated since the previous inspection were available for review on our inspection. Summary details of multiple journeys were recorded on a daily job sheet showing the provider's name and logo, with information including COVID-19 status, do not attempt cardiopulmonary resuscitation (DNACPR) information, patient identification (NHS) numbers, collection and drop off times and locations, an indication of the patient's mobility, whether they were assisted by a crew member, and whether the patient's condition had deteriorated during the journey.

The service had a data protection policy (GDPR) in place which was version controlled and within the specified review date. On inspection we requested to review ten completed patient record forms, but these were not provided. The provider informed us they did not retain confidential patient identifiable information although we saw the service had retained information which included patient identifiable information in their daily running sheets. This was not in line with national guidance.

## Medicines

The provider did not administer medicines as part of the patient transport services.

There was no evidence of a provider policy for ensuring the safe storage and transfer of patient's own medicines during the patient journey.

Although there was some improvement in the storage of oxygen bottles within the ambulance station, we did find an unsecured oxygen bottle in the overhead locker of an ambulance and we also saw an unsecured Entonox gas bottle within an equipment storage area. There continued to be no clear signage, beyond a small sign demonstrating that the building contained medical gases which would pose a risk in the event of an emergency. The medical gases sign did not follow guidance in respect of size or colour.

## Incidents

**The service did not manage patient safety incidents well. Managers informed us incidents were investigated but were unable to share examples of lessons learned.**

The service had an incident reporting policy which was version controlled and within the specified review date. However, the policy was not clear or specific for this service. For example, it made references to 'heads of department' and the 'control room', neither of which were relevant. The policy listed types of incidents but did not identify these as being potential examples and the list was not exhaustive, which may have been misleading to staff. The policy referenced serious incidents and never events, neither of which were applicable to independent health providers. The policy did not describe how incidents would be dealt with or followed up. The policy had not been revised to correct these shortcomings even though they were identified to the provider during previous inspections.

Managers were able to provide the date of the most recent incident, which preceded our previous inspection. However, managers continued to be unable to give us examples of how learning from incidents would be shared.

A duty of candour policy was in place which was version controlled and within the specified review date.

# Patient transport services

## Are Patient transport services effective?

Requires Improvement 

Our rating of effective stayed the same. We rated it as requires improvement.

### Evidence-based care and treatment

**The service aimed to provide services which reflected national guidance and evidence-based practice; however, they were unable to provide evidence of this.**

Policies and procedures did not support staff to manage patients in a way that followed national guidance. Detail in policies did not always reflect the service and therefore did not support the delivery of an effective service. We did not see evidence the provider could be assured managers made sure staff had read policies. We were not assured managers checked consistently to ensure staff followed guidance.

The service did not transport children or patients detained under the Mental Health Act 1983. Staff received training on mental health awareness although we were not able to assess the competence or otherwise of staff supporting patients with mental health needs. However, due to the lack of risk assessment and documentation during the booking process, the service could not be assured they were transporting any patients with mental ill health.

### Nutrition and hydration

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

The service ensured the food and drink requirements of the patient were considered during longer journeys. However, managers informed us most journeys were within the local area. For longer journeys, staff would ask the originating hospital to provide meals or drinks or would check if other arrangements for meals were appropriate for the patient.

### Response times

**The service monitored, and met, internally agreed response times so that outcomes for patients related to timeliness were substantially achieved.**

The service monitored response times although it was not required to monitor external key performance indicators. However, managers informed us they consistently met the key performance indicator of 120 minutes for patient transport service (PTS) transfers. A review of patient transport service running sheets confirmed staff recorded the time they left base, the time they arrived at the destination to pick up the patient, the time they left to transport the patient to their destination and the time of arrival at the destination.

### Competent staff

**We were not assured the service ensured staff were competent for their roles.**

We were informed managers appraised staff's work performance and held supervision meetings with them to provide support and development, although we did not see evidence of this. Training records we reviewed showed staff induction and mandatory training was completed.

## Patient transport services

The service completed driver and vehicle licensing agency checks for eligible staff before the start of employment. Staff were required to undertake a driving assessment and any concerns identified were addressed with further support provided when necessary.

The provider had a recruitment and induction policy supporting safe recruitment and induction practice, a secondary employment policy related to the declaration of secondary working arrangements, a DBS and vetting policy and a disciplinary policy. An equal opportunities policy included the provider's approach to ensuring that employees were treated equally with dignity and respect. These policies were version controlled and within the specified review date.

We were informed staff disciplinary or poor performance issues were dealt with informally in the first instance and this was a manager's responsibility. However, we saw no evidence to support this. We saw no evidence of local healthcare providers being informed but equally we saw no instances of disciplinary action. There was no process within the disciplinary policy to inform other healthcare providers should a staff member be suspended. The disciplinary policy did not contain information as to how the provider would share information with substantive employers, the Health and Care Professions Council or any professional registration body.

We found no evidence the learning and development of staff was supported.

### Multidisciplinary working

**Those responsible for delivering services worked together as a team and with other agencies to benefit patients.**

The provider provided patient transport journeys with local NHS hospitals on an as required basis. Managers informed us they maintained relationships with hospital staff to support hospital discharges and transfers of patients and had ongoing discussions with liaison managers within commissioning providers.

A review of patient transport services running sheets confirmed staff checked whether a DNACPR decision was in place.

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

**We were not assured staff supported patients to make informed decisions.**

We were told staff supported patients and sought their verbal consent before transporting the patient. Managers we spoke with who also undertook patient transport journeys told us that staff supported patients and sought their verbal consent before transporting them. However, other staff were not available for us to speak with about this.

Managers informed us staff followed national guidance to gain patients' consent. Staff supported patients who lacked capacity to make their own decisions or were experiencing mental ill health.

A review of staff records confirmed staff received mandatory training in consent and the Mental Capacity Act.

## Are Patient transport services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement.

# Patient transport services

## Service delivery to meet the needs of local people

**The service provided patient transport in a way that met the needs of local people and the communities served.**

The PTS manager deployed vehicles and PTS crew to meet the requirements of the local NHS trust. Journeys undertaken included transfers between hospitals and other healthcare facilities, and discharges from hospital to home. The service responded to request for transport at short notice.

Managers informed us and we saw evidence most transport journeys were short, local transfers, however, there was no formal system in place to ensure staff were not working excessive hours or without scheduled breaks.

The service advertised on its website they provide patient transport services to both the public and private sector, including:

- Non-emergency patient transport services.
- High dependency unit and Intensive care unit transport services.

However, the service did not have the equipment, training, knowledge and skills to undertake the high dependency and intensive care transport.

## Meeting people's individual needs

**The service was not consistently inclusive in taking account of patients' individual needs and preferences.**

We did not see evidence the service made reasonable adjustments to help patients access services.

Managers informed us staff discussed the patient's eligibility for transport at the time of booking where possible. However, there was no documented evidence of this as journeys were often allocated directly to staff at the hospital. Patients with limited mobility gained access to the ambulance using steps or a tailgate. Wheelchairs were also used if required.

We did not see evidence the service had information leaflets available in languages other than English. Also, the service was not compliant with the Accessible Information Standard. Due to the nature of the service there was no requirement for continuity of staff for regular journeys. There were no pathways for staff to refer patients to other transport services. There was no evidence to identify the service considered patients' individual preferences culture or faith.

## Access and flow

**People could mainly access services in a timely way.**

Managers informed us the service was expected to provide for ambulance vehicle arrival within 120 minutes of the request for transport. Managers and staff used patient transport daily running sheets to record journey information including the 'call' time, the 'at-scene' time (the time the patient was collected) and the time of arrival at the destination. Our review of this information for 50 patient journeys undertaken following the resumption of services showed the expected arrival time was achieved in 88 per cent of instances. We were informed staff communicated potential delays or other issues with patients, carers and hospital staff, however, we did not see evidence of this.

# Patient transport services

## Learning from complaints and concerns

**The service informed us it treated concerns and complaints seriously, investigated them and shared lessons and it had received very few complaints.**

Managers informed us they received very few complaints about the service and had received no complaints from patients since the service resumed in April 2022.

Managers informed us feedback forms for patients were available on ambulance vehicles. Contact details were available on the provider's website and patients could also scan QR codes (which we were told were on business cards) using a mobile telephone to access feedback forms. In ambulance vehicles we found paper copies of blank feedback forms that staff could give to patients however these were not openly displayed for patient use. We saw no evidence of patient feedback.

The provider had a complaints policy in place which was version controlled and within the specified review date. The complaints policy supported the handling, managing and monitoring of complaints and concerns.

## Are Patient transport services well-led?

Inadequate 

Our rating of well-led stayed the same. We rated it as inadequate.

## Leadership

**Leaders did not demonstrate that they had the skills and abilities to run the service. They could not articulate how they understood and managed the priorities and issues the service faced.**

We found little improvement in leadership and management of the service following the previous inspection in February 2022. Issues with the quality of the service had not been identified or addressed and the service had not made improvements.

The registered manager was unable to articulate their role and responsibilities. The registered manager was not well informed of their responsibilities regarding regulation, the role of the CQC, governance and how they would ensure compliance.

Managers could not articulate consistently their roles and responsibilities within the organisation and were not aware of some of the duties delegated to them in company policies.

## Vision and Strategy

**Managers were unable to articulate clearly a vision for the service or a strategy to turn it into action.**

The provider's vision and values were displayed on the staff notice board, but the service did not have in place a robust strategy nor did we see evidence it was developed with relevant stakeholders in the wider health economy. Managers confirmed external partners had not been involved in developing the strategy.

# Patient transport services

## Culture

**The service informed us it had a culture where patients, their families and staff could raise concerns although we were unable to see evidence of this.**

Although we were unable to speak with staff outside of the management team, we were informed staff felt supported and respected and focused on meeting the needs of patients although we did not see independent evidence of this. Managers informed us there was a low staff turnover in the service. Staff meetings were held informally, therefore, there were no minutes available to review.

We were told the operations director addressed any staff behavioural or performance issues informally in the first instance. Managers discussed an example of having addressed a staff equality and diversity issue, however we saw no formal evidence of this.

The service had a whistleblowing policy in place which was version controlled and within the specified review date. The policy included a definition of whistleblowing and described how any concerns received would be managed, however, we were told this has not yet been used in practice.

The service had not issued a recent staff survey, but managers informed us one was planned. This was due to be issued to staff in January 2022 but at the time of inspection had not been completed.

Managers had appointed a freedom to speak up guardian.

## Governance

**Leaders did not operate effective governance processes for the service or with partner organisations.**

We found the service did not have effective systems in place to assess and monitor the quality of care for patients. We found little improvement in the governance of the service following the previous inspection in February 2022, although we were informed managers formally met monthly, and we were provided with minutes of the monthly management meetings. Managers were unable to articulate which policies had been introduced, changed or removed following our previous inspection and subsequent suspension of the service.

The service did not complete individual risk assessments for patients transported which potentially exposed patients and staff to the risk of avoidable harm. The service had not implemented a service specific patient inclusion and exclusion policy which would ensure patients were being transported safely and appropriately.

Managers informed us that any issues with patients being transported, for example inappropriate referrals, would be incident reported. However, in three instances where journeys were cancelled or aborted within the last six weeks, we requested the incident reports, however, these could not be provided.

Managers were not aware of omissions within the audit programme despite stating that they maintained oversight of all audits. Quality checks did not identify any of the issues that we identified during this inspection and the service was failing to comply with legislation relating to maintaining patient records, medical gases, cleanliness or cleaning checks. On review of the vehicle cleaning audit we highlighted nine instances where vehicle cleaning had not been recorded, which the registered manager was not aware of. Managers told us that they had no process for checking staff compliance.



# Patient transport services

## Management of risk, issues and performance

### **Managers did not use systems consistently to manage risk and performance.**

The risk register for the service was last reviewed in January 2022, prior to our previous inspection in February 2022, and the subsequent suspension of the service. Plans to cope with unexpected events were included in the business continuity plan which stated it was linked with risk assessments: however, the risk assessments were not provided at the time of inspection. No review date was specified for the business continuity plan.

Managers were unable to articulate any risks which could affect the service, although minutes of management meetings indicated these were reviewed monthly. None of the risks that we identified during this inspection were included in the risk register.

We saw no evidence that the service completed individual risk assessments for any patients that it transported.

The service monitored performance related to timeliness using patient transport daily running sheets which showed the expected arrival time was achieved for almost nine out of ten journeys undertaken. Managers told us staff performance concerns were managed with reference to the disciplinary policy and reported to the management team, although we were shown no example of this.

## Information Management

### **The service collected data although they were not always in a format accessible to staff. Information systems did not link consistently with robust processes.**

The data protection policy (GDPR) was version controlled and within the review date.

The service monitored performance related to timeliness of patient transport journeys. Staff were aware of the process to follow if the patient received personal confidential information during a journey. However, managers' oversight of the service was not robust. Managers told us the service did not hold any confidential personal identifiable information, however, we saw documentation including patient report forms and staff related files including mandatory training.

## Engagement

### **The service did not consistently engage with patients, staff, equality groups or the public or collaborate with local or partner organisations to plan manage or improve services for patients.**

The service did not engage with patients or local healthcare providers to plan and manage services. Managers informed us they communicated with local commissioners to discuss services required.

Managers informed us patient feedback forms were used for patients who have capacity. Contact details were available on the provider's website and patients could also scan QR codes (which we were told were on business cards) using a mobile telephone to access feedback forms. However, the service was unable to provide any examples of patient feedback.

Managers informed us the most recent staff survey was issued in October 2021 and although a staff survey was prepared in January 2022 this had not been sent to staff by the time of our inspection. Managers told us they engaged with staff informally, therefore were unable to provide any evidence of this.

# Patient transport services

## Learning, continuous improvement and innovation

**The service was not committed to learning and continually improving services.**

Managers informed us they had had initial discussions about improving services, but these were at the conceptual stage only as the focus had been on the suspension of services following the February 2022 inspection. The service demonstrated there had been little or no improvement following the previous inspection and subsequent suspension.

## Emergency and urgent care

Safe	Inadequate 
Effective	Requires Improvement 
Responsive	Requires Improvement 
Well-led	Inadequate 

### Are Emergency and urgent care safe?

Inadequate 

Our rating of safe stayed the same. We rated it as inadequate.

### Medicines

**The service did not store and manage medicines in accordance with best practice.**

We continued to see large quantities of medicines stored at the service location. We saw no separation of medicines with different strengths such as paediatric liquid paracetamol. This increased the risk of incorrect medicines being administered. We continued to see large quantities of medicines that had been removed from the packaging which were then stored with other medicines without the product information sheet. This was unsafe practice as it reduced identification of medicines.

Oxygen on board ambulances were less than one quarter full, this meant that there were no assurances that patients who required oxygen on a journey would be able to receive it.

The storage and disposal of out of date medicines still did not follow best practice guidelines. We saw out of date medicines were placed into a metal box to be disposed of later. Managers told us that they would then be placed into clinical waste for disposal but were unable to demonstrate when this would occur nor how it was recorded.

Audits of medicines were undertaken but there was no process to ensure the quality and effectiveness of existing audits. There were discrepancies between the record and stock levels despite there being evidence of audits being undertaken. We found four examples where actual stock numbers did not tally with the medicines record book. We saw poor practice with the recording of medicines within the drug record book, additional pages had no medicine identifying features and therefore could not be relied on for the purposes of stock management or audit. We found that the audit process had failed to acknowledge and act on this issue.

The main service provided by this provider was patient transport services. Please see the patient transport service report for mandatory training, safeguarding, cleanliness, infection control and hygiene, environment and equipment, assessing and responding to patient risk, staffing, records and incidents.

### Are Emergency and urgent care effective?

Inadequate 

## Emergency and urgent care

Requires Improvement 

Our rating of effective stayed the same. We rated it as requires improvement.

The main service provided by this provider was patient transport services. Please see the patient transport service report for evidence-based care and treatment, nutrition and hydration, response times, competent staff, multidisciplinary working, consent, Mental Capacity Act and Deprivation of Liberty Safeguards.

### Are Emergency and urgent care responsive?

Requires Improvement 

Our rating of responsive stayed the same. We rated it as requires improvement.

The main service provided by this provider was patient transport services. Please see the patient transport service report for service delivery to meet the needs of local people, meeting people's individual needs, access and flow, and learning from complaints and concerns.

### Are Emergency and urgent care well-led?

Inadequate 

Our rating of well-led stayed the same. We rated it as inadequate.

### Governance

Managers continued to fail to ensure the safe management of medicines. We saw little improvement since our previous inspection in February 2022. We found discrepancies in the stock of four items where the audit identified there was more in stock than was documented. For seven records where audits had been completed there was no documentation of which drugs these pertained to, demonstrating poor practice. Out of date medicines were not being disposed of safely, as was identified at our previous inspection in February 2022. We saw medical gases were mainly stored well however we also found two instances where they were stored inappropriately.

The main service provided by this provider was patient transport services. Please see the patient transport service report for leadership, vision and strategy, culture, management of risk, issues and performance, information management, engagement, and learning, continuous improvement and innovation.