

## Heathrow Air Ambulance

# Heathrow Air Ambulance HQ

## Inspection report

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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in most key skills, understood how to protect patients from abuse, but did not manage safety well. We did not have full assurance the service controlled infection risk well. Staff assessed risks to patients, acted on them and kept care records when required. The service did not have a robust safety incidents system in place, and we did not have assurance staff learned lessons from them.
- Staff provided good care and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, but did not always make it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for transport.
- Leaders ran services well and had years of experience. They supported staff to develop their skills. However, they did not use reliable information systems. Although the service had a vision, this was not supported by a robust strategy. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

Inspected but not rated



### Rating

### Summary of each main service

- The service had enough staff to care for patients and keep them safe. Staff had training in most key skills, understood how to protect patients from abuse, but did not manage safety well. We did not have full assurance the service controlled infection risk well. Staff assessed risks to patients, acted on them and kept care records when required. The service did not have a robust safety incidents system in place, and we did not have assurance staff learned lessons from them.
- Staff provided good care and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, but did not always make it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for transport.
- Leaders ran services well and had years of experience. They supported staff to develop their skills. However, they did not use reliable information systems. Although the service had a vision, this was not supported by a robust strategy. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

# Summary of findings

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# Summary of this inspection

## Background to Heathrow Air Ambulance HQ

Heathrow Air Ambulance (HAA) is an independent ambulance provider with a head office in Iver and an ambulance station on the perimeter of Heathrow Airport. Most of their work involves repatriation of Kuwaiti or Qatari nationals for second medical opinions in the UK. HAA carry out this work for all age groups. Additionally, HAA repatriate British nationals who may have suffered an injury or illness abroad. The Care Quality Commission (CQC) does not regulate repatriations made on behalf of patients by their employer, a government department, or an insurance provider.

Repatriations funded privately are regulated by the CQC. This could be transporting patients who arrive in the UK for second opinions, or those who have suffered an injury or illness abroad. It must be noted that HAA have not carried out any regulated activities since February 2020 and, therefore, the inspection team has been unable to gather evidence to assess areas of service delivery such as service user care record keeping. However, reliable evidence has been gathered including on the safety of vehicles, training of staff, and policies and procedures which are used by the provider for delivery of both non-regulated and regulated activities. Due to the above, this inspection has not led to a service rating.

HAA are also tasked with the transport of persons to be deported from the UK by the Home Office. Most are wheelchair patients, and a few are stretcher cases and are deemed unsafe to travel through normal channels and searched in the normal way. The patients are all unwell or have a physical injury or impairment.

The company has an agreement with a separate independent ambulance provider who occasionally help when HAA cannot fulfil all journeys. There is no contract in place for this agreement. The third party is separately registered with the CQC.

HAA have 4 ambulances and 1 car.

HAA do not carry out any other patient transport service or emergency work.

HAA has a registered manager in post. A registered manager shares the legal responsibility for meeting the requirements of the relevant regulations and enactments with the provider.

The CQC previously inspected, but did not rate, this provider in 2017. Following the inspection, the CQC served requirement notices in relation to the following actions the provider must take to improve:

- The provider must ensure there are effective governance arrangements to monitor the quality of the service, including processes for updating policies in line with national guidance and gathering of service risks and mitigating actions.
- The provider must ensure there is a robust process for the reporting, recording and investigating of all incidents.
- The provider must introduce a system for monitoring their compliance to policies and procedures.
- The provider must ensure all staff are up to date with safeguarding children level two training in accordance with national guidance.

Further, the CQC advised the provider of the following actions it should take to improve:

- The provider should ensure all staff are up to date with mandatory training requirements.
- The provider should ensure that all permanent staff receive an appraisal to identify any training or development needs.

# Summary of this inspection

- The provider should consider implementing a business contingency plan.
- The provider should ensure that oxygen and Entonox administration guidance is available to all staff.
- The provider should consider offering violence and aggression training for all staff due to the service conveying patients with mental health conditions.

Following the 2017 inspection and report, the manager completed an action plan to ensure the service would meet the regulations of the Health and Social Care Act. The action plan outlined the steps HAA would take to ensure regulations would be met.

During this inspection on 5 January 2023 some of the above issues had not been rectified.

## How we carried out this inspection

We carried out a comprehensive announced inspection on 5 January 2023. The inspection was conducted by a CQC inspector and a specialist advisor who was an experienced emergency medical technician. The team had off-site support from an inspection manager and was overseen by Carolyn Jenkinson, Head of Hospital Inspection. The inspection looked at the core service of patient transport services.

During the inspection we visited the head office in Iver and the ambulance station within the Heathrow Airport perimeter. We spoke with 6 members of HAA staff and 1 member of staff from another ambulance provider. We looked at equipment, storerooms, offices, and vehicles.

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>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

- The service must ensure there are effective governance arrangements in place to monitor the quality of the service, including processes for updating policies referencing the provider and gathering of service risks and mitigating actions. (Regulation 17)
- The service must ensure there is a robust process for the reporting, recording, and investigating of all incidents. (Regulation 17)
- The service must ensure all staff have training in autism and learning disabilities. (Regulation 18)
- The service must ensure persons employed by them receive regular supervision and appraisals. (Regulation 18)

### Action the service **SHOULD** take to improve:

- The service should ensure that team meeting agendas include areas relating to learning from complaints, feedback, incidents, and other performance indicators.
- The service should ensure meetings are minuted consistently to reflect discussions.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated

# Patient transport services

Safe	Inspected but not rated <input type="radio"/>
Effective	Inspected but not rated <input type="radio"/>
Caring	Inspected but not rated <input type="radio"/>
Responsive	Inspected but not rated <input type="radio"/>
Well-led	Inspected but not rated <input type="radio"/>

## Is the service safe?

Inspected but not rated 

### Mandatory training

#### **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up to date with their mandatory training. The registered manager kept a staff training log and recorded staff names, type of training and date of completion. HAA used an external training provider. The trainer stayed local for 2 days and ensured all staff received the training required. The manager told us the trainer had been booked to visit on 25 and 26 January 2023.

The future aim of the provider was to bring as much training as possible in-house, using current staff's knowledge and expertise.

The mandatory training was comprehensive and met the needs of patients and staff. Staff received mandatory training relevant to their roles, for example, manual handling, infection control, and fire training. We saw the provider's up-to-date training and development policy, which outlined all courses covered in mandatory training.

Clinical staff completed training on recognising and responding to patients with mental health needs. At the time of inspection all staff members' mental health training was due to expire; this would be updated when the external trainer visited at the end of January.

From 1 July 2022, all health and social care providers registered with the CQC needed to ensure staff received training in learning disabilities and autism. HAA staff had not completed this at the time of the inspection. However, since the CQC visit the registered manager has arranged for an external training provider to carry out this training.

The manager monitored mandatory training and arranged for the external training provider as and when required.

### Safeguarding



# Patient transport services

## **Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. An external training company provided this training to all staff. At the time of inspection all current staff's safeguarding training had recently expired. This would be covered during the external training company visit on 25 and 26 January 2023.

HAA had an up-to-date safeguarding policy in place. This policy comprehensively covered several safeguarding topics; for example, confidentiality, types of abuse, and how and when to refer a patient. The policy covered both adult and children safeguarding.

There had been no safeguarding incidents in the year prior to this CQC inspection.

## **Cleanliness, infection control and hygiene**

### **The service appeared to control infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment, vehicles, and the premises visibly clean. However, there was a lack of audits to demonstrate monitoring of infection prevention and control standards.**

Areas were clean and had suitable furnishings which were clean and well-maintained. However, staff did not keep cleaning records up to date. Crew members we spoke with told us they were responsible for cleaning the ambulance station. A cleaning record detailed areas of the ambulance to be cleaned and how frequently. Staff dated and signed a log when tasks were completed. However, a review of the records showed staff did not record they had cleaned all areas as frequently as indicated on the cleaning record, for example areas of the bathroom.

We asked for records of infection prevention and control (IPC) and handwashing audits. We received templates of records and posters of handwashing techniques; however, we did not see completed audits and did not have assurance the provider carried these out.

The manager showed us a cleaning checklist which had been created for daily vehicle checks. We did not see any completed records as checklists had been introduced a couple of days prior to the CQC inspection. Crew members told us they had received the new checklists and would start using them immediately.

Staff followed infection control principles including the use of personal protective equipment (PPE). Crews had access to PPE on all vehicles, including aprons, gloves, and face masks.

Staff cleaned equipment after patient contact. The service used fogging machines to clean the interior of ambulances. Fogging machines produce a fine spray of micro droplets that float for around 10 minutes after application.

The service used an external cleaning company to perform monthly deep cleaning of vehicles. This included cleaning of the cabs and saloons of all vehicles, and equipment within. Additionally, the cleaning company carried out vehicle inspections, including tyres, lights, and bodywork.

The service ensured that spare kit was available at the station. If vehicles or uniforms became contaminated during a call-out, crews returned to the station. The station had shower facilities for staff and washing facilities for uniforms on site.

# Patient transport services

## Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles, and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The service had enough suitable equipment to help them to safely care for patients. The service had four ambulances and one response car. HAA employed 2 mechanics and used an external garage to carry out any major work on the ambulances.

Each ambulance was designed for the transport of adults and children. All stretchers had adult and paediatric straps to ensure patients could be secured safely. The service had a baby seat available and the restraints on each stretcher were suitable for paediatric patients. Ambulances could transport bariatric patients up to a weight of 450 lbs (32 stone).

Staff carried out daily safety checks of specialist equipment. The first person to arrive on site activated the engines on all vehicles to ensure they worked. There was a named member of staff allocated to each ambulance to ensure it was stocked, maintained, and cleaned between journeys.

The service had suitable facilities to meet the needs of patients' families. Each ambulance had secure seating benches available so family members, carers, or staff could travel with the patient.

Every 6 months a clinical engineer visited the provider to check the service's ventilators. This included completion of diagnostic tests and changing of batteries where required. Once a year a clinical engineer visited HAA for 2 days to check all equipment. During our inspection visit we saw a clinical engineer carrying out the checks and saw the paperwork they completed. Following the visit, the provider received a full clinical engineering report.

We carried out 2 vehicle inspections. We found the inside of the ambulances to be clean and tidy, staff had easy access to PPE, and clinical waste and sharps bin were available and secured within the vehicles. Staff showed us the two-way radios worked and the exterior parts of the vehicles had been checked and were in working order. In one vehicle we found a fire extinguisher loose on the floor. This was not safe and could be a hazard if not secured prior to a journey. Staff said they would secure this prior to the next journey.

The design of the environment followed national guidance. The ambulance station was for the use of staff only. At the ambulance station staff had access to washing and shower facilities. At the back of the building was a room with a bed, sofa, and television where staff could stay overnight if they were on-call.

The storeroom contained in-date, sterile equipment such as swabs and airways, and if they ran low, staff informed the manager who would restock.

Staff disposed of clinical waste safely. The service had a contract for disposal and incineration of clinical waste with a licensed contractor. Staff secured bins behind a locked fence. There was an up-to-date clinical waste policy outlining the correct procedures for the disposal and storage of waste.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration if required.**

# Patient transport services

Most patients transported by HAA had clinical staff travelling with them. These had responsibility to monitor their patient until arrival at the dedicated hospital. However, HAA staff knew how to respond promptly to any sudden deterioration in a patient's health. The service had an up-to-date management of the deteriorating patient policy in place. This outlined arrangements for the recognition of the deteriorating patient and management of anyone suffering from an unexpected cardiac arrest. The policy referenced the Resuscitation Council, 2015 and the Quality Standards for Cardiopulmonary Resuscitation Practice and Training: Mental Health – In patient care 2014.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the National Early Warning Score 2 (NEWS2) tool (NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients).

Staff told us in the event of a patient deteriorating, they would administer first aid, contact control, and call 999 or divert to the nearest emergency department.

## Staffing

**The service did not have enough staff although current staff had the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers used bank staff to adjust staffing levels.**

The service lost numerous staff members, mainly due to the COVID-19 pandemic. A senior manager told us they now employed 4 full time paramedics (down from 10 pre-COVID-19) and 6-8 bank staff paramedics (down from 10-12 pre-COVID-19).

We saw the provider's recruitment and selection policy which outlined the service's commitment to the Safer Recruiting principles. Safer Recruiting is a set of practices to help make sure staff are suitable to work safely with their patients.

## Records

**Staff kept detailed records of patients' care and treatment when required. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Patient notes, when used, were comprehensive. Crews rarely kept patient records as they mostly provided the transport and did not act as the patients' care givers. Staff completed a patient record form (PRF) if they had to perform hands on care, for example, in an emergency (PRFs are specifically designed forms for the use of clinicians who attend and give first aid at the scene of an accident or illness. PRFs are based on the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical practice guidelines). The receiving hospital and the service received a copy.

Crews completed run sheets for each journey they made (a run sheet is used as a medical record for ambulance services, including basic details of every patient encounter). Staff anonymised any patient identifiable information to ensure there was no unauthorised access.

Managers stored patient information on a password protected computer, which only 2 people could access. The manager shared patient information with the crew via a password-protected web-based document and erased it at the end of each day.

# Patient transport services

Records were stored securely. Staff used a locked box at the ambulance station. Every Saturday a staff member took the records to the head office in Iver, where the manager stored them in securely locked cabinets.

## Medicines

**The service only carried medical oxygen and a pain-relieving gas mixture on board their ambulances.**

Since the previous CQC inspection in 2017 the service had made the decision to stop carrying medicines.

Gases carried by the service's vehicles were checked as part of the annual clinical servicing.

## Incidents

**The service did not have a robust system in place to monitor patient safety incidents and near misses.**

The management of incidents and near misses did not appear robust. An adverse incident and near miss reporting policy outlined the arrangements for reporting, managing, and learning from incidents. It was not clear when the policy had last been reviewed and therefore, we could not be assured it was current.

A senior manager told us crew members reported all incidents to them via email, which were then recorded on a tracker. The tracker included 3 incidents from between 2017-2020. No information covered the last three years which meant we were unable to analyse the reporting or investigating of incidents.

In talking to the manager and crew members it appeared that the reporting of incidents was not a formal process. It seemed to be an individual decision as to what and when to report.

Incident reporting supports clinicians to learn about why patient safety incidents happen within their own service and what they can do to keep their patients safe from avoidable harm. Investigation of incidents helps to identify the root cause of why something happened.

## Is the service effective?

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies seen during the previous inspection in 2017 did not always reference best practice guidance and there was no version control system. During this inspection we saw this had improved. However, as at the previous inspection, some policies still contained details of another provider; for example, the 'capacity to consent' policy, 'equal opportunities and diversity' policy, and 'treating persons with dignity and respect' policy.

# Patient transport services

## Nutrition and hydration

### **Staff ensured patients had access to food and drink to meet their needs during a journey.**

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Crews told us they carried water on all vehicles and made stops on the way if required.

The service had long distance service user care plans, which included estimated journey times, whether food/drink had been supplied, and toilet stops made. We could not review this as no regulated activities had taken place.

## Response times

### **The service did not formally monitor response times and did not conduct audits to benchmark themselves against other services.**

There were no formal contractual or service level agreements in place and the service worked predominantly with insurance companies and embassies. All NHS trust work was undertaken on an individual journey basis.

There was no formal system in place to monitor the service's performance or patient outcomes. We were unable to analyse how well the service did in relation to patient outcomes because this information was not available, and no regulated activity had been undertaken.

## Competent staff

### **The service made sure staff were competent for their roles. Managers did not appraise staff's work performance and did not hold supervision meetings with them to provide support and development. Managers held informal management meetings and recorded minutes.**

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Employed staff had been trained as ambulance technicians or paramedics via the NHS prior to joining HAA. Therefore, they had been trained to the required level to undertake their role.

The service did not currently arrange restraint training for staff. Restraint training is important in case crews must deal with aggressive patients. Training ensures staff or patients do not become injured. The manager told us all staff had been trained within the NHS trusts they worked for. However, they had started planning on adding this type of training to their training matrix.

Ambulance crews completed airside driving theory tests, which was computer-based training. They repeated these tests every 3 years. This assured staff had the knowledge and skills required to drive in this environment.

Although the use of blue light driving was rarely required, managers ensured all staff employed by the service had acquired a blue light qualification via the Institute of Health and Care Development. HAA ensured any new staff who did not have the qualification had access to this training free of charge on joining.

Managers gave all new staff a full induction tailored to their role before they started work. We saw the induction checklist and topics covered.

# Patient transport services

Managers did not currently support staff to develop through yearly, constructive appraisals of their work. Appraisals are an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. The manager told us the service stopped appraisals during the COVID-19 pandemic and had not yet recommenced the process.

Managers did not currently support staff to develop through regular, constructive clinical supervision of their work. Clinical supervision supports professional practice and development and improves patient outcomes. The manager told us the service stopped supervision during the COVID-19 pandemic and had not yet recommenced the process. We saw the service's staff supervision policy, which had been newly created in November 2022 in preparation for recommencing clinical supervision.

There was a risk that absence of supervision and appraisal did not ensure staff continued to develop and remain up to date with their skills. This could have a negative impact on the care provided to patients they serve.

Managers told us they held informal team meetings with their staff. Team meetings took place at the ambulance station. We heard the manager took notes at these meetings. As part of the data request following the inspection, we asked for the meeting minutes of the previous 3 months. We received informal management meeting minutes from April 2022 and December 2022. The minutes included standing agenda items, such as training, compliments, unfinished business, updates. However, they did not include items such as complaints, safeguarding, or audit activity.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The manager told us they regularly spoke with staff to see whether any specific training was required.

The service had an up-to-date recruitment policy in place, which comprehensively outlined procedures relating to pre-employment checks; for example, qualifications, identity checks, driving licence checks, and Disclosure and Barring Service (DBS) checks.

## Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

The service worked with foreign embassies and insurance companies for repatriation work and on a day-by-day basis with NHS trusts to aid with repatriation of foreign nationals.

The service worked with several other agencies, including airport personnel, security staff, clinical teams accompanying patients, hospital staff, and other ambulance services. We heard from a member of staff from another ambulance service who described HAA staff as "very helpful and professional, and always helping out".

One of the paramedics we spoke with said they could not remember the last time anyone complained about their service, either patients or other professionals.

During our inspection visit it was clear staff had good working relationships with each other and with managers.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

# Patient transport services

This was not applicable to the service.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had an up-to-date and comprehensive capacity to consent policy. This referenced adults and children/young people, explanations of consent, how to assess capacity, and how to support patients to make informed decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service's run sheets included 2 columns specific to consent: consent to treat and consent to share data.

## Is the service caring?

Inspected but not rated 

We were unable to observe staff interacting with patients during the inspection, as no patient journeys took place that we had authorisation to join.

We therefore cannot make comments in this section. We saw a limited amount of positive feedback from March 2022 and before that date, but it was not sufficient to comment on. Most of the feedback we saw was from other professionals, not patients.

## Is the service responsive?

Inspected but not rated 

### Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

The service communicated regularly with all services involved to ensure patients' transfers ran as smoothly as possible. Communication was conducted by telephone or email and included, for example:

- Regular communication with embassy staff to ensure patient transfer flights had been arranged and finalised.
- regular contact with airport staff to ensure ambulances and high lifts were ready to move patients off an aircraft.
- regular communication with the destination hospital regarding estimated time of arrival for staff to be ready to receive patients.

# Patient transport services

HAA had an informal arrangement with another ambulance provider to help the service in case of capacity issues. This ambulance provider is registered with the CQC independently.

Facilities and premises were appropriate for the services being delivered. Both the head office and the ambulance station were for staff use only. Patients did not enter either of these premises. Facilities were appropriate for the use of ambulance crews and managers.

## Meeting people's individual needs

**The service was not always inclusive and did not always record patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

The service had special mattresses for longer road trips. These do not mat down, retain their loft, and allow air flow. This helps to prevent pressure sores and increases comfort. The service was able to cater for bariatric patients using special bariatric stretchers.

Staff told us they used to have access to a phone translation service to ensure patients, foreign professionals, and carers could get help from interpreters when needed. Staff said most patients or accompanying professionals spoke English and often patients were unable to communicate due to their medical condition or treatment.

In the previous CQC inspection the booking process identified people's individual needs. For example, the process considered the level of support required, the person's destination, communication needs and family circumstances. The booking forms we saw during this inspection did not include the same level of detail.

## Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

Managers made sure patients could access services when needed and received treatment within agreed timeframes. Staff told us the service was manned between 6am and 11pm, with no night service in place. The provider's phone lines operated 24 hours a day and managers could arrange out of hours transfers when required.

The manager took booking calls promptly and organised crews dependent on the patients' needs in a timely way, ensuring that the flow of patients matched the availability of staff.

Due to this being a very specialised service requiring planning and coordination with overseas services, it was unusual for trips to be cancelled. This occurred only if the patient became too unwell to manage the flight.

## Learning from complaints and concerns

**People could give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them. It is not clear if lessons learned were shared with all staff.**

The service had an up-to-date complaints policy in place. This clearly outlined the stages of complaints available to patients or other professionals, including informal and formal ways. The policy requested staff to signpost patients to the CQC if they felt their complaint had not been handled appropriately by HAA.



# Patient transport services

The service displayed information about how to raise a concern in their ambulance vehicles. We saw signs explaining how patients or other professional could feed back to the service. However, these were very small notes near the cabin of the vehicles, which were easy to miss.

The manager and staff told us they received few complaints. We saw a complaints tracker including 2 complaints from 2022. The tracker captured information on the detail of a complaint, who the investigator was, what was done and any learning resulting from the complaint.

Managers investigated complaints. We reviewed the 2 complaints together with the investigation and response from the service's manager. Responses clearly outlined the investigation that had taken place. These were not complaints from patients but from Kuwaiti health professionals.

We were unable to see whether the manager shared learning from complaints with the team as this was not included in the informal manager meeting minutes we saw.

## Is the service well-led?

Inspected but not rated 

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.**

The management of HAA comprised of the owner of the business and a manager, working from the head office in Iver. A financial assistant worked in that location as well. The manager visited the ambulance station based on the perimeter of Heathrow Airport 3 to 4 times weekly.

It was clear the manager knew the business extremely well. They understood all current issues facing the service and had long-standing relationships with a variety of external stakeholders, for example, embassies abroad, airport staff, security staff, and hospitals.

The manager was well respected by his team of paramedics and ambulance technicians. We witnessed a positive and relaxed atmosphere between them during our visit.

We heard staff felt well supported and able to discuss issues openly. One member of staff said the service had a “family feel” to it. Another staff member described a good work/life/management balance.

### Vision and Strategy

**The service had a vision for what it wanted to achieve but no formal strategy to turn it into action. The vision was focused on ensuring patients were at the centre of care.**

The manager told us their vision was to grow and nurture the company for the good of those patients they served.

# Patient transport services

The service's mission statement was to be innovative and as responsive as possible, to strive for excellence whilst always putting the service user at the centre of their own care and treatment. There was no formalised strategy underpinning the vision of the service.

The mission statement was not found on the company's website.

## Culture

**Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

We observed shared responsibilities within the team, which assisted to provide good quality care. The daily running of the ambulance station felt professional and supportive.

Staff told us they felt able to speak up directly to the management team if they had any issues. They did not fear repercussions when speaking up.

The service was open to concerns or complaints raised by patients, their families, or other professionals. Each ambulance had a sign explaining how people using the service could raise issues. From what we saw, the service did not have many complaints.

Towards the end of 2022 the management increased salaries for all permanent and bank staff. Staff told us if a journey equalled 100 miles, managers paid for their lunch. If required, the service also paid for overnight hotel stays. Each member of staff had a company credit card and managers trusted them to use these appropriately.

## Governance

**Leaders did not operate effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet; however, there appeared to be no recorded discussions and learning about the performance of the service.**

The manager told us the service was small and most communication was informal. However, there were clear lines of accountability and clear responsibility for cascading information to staff, for example staff meetings and informal one to one conversations.

There was no evidence of formal governance meetings taking place. The manager reported regular informal discussions between themselves and the owners regarding the service, but there were no assurances of actions taken for issues identified, or if the service performance was being monitored.

## Management of risk, issues and performance

**Leaders and teams did not use systems to manage performance effectively. We did not have assurance they identified and escalated relevant risks and identified actions to reduce their impact. They had plans to cope with unexpected events.**

# Patient transport services

The service had a business continuity plan in place. This included the following areas:

- Data back-up and recovery.
- All mission critical systems.
- Alternate communications between the management and its employees.
- Alternate physical location of employees.
- Communications with regulators and regulatory reporting.
- Continuation of services to patients, Heathrow Airport and customers.

The plan included review dates and was due for review in August 2022. It was unclear whether that review had taken place.

The service had a risk management and processes document in place outlining the responsibilities and procedures to be followed in the process of risk identification. We saw the company's risk register, but this did not assure us managers described risks in detail or regularly reviewed them. The risk register included risks from 2010 to 2019 and it was unclear whether any of them had been resolved. Therefore, it was unclear how the provider was assured they were providing a quality service where risks were well managed.

Crew members identified current risks as staffing numbers and equipment issues. We saw insufficient staff of the right qualifications recorded on the company's risk register in 2015. We did not see equipment issues on the risk register.

A lack of a clear and robust risk management strategy could mean that risk indicators are missed, and that the provider is not aptly prepared for a variety of potential situations. Potential risks would not be identified, and plans put in place to mitigate these

There were a limited number of systems in place to monitor the quality and safety of the services provided. We saw an audit plan for the service, outlining required daily, weekly, and monthly audit activity. However, we asked for audit results, for example hand hygiene audits and infection control audits, which we did not receive. We did not have assurance audit activity took place. It was unclear from the information provided how the provider was assured of the quality of the service provided.

## Information Management

**The service collected some data but there was no evidence they analysed it to understand performance, make decisions and improvements.**

Managers had the ability to pull data from their electronic systems. It was, however, unclear whether managers used any of the data to analyse the service's performance overall.

## Engagement

**Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

# Patient transport services

Prior to the COVID-19 pandemic the service worked with young adults from deprived areas of south London who had gotten into trouble with the authorities. The provider invited groups of these young adults to the ambulance station 3 to 4 times per year for half day visits. Crew members talked about the ambulance service and showed groups around in the hope of encouraging applications.

Following the pandemic, the service tried to re-connect with the charity, however, this had not yet been successful. The manager told us they planned to continue to try.

## **Learning, continuous improvement and innovation**

### **All staff were committed to continually learning and improving services. Leaders encouraged innovation.**

During our inspection visit the manager told us of an ongoing major project to replace the medical patient lifts kept airside. Currently used lifts were ageing and required replacing. This project included working closely with the Airline Operating Committee (AOC) at Heathrow Airport to explore ways to finance the replacement. As HAA is a small provider and medical patient lifts are costly, the manager told us the AOC may part-fund the equipment.

At the time of inspection, the service used external training providers for a variety of training modules. The manager told us they were in the process of planning to bring training in-house and use the available skills and knowledge of staff for this.

The service bought a new patient trolley for use on the airplane after one of the ambulance technicians saw it used abroad. This was a specially designed trolley which fitted easily in an aircraft gangway and could be raised above the aircraft seats. This made the transfer of patients requiring stretchers easier and more comfortable.

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 17 HSCA (RA) Regulations 2014 Good governance

1. The service must ensure there are effective governance arrangements in place to monitor the quality of the service, including processes for updating policies referencing the provider and gathering of service risks and mitigating actions.
2. The service must ensure there is a robust process for the reporting, recording, and investigating of all incidents.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

1. The service must ensure all staff have training in autism and learning disabilities.
2. The service must ensure persons employed by them receive regular supervision and appraisals.