

Medisec Ambulance Service Limited

Medisec Ambulance Service Limited

Quality Report

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

A focused responsive inspection of Medisec Ambulance Service Limited was carried out on 29 March 2017. This was an unannounced inspection.

We previously carried out a comprehensive inspection of the service between 14 and 20 September and 6, 7 and 10 October 2016. Following this inspection, we served an urgent notice on Medisec Ambulance Service Limited, suspending their registration as a service provider. This was in respect of the regulated activity transport services, triage and medical advice provided remotely from 12 October 2016 until 30 November 2016 at or from the location Medisec Ambulance Service Limited, Unit 1, Mount Pleasant Road, Southampton, SO14 0SP. The provider was required to demonstrate they were compliant with the identified regulations by 30 November 2016.

Our main findings were :

At the follow up inspection on 29 and 30 November 2016, we checked whether the provider had made the required improvements and found that the provider had developed robust recruitment processes. The provider had started governance processes, and planned to provide patient transport services within the restraints of the number of staff employed. The suspension of registration was removed on 30 November 2016.

At this focused responsive inspection on 29 March 2017, we checked on the recruitment processes and associated records. We found that that the improvements had been sustained following the removal of the suspension of registration of the provider on 30 November 2016. We found that the governance systems set up were in use and saw minutes of the governance meetings that had taken place. We inspected and saw that the workflow system for patient transport planning was robust and encrypted, it held information relating to the jobs, the teams assigned to the jobs and there was password protection of the system.

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

Please refer to previous inspection report for information on our key findings at the previous inspection and actions we have asked the provider to take.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

At this inspection, we found the provider following robust recruitment processes to ensure all staff working in the service were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role.

The provider had developed governance processes that included systems to assess, monitor and improve the quality and safety of the service. The provider had a plan to provide and develop their patient transport service within the restraints of the present number of staff employed.

The provider shared freely information relating to some constraints within the workforce, for example, driving restrictions and the plans for the staff member.

We found the provider had a robust workflow booking process, which was password protected to protect patient confidentiality.

Medisec Ambulance Service Limited

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Medisec Ambulance Service Limited

The Care Quality Commission carried out a comprehensive inspection of Medisec Ambulance Service Limited, between 14 and 20 September and 6, 7 and 10 October 2016.

The inspection identified the provider was in breach of regulation 19 (Fit and Proper Persons Employed) and Schedule 3 of the Health and Care Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to inadequate recruitment checks on employees prior to commencement of employment. There were inadequate and ineffective systems for identifying, assessing and monitoring the safety and quality of the service.

CQC served an urgent notice on Medisec Ambulance Service Limited, suspending their registration as a service provider in respect of the regulated activity transport services, triage and medical advice provided remotely

from 12 October 2016 until 30 November 2016 at or from the location Medisec Ambulance Service Limited, Unit 1, Mount Pleasant Road, Southampton, SO14 0SP. The reason for this action was that we had reasonable cause to believe that a person would be or may be exposed to the risk of harm if we did not take this action.

The provider was required to make necessary improvements and provide evidence to demonstrate they had made these necessary improvements by 30 November 2016. We inspected the service on 29 and 30 November 2016 and found the provider had made these improvements. The report published on 8 February 2017 details these improvements.

This unannounced responsive inspection focused on ensuring that the new processes, seen in November 2016, had been sustained, and there was evidence that Medisec Ambulance Service Limited was continuing to provide a safe service.

Our inspection team

The team consisted of two CQC inspectors. Anne Davis, Inspection Manager, oversaw the inspection.

How we carried out this inspection

This inspection was to follow up if improvements were sustained, following the prior removal of the suspension of registration of the provider on 30 November 2016.

We considered information submitted to the Care Quality Commission by the provider that detailed the actions

they had taken to make the necessary improvements to the service. During the inspection, we spoke with the registered manager and administration assistant. We reviewed staff recruitment files, minutes of governance meetings and reviewed the workflow booking system.

Patient transport services (PTS)

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

Medisec Ambulance Service Limited is registered with the Care Quality Commission to provide the regulated activity transport services, triage and medical advice provided remotely.

Prior to the suspension of the registration of Medisec Ambulance Service Ltd in October 2016, the service predominantly provided transport for adults and children with mental health disorders, as well as the transport and supervision of people in, section 136 suites whilst waiting mental health assessment.

At the 29-30 November 2016 inspection after the suspension of its registration was lifted, the provider no longer had contracts or service level agreements with the local NHS trusts to provide Section 136 services. The provider had planned to start a reduced patient transport service to general patients and patients with low-level mental health needs once their registration was active.

At this inspection on 29 March 2017, the provider confirmed that they still had no formal contracts or service level agreements with any local NHS trusts. The service's current work was coming through on an ad hoc basis, although they were actively trying to increase their work. The current workload included patient transport services, based on the transport of general patients and patients with lower risk mental health needs.

Summary of findings

At this inspection, we found the provider was continuing to meet regulations by using thorough recruitment processes to ensure all staff working in the service were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role.

The provider had developed governance processes that included systems to assess, monitor and improve the quality and safety of the service. The provider was providing patient transport services within the restraints of the present number of staff employed.

Patient transport services (PTS)

Are patient transport services safe?

We found the provider was following robust recruitment processes to ensure all staff working for the provider were of a good character, had the necessary skills, qualifications, competencies, and experience and were sufficiently healthy to carry out their role.

The provider gave examples of making adjustments to existing staff roles to ensure the service remained safe.

We reviewed the workflow booking system in depth, which was robust, was encrypted and password protected to protect patients confidentiality.

Incidents

- The main findings about incidents are detailed in the report of the inspection carried out between 14 and 20 September, 6, 7 and 10 October 2016.
- On this inspection, we were not able to test the new incident reporting system as the staff employed on the day of the inspection were allocated to a job. There was no historical data to review as the service had not had the system in place very long and the service activity had been reduced since the lifting of their suspension.

Mandatory training

- Findings about mandatory training are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Safeguarding

- Findings about safeguarding are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Cleanliness, infection control and hygiene

- Findings about cleanliness, infection control and hygiene are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Environment and equipment

- Findings about environment and equipment are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Medicines

- Findings about medicines are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Records

- Main findings about records are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.
- We reviewed the workflow booking system on this inspection and saw that it was encrypted and password protected. There were limited people with access to protect patient confidentiality.

Assessing and responding to patient risk

- Main findings about assessing and responding to risk are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.
- We saw on this inspection that the provider had a workflow booking system, which had details of patient risks for the awareness of crews. These details enabled staff to care for the patient safely, and included, for example moving and handling risks, mental health risks and do not attempt resuscitation status.

Staffing

- Main findings about staff are detailed in the report of the inspections carried out between 14 and 20 September, and 6, 7 and 10 October 2016. On 29 March 2017, we saw all 11 staff files included an occupational health fitness check, the hepatitis B inoculations (a course of three) were still in progress for four staff, the manager showed us evidence that they were in progress.
- On this inspection, the staff recruitment files we reviewed showed that all staff employed had two references received, one from a previous employer and one other. Overseas employer references were translated, and verified as being accurate.
- On this inspection, we saw that all DBS were in place for all employed staff, enhanced and relevant to the current employer. The administration assistant's DBS was also in place although not enhanced.
- On this inspection, we saw documentary evidence that all staff employed had an interview to assess their suitability to carry out the regulated activity. Records of the interviews filed showed there was a structured interview process with set questions that all candidates were asked.

Patient transport services (PTS)

- All staff employed at the service had all completed and signed a job application form. These included criminal conviction declarations, a full employment history, together with a satisfactory written explanation of any gaps in employment, and full details of qualifications.
- All staff files had proof of identification, which included a recent photograph.
- On this inspection, all staff files were checked for confirmation of a current driving licence, most of those employed as drivers were 'Code B' verified, two were 'Code D' and two were non-drivers. (The codes are detailed on the drivers licence and indicate the type of vehicles the driver is permitted to drive.) One staff member who was previously a driver, had more points on their licence than the service's insurance would allow, had a recent role change to work as an ambulance assistant or be office based, which not involve the driving of ambulances.
- Following the suspension of Medisec Limited's registration to provide regulated activity transport services, triage and medical advice provided remotely, the provider took action. They informed CQC in November 2016 that staff who were not compliant with recruitment checks were dismissed. This resulted in a significantly reduced work force. On this inspection, the provider informed CQC that they were starting to recruit more staff slowly as their work increased.
- The registered manager told us on 29 November 2016 that they would only provide a 12 hour service if staffing numbers reduced to a number that meant a 24 hour service could not be provided safely.
- On this inspection, the service told us that the 11 staff employed still only permitted one vehicle per 24 hours, using two staff members. We examined the workflow booking system and verified that there were two staff members per job, a driver and assistant. Where stated we checked the staff names where they to ensure that only the drivers permitted to drive were driving and confirmed this was so.
- The provider told us on this inspection that he was planning to include an additional column for allocated staff names within the workflow system. This would provide clear records of allocated jobs linked to the staff time sheets, and provide CQC further assurance.

Anticipated resource and capacity risks

- Findings about anticipated resource and capacity risks are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Response to major incidents

- Findings about response to major incidents are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Are patient transport services effective?

This domain was not inspected as part of this inspection.

Evidence-based care and treatment

- Findings about evidenced based care and treatment are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Assessment and planning of care

- Findings about assessment and planning of care are detailed in the report of the inspection carried out on between 14 and 20 September, and 6, 7 and 10 October 2016.

Nutrition and hydration

- Findings about nutrition and hydration are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Patient outcomes

- Findings about patient outcomes are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Competent staff

- Findings about competent staff are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Coordination with other providers

- Findings about coordination with other providers are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Multidisciplinary working

Patient transport services (PTS)

- Findings about multidisciplinary working are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Access to information

- Findings about access to information are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Findings about consent, mental capacity act and deprivation of liberty safeguards are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Are patient transport services caring?

This domain was not inspected as part of this inspection

Compassionate care

- Findings about compassionate care are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Understanding and involvement of patients and those close to them

- Findings about understanding and involvement of patients and those close to them are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Emotional support

- Findings about emotional support are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Supporting people to manage their own health

- Findings about supporting people to manage their own health are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Are patient transport services responsive to people's needs? (for example, to feedback?)

This domain was not inspected as part of this inspection

Service planning and delivery to meet the needs of local people

- Findings about service planning and delivery to meet the needs of local people are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Meeting people's individual needs

- Findings about meeting people's individual needs are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Access and flow

- Findings about access and flow are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Learning from complaints and concerns

- Findings about learning from complaints and concerns are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Are patient transport services well-led?

We reviewed the new governance systems. The provider had developed governance processes that included systems to assess, monitor and improve the quality and safety of the service.

The provider had a plan to provide and develop their patient transport service within the restraints of the present number of staff employed.

Vision and strategy for this service

- Findings about vision and strategy for this service are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Patient transport services (PTS)

Governance, risk management and quality measurement

- An external organisation had been providing support with improving the governance processes. A Quality, Governance, Patient Safety and Risk Management Committee (QGPSR) with terms of reference was established in December 2016.
- On this inspection, we saw sets of minutes from the new QGPSR meetings that had taken place since we last inspected in November 2016. The minutes showed the agenda being followed; however, we were not able to talk to the staff that had been present at the meetings to verify the discussions and actions.
- The registered manager told us he planned to use charts on staff notice boards to give a visual display to all staff of trends in reported incidents. These were not yet displayed.

Leadership of service

- Findings about leadership of service are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Culture within the service

- Findings about culture within the service are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Public and staff engagement

- Findings about public and staff engagement are detailed in the report of the inspection carried out between 14 and 20 September, and 6, 7 and 10 October 2016.

Innovation, improvement and sustainability

- The provider told us in November 2016 that once their registration was active they planned to provide a reduced patient transport service to general patients and patients with low level mental health needs. The provider had planned to meet with providers and organisations they had previously provided a service to, explain the service they could now offer, in order to obtain transport jobs. The provider said to ensure quality of the service was not compromised; they would expand the service slowly.
- On this inspection we saw that the expansion had been slow, with an increase of two members of staff since November and a further two drivers were planned to be recruited shortly.
- The service had produced a new training and development pack for new recruits, which incorporated competencies, and training logs. The employees' mentors were to sign off the personal competencies as evidence.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

The location should continue to embed the new processes for monitoring the quality and safety of the services; to ensure that the service continues to be delivered safely.