Heart Medical Limited

Heart Medical HQ

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

Heart Medical HQ is an independent ambulance service operated by Heart Medical Limited. The service provides patient transport and emergency and urgent care service.

We inspected this service using our focused inspection methodology. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

The service has a main base in Ossett, West Yorkshire and a satellite location in Durham. During the inspection, we visited both base stations. Following the inspection, the service closed its base at Durham.

We inspected the service due to a number of concerns raised with CQC about the cleanliness of vehicles and the culture within the service.

We inspected the patient transport service as this was the main service provided by this company. We did not inspect the urgent and emergency care service. We asked two of our five key questions, during this inspection, examining whether services are safe and well led.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005. However, at the time of the inspection the service did not transport patients detained under the Mental Health Act.

Following the inspection, we took urgent enforcement action and served a notice under Section 31 of the Health and Social Care Act 2008 to suspend the registration of the registered manager as a service provider in respect of regulated activities. We took this action because we believed that a person will or may be exposed to the risk of harm if we do not take this action.

Due to the concerns identified during the inspection and the urgent enforcement action required, we did not rate this inspection.

- We found that there were very poor standards of cleanliness and hygiene with no reliable systems in place to prevent and protect people from a healthcare-associated infection. There was no evidence of how the provider ensured that the vehicles were routinely cleaned or deep cleaned if required to prevent cross-infection.
- We saw large tears in the mattress of a stretcher in an ambulance in the Durham hub.
- Clinical waste and used linen were not appropriately managed; we saw waste and used linen left in ambulances and bags stacked up in the Durham building waiting to be disposed of.
- There was also a lack of hand gel and personal protective equipment (PPE) for staff to use. We only saw one hand gel in one ambulance in Ossett.
- We were not assured that staff had the qualifications, competence, skills and experience to care for patients safely.
- There were no mandatory training or appraisal records for staff members in six of the seven staff files we reviewed.
- There was no evidence of safeguarding training in the staff files we reviewed. Staff we spoke with said they had not received any training and could not tell us how Heart Medical would report, act on or monitor any safeguarding issues.
- We found that equipment was not routinely checked for safety. Not all equipment was securely fastened in the Durham ambulances to prevent injury in the event of sudden braking or a road traffic collision.

Summary of findings

- We found in an unlocked store room at the Durham site. In the store room was an unlocked cupboard which had a unlocked bag containing five vials of Tranexamic acid (TXA) which is a medication used to treat or prevent excessive blood loss. This medication was out of date, expiry date was February 2018 and inappropriately held by the service.
- The service was not securely managing patient records. We found at least 20 patient record forms (PRFs) in an unlocked drawer at the Durham site. There were dated from January 2019 onwards.

Following the inspection, the service closed its Durham hub and centralised all services at the Ossett HQ.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with six requirement notices that affected patient transport service. Details are at the end of the report.

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Heart medical HQ is operated by Heart Medical Limited. The service opened in 2016. It is an independent ambulance service in Ossett, West Yorkshire. The service also had a satellite location that it operates from Durham. The service primarily serves the communities of North East and North-West England. The service provides patient transport services to the North-West Ambulance Service and provides both patient transport and Urgent and Emergency services for the North-East Ambulance Service, including transporting dialysis patients and those discharged from hospital. The service also provides events cover and repatriation, which are outside of the scope of CQC regulation.

Heart Medical HQ

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Background to Heart Medical HQ

Heart medical HQ is operated by Heart Medical Limited. The service opened in 2016. It is an independent ambulance service in Ossett, West Yorkshire. The service also has a satellite location that it operates from Durham. The service primarily serves the communities of North East and North-West England.

The service provides patient transport services to the North-West Ambulance Service and provides both patient transport and Urgent and Emergency services for the North-East Ambulance Service, including transporting dialysis patients and those discharged from hospital. The service also provides events cover and repatriation, which are outside of the scope of CQC regulation.

We have inspected the Ossett location, once before in 2018, at that inspection we did not issue any requirement notices. We have not previously inspected the Durham location.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, one assistant inspector and a specialist advisor with expertise in independent ambulances. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Facts and data about Heart Medical HQ

The service has had a registered manager in post since 2016. The service is registered to provide the following regulated activities:

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

During the inspection, we visited both ambulance stations. We spoke with nine staff including; registered paramedics, patient transport drivers and management. We were unable to speak with any patients.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in January 2018.

We requested activity data April 2018 to March 2019, however this was not supplied.

At the time of the inspection, the service employed one registered paramedic, six ambulance technicians, 23

ambulance care assistants, three emergency care assistants and six management posts. The service did not hold controlled drugs so did not have an accountable officer.

We requested data on the systems used to measure safety including the number of clinical incidents, serous injuries and complaints this was not supplied.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Heart Medical HQ is an independent ambulance service with an operational base in Ossett, West Yorkshire and satellite base in Durham.

The service provides patient transport services to the North-West Ambulance Service and provides both patient transport and Urgent and Emergency services for the North-East Ambulance Service, including transporting dialysis patients and those discharged from hospital. The service also provides events cover and repatriation, which are outside of the scope of CQC regulation.

Summary of findings

During the inspection, we visited both locations. We spoke with nine staff. We reviewed forty sets of records.

At this inspection, we did not rate the service.

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

- We found that there were very poor standards of cleanliness and hygiene with no reliable systems in place to prevent and protect people from a healthcare-associated infection.
- The six ambulances we inspected were not clean and some had food debris within them. Evidence of the last deep cleaning record for one ambulance was dated 28 January 2019.
- At the time of the inspection, there were no cleaning solutions or materials such as mops at either of the sites we visited to allow frequent cleaning of the vehicles.
- We reviewed 40 vehicle daily inspection forms and saw no evidence that the cleanliness of the vehicles had been checked.
- The premises and equipment used by the service was not always suitable for the purpose they were being used and was not properly maintained.
- Clinical waste and used linen were not appropriately managed; we saw waste and used linen left in ambulances and bags stacked up in the Durham hub waiting to be disposed of.
- There was a lack of hand gel and personal protective equipment (PPE) for staff to use.

Patient transport services (PTS)

- We were not assured that staff had the qualifications, competence, skills and experience to care for patients safely.
- There were no mandatory training or appraisal records for staff members in six of the seven staff files we reviewed.
- There was no evidence of safeguarding training in the staff files we reviewed. Staff we spoke with said they had not received any training and could not tell us how Heart Medical would report, act on or monitor any safeguarding issues.
- Role specific training had been provided by an unqualified trainer and this training had not been recognised by the national training organisation. Staff were therefore not qualified to do their role.
- Medicines were not stored or managed safely.
- The service was not securely managing patient records.
- We found that there were no reliable recruitment procedures to ensure that staff working at the service had up to date disclosure and barring service checks.
- There were allegations of bullying and intimidation of staff to perform in roles they were not trained for.
- The service did not have effective governance structures to monitor and improve the quality and safety of the services they provided.
- The service did not have effective systems in place to assess, monitor and mitigate the risks to patients and staff using or working for the service.
- The service did not seek and act on feedback to evaluate and improve the services provided.
- The registered manager was aware of the issues within the service but had not acted with pace to improve the services provided.

Are patient transport services safe?

At this inspection, we did not rate the service.

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

- We found that there were very poor standards of cleanliness and hygiene with no reliable systems in place to prevent and protect people from a healthcare-associated infection.
- The six ambulances we inspected were not clean and some had food debris within them.
- At the time of the inspection, there were no cleaning solutions or materials such as mops at either of the sites we visited to allow frequent cleaning of the vehicles.
- There was no evidence of how the provider ensured that the vehicles were routinely cleaned or deep cleaned if required to prevent cross-infection. This was of specific concern because a cohort of patients who were regular users of the service were known to be immuno-compromised. We reviewed 40 vehicle daily inspection forms and saw no evidence that the cleanliness of the vehicles had been checked. Evidence of the last deep cleaning record for one ambulance was dated 28 January 2019.
- Clinical waste was not appropriately managed; we saw waste left in ambulances and bags stacked up in the Durham building waiting to be disposed of.
- Used linen was not appropriately managed to prevent cross infection: we saw used linen left in ambulances at both sites and left in bags in numerous places in the Durham building.
- There was also a lack of hand gel and personal protective equipment (PPE) for staff to use. We only saw one hand gel in one of the three ambulances inspected in Ossett.
- We were not assured that staff had the qualifications, competence, skills and experience to care for patients safely. We were told that staff had received role specific training from an unqualified trainer and that this had not been recognised by the national training organisation. Staff were therefore not qualified to do their role.

Patient transport services (PTS)

- There were no mandatory training or appraisal records for staff members in six of the seven staff files we reviewed.
- There was no evidence of safeguarding training in the staff files we reviewed. Staff we spoke with said they had not received any training and could not tell us how Heart Medical would report, act on or monitor any safeguarding issues.
- Equipment stored in ambulances was not securely fastened to prevent injury in the event of sudden braking or a road traffic collision. We saw large tears in the mattress of a stretcher in an ambulance in the Durham hub, exposing foam and increasing the risk of infection.
- There was no evidence that any of the portable electrical appliances had been routinely or recently tested.
- Medicines were not stored or managed safely. We found in an unlocked store room at the Durham site. In the store room was an unlocked cupboard which had an unlocked bag containing five vials of Tranexamic acid (TXA) which is a medication used to treat or prevent excessive blood loss. This medication was out of date, expiry date was February 2018 and inappropriately held by the service.
- The service was not securely managing patient records. We found at least 20 patient record forms (PRFs) in an unlocked drawer at the Durham site. These were dated from January 2019 onwards.

Incidents

- There was not an effective incident reporting and management process in place.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious harm or death but neither need to have happened for an incident to be a never event. We requested information from the registered manager in relation to the number of never events reported within the service in the reporting period April 2018 to March 2018, which was not supplied.
- Serious incidents are incidents that require further investigation and reporting. We requested information from the registered manager in relation to the number of serious incidents reported within the service in the reporting period April 2018 to March 2018, this was not supplied. We also asked the registered manager to supply copies of the last three serious incidents investigated which was not supplied.
- The service had an incident reporting policy; the service used the two NHS ambulance service incident report forms. Incident forms were available in the main office. We requested information from the registered manager in relation to the number incidents reported within the service in the reporting period April 2018 to March 2018; this was not supplied.
- Incident forms we reviewed did not show evidence of lessons learnt or recommendations to prevent recurrence. We also did not see evidence that learning or themes from incidents were shared with staff. Staff we spoke with said that they were never informed of any incidents that had been reported and resultant outcomes including changes to policies or procedures or lessons learned.
- Staff we spoke with were aware of a reporting system and which incidents required reporting. They said they felt confident in reporting any incidents and that, if an incident did occur, while they were on duty they would verbally report it through the control room of the sub-contracting service.
- Staff we spoke with said that they did not receive any information relating to incidents involving the service from the NHS and independent hospitals.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with were unaware of what the Duty of Candour was or their responsibilities in relation to it. They also said that they had not received any training on the requirements of Duty of Candour.

Mandatory training

- The registered manager did not provide staff with access to quality, accredited training programmes to enable them to be trained in key skills.
- The service had stopped using an accredited training programme, due to issues with the qualifications of the training lead delivering the training for Heart medical. The senior management team explained that the external company would not currently validate any training delivered due to the concerns about quality of training provided.
- There were no mandatory training or role specific training for staff members in six of the seven staff files we reviewed. We did not receive assurance that staff were trained.
- Some staff we spoke with said that they had received training, however they did not hold any certificates or evidence to prove this training had taken place. Other staff we spoke with told us they did not receive any mandatory or statutory training.
- There was no evidence staff had received training in manual handling or training on the mental capacity act.
- We requested information from the registered manager on the driver training provided to staff, which was not supplied.
- As the service provided occasional urgent and emergency ambulance services, they were at times contracted to provide blue light driving. We requested information from the registered manager on blue light driver training provided to staff; this was not supplied.

Safeguarding

- The registered manager did not ensure that staff were trained appropriately to protect patients from abuse.
- We requested copies of the safeguarding children and protecting vulnerable adult's policy from the registered manager; this was not supplied. Staff we spoke with knew where to access the policy whilst on base. We requested from the registered manager evidence of how staff accessed policies whilst away from the base, this was not supplied.
- A company director was the designated safeguarding lead for the company. We requested evidence of the level of safeguarding training this person held, as detailed in the safeguarding children and young people: roles and competences for health care staff intercollegiate document, January 2019. This was not supplied.
- There was no evidence of safeguarding training in any of the seven staff files we reviewed. Staff we spoke with said they had not received any safeguarding training and they were not aware of what level of safeguarding training they currently held.
- We had concerns over the levels of training delivered. We asked the registered manager to confirm the level of training staff received, this was not supplied. We did not receive assurance that all staff had received safeguarding training aligned or equivalent to level 2 children and adults. We did not receive assurance that training delivered included training on female genital mutilation (FGM) or PREVENT (anti-terrorism) training programmes, which included the recognition and protection of vulnerable individuals from risk of grooming and involvement in terrorist activities or supporting terrorism.
- Although staff we spoke with said they had never made a safeguarding referral, they were able to explain when they would make a referral. They said that if a safeguarding incident occurred while they were on duty, they would verbally report it though the control room of the sub-contracting service.
- The senior management team said that safeguarding concerns were reported through internal structures first, prior to being reported to external service commissioners. During the inspection, the service was not able to provide us with information of how many and what actions had been taken. Following the inspection, we requested information on the total number of safeguarding alerts reported April 2018 to March 2019; this was not supplied.

Cleanliness, infection control and hygiene

- The registered manager did not have effective systems in place to show how they met the requirements of the Health and Social Care Act 2008; code of practice on the prevention and control of infections to ensure that patients are protected from the risk of infection.
- The service had an infection prevention and control (IPC) policy however, this was out of date. They also had

a vehicle cleaning policy which was also out of date. Staff we spoke with knew where to access the policy. We requested from the registered manager evidence of how staff accessed policies whilst away from the base; this was not supplied.

- We had concerns over the levels of training delivered and staff had no record of training completed. We did not receive assurance that staff had received training in the requirements of IPC policy, for example cleanliness, decontamination or prevention of infection.
- Staff were required to sign to say they had read the IPC policy. The form to record this information was blank. There was no formal evidence that staff had read the policy.
- We inspected six vehicles used by the service; one emergency ambulance and five PTS vehicles. We found that all vehicles were not visibly clean, two vehicles had evidence of food debris on the floor of the cab, vehicle pockets and rear floor of the ambulance.
- There were no cleaning solutions available on the vehicles or in either ambulance station for staff to use to maintain cleanliness.
- At the Ossett HQ, no mops or cloths were available to enable staff to carryout cleaning as required. At the Durham hub we found one yellow coded mop for cleaning ambulances. There were no colour coded mops for cleaning other parts of the station. There was no evidence of when replacement should occur. This meant that mops could become contaminated and spread infection to other ambulances or other parts of the building. During the inspection, staff purchased equipment from the local supermarket. However, they did not purchase enough to implement the colour coded system expected within the company.
- During the inspection at the Durham hub, we found two spray containers with liquid inside. These were not labelled and it was therefore impossible to identify what the contents were.
- Cleaning wipes in one vehicle had been left open and therefore they had dried out making them non-usable.
- Staff we spoke with said that the vehicles were cleaned following use (at least daily). However, there was no evidence the service had systems in place to ensure vehicles and equipment were appropriately and safely cleaned and ready for use.
- There was no evidence of when vehicles and equipment were last cleaned or when next due. There was also no evidence as to when vehicles had been seriously contaminated or carried patients with a known infection they had been cleaned.
- We reviewed 40 vehicle forms and none showed evidence of cleaning being recorded as carried out.
- The service used an external cleaning company to carry out deep cleans of the vehicles, however, there was no evidence of a system of effective monitoring of the cleaning carried out, recording of the information or when deep cleaning was next required. One ambulance had a log book inside from an external cleaning company which showed it had last been cleaned in January 2019.
- There was no evidence of defined clean and dirty areas for vehicles in the garage area for when they were cleaned.
- During the inspection, the Durham hub appeared visibly unclean. The Durham hub did not have a sluice available. At the Durham hub, we observed staff disposing of dirty water out of a bucket which had been used to clean floors by pouring it down the only working staff toilet. It was observed that some of the water had splashed on the side of the toilet and on to the floor. This had the potential to contaminate staff uniforms and hands and lead to increased infection risks.
- There was no evidence of effective systems for the management of waste. On both sites there was rubbish around both buildings. There was clinical waste left in plastic bags in the rear of the ambulance we inspected. On one vehicle the rear door of the ambulance had been closed jamming the bag in the door. If staff were unaware of this when they removed the bag it would split and the contents would fall onto the floor of the ambulance. There was no dedicated area for clinical waste requiring collection. In the Durham hub, we saw large amounts of clinical waste stored in various parts of the building.

Patient transport services (PTS)

- There was no evidence of effective systems of management of used linen. On both sites, used linen was left in plastic bags in the ambulances. On the Durham site used linen was stored around the building.
- There was limited personal protective equipment available for staff in the vehicles we inspected at the Durham hub; latex free gloves were lying loose in overhead storage cupboards and it was impossible to confirm if they had been used or not. At the Ossett HQ, gloves were only available in two of the vehicles we inspected. We did not see any aprons or face masks available on either site.
- During the inspection, we observed that clinical staff were complying with 'bare below the elbow' guidance.
- Alcohol hand sanitiser was only available on one of the ambulances we inspected. This was stored on top of the waste bin and could become contaminated. Staff did not have access to any hand wipes in the ambulance to decontaminate their hands.
- There were hand cleaning facilities in toilet areas. In the Durham hub, there were no accompanying notices to advise staff on good hand washing procedures.
- There was no evidence the service carried out infection prevention control audits. There was no evidence the service carried out hand hygiene audits to confirm staff adherence to good hand hygiene techniques. This meant a system was not in place to monitor the service's infection prevention practices against their policy.
- Staff we spoke with told us they were made aware of specific infection risks associated with individual patients through the control room of the sub-contracting service. The information was provided on an app on a work mobile. We saw this information recorded on journey log sheets.
- Staff had access to waste containers for disposing of sharp equipment.
- Staff were asked to demonstrate how they would deal with a spillage of bodily fluids. The cleaning fluid was found to be out of date expiring in January 2019. There was no replacement cleaning fluid or wipes available in the station or on other vehicles.
- Staff told us they reported faulty equipment and requested to replenish cleaning stock through an e mail to their manager, however, we were told these were not responded to.
- We saw evidence of a mock inspection report undertaken in February 2019, which showed evidence of shortages of cleaning equipment and staff uniforms and staff highlighting that they struggled to comply with requirements due to not being supplied with enough uniforms and cleaning equipment. During the inspection, we did not see any evidence of action as a result of this inspection. Post the inspection, we asked the registered manager to supply information detailing actions taken as a result of this inspection; this was not supplied.
- We also saw evidence of staff requesting additional cleaning materials to the registered manager, prior to these running out again; no action had been taken.

Environment and equipment

- The registered manager did not ensure there was suitable equipment available for the delivery of the service.
- The service had 13 ambulances used for PTS, urgent and emergency care and events. At the time of the inspection, the service had a number of vehicles decommissioned, or in local garages awaiting repair or collection.
- The premises at the Durham hub were not fit for purpose; the area did not have a secure area for storing, patient information, medicines or equipment. It also had no facilities to enable cleaning of equipment or vehicles. One toilet was out or order and staff told us it had been like that for over a week. Following the inspection, the service closed the Durham hub.
- Vehicle MOT and servicing schedules were maintained on a spreadsheet at the services headquarters. Staff reported vehicle defects on the vehicle daily inspection forms. There was no evidence that all defects reported were acted up on. Staff we spoke with confirmed that when they reported defects, not all defects were repaired in a timely manner.
- The senior management team said that staff should check the vehicles were ready for service prior to leaving the base station using vehicle daily inspection forms.

During the inspection, we observed that on the majority of occasions the records we reviewed were not completed fully so did not provide assurance of an effective system.

- During the inspection, we were not able to review the standard equipment stored in all ambulances. We requested from the registered manager confirmation of the standard resuscitation equipment stored on the ambulances and evidence of compliance with safety checks; this was not supplied.
- In one ambulance the mattress on a stretcher was split in several places, this had the potential to become contaminated with blood and body fluids. At the Durham hub there were no child restraints available for use in vehicles.
- We saw evidence of a mock inspection report undertaken in February 2019, which showed evidence of shortages of equipment including oxygen masks. We did not see any evidence of action as a result of this inspection.
- In the Durham hub, there was a store room. We noted the door was not locked. There was a lack of storage with various consumable medical items stored in lidded plastic boxes. These were not labelled to indicate the contents. At the Ossett HQ, there was a store room, however there was only a small amount of consumables held. There were no stock control signing in or out sheets. There was therefore no way of knowing if there was sufficient stock of items.
- Ambulance kit bags had no lists of contents. There was no first aid kit or dressings carried on the vehicles.
- At the Durham hub the floor of the stock room was untidy with clothing and other items.
- In ambulances on the Durham site, there was an unsecured head rest and unsecured fire extinguisher which could have become a potential injury hazard for patients and staff in the rear of the ambulance in the event of harsh braking or a road traffic collision.
- The service assessed the risk of patients own equipment, for example, wheelchairs, through the sub-contracting service patient booking system. Staff were informed of any risk through the app on their work phones. Staff we spoke with told us if they had any questions about the risk these could be raised with the sub-contracting service control room.
- On both sites the vehicle keys were not secure they were kept on hooks on a white board propped up against a wall. There was no effective system for key/vehicle management.
- The service did not have an effective system to monitor safety appliance testing of electrical equipment was carried out on a regular basis.

Assessing and responding to patient risk

- There was limited evidence that the service had a process to assess and respond to patient risk.
- We asked the registered manager to supply the current deteriorating patient policy or attached protocols; these were not supplied. Due to the lack of assurance around training, we did not receive assurance that all staff received training in the correct actions. Records we reviewed did not show any evidence of staff being trained in actions required if patients deteriorated.
- Staff we spoke with were able to verbalise recognition and actions required for the escalation of deteriorating patients during transfer. Staff were clear that if a patient deteriorated during transfer they would use their first aid training and contact an NHS emergency ambulance using the 999 systems.
- Due to the lack of assurance around training, we did not receive assurance that all staff were trained in first aid, cardiopulmonary resuscitation (CPR) or the use of oxygen in an emergency.
- Training records we reviewed did not provide assurance that staff had received basic life support training. We requested this information from the registered manager, this was not supplied. We also requested information showing which staff were trained to an advance level of resuscitation; this was not supplied. As we had concerns over the quality of training delivered and staff had no record of training completed. We did not receive assurance that all staff were trained in resuscitation.
- In training records, we reviewed, there was no evidence staff had received training to deal with violent or aggressive patients.

Patient transport services (PTS)

- We asked to review the Do Not Attempt Cardiopulmonary Resuscitation Policy; this was not supplied.
- There was no evidence staff had been appropriately trained to provide a safe service for children.
- We asked the registered manager to supply information on any systems they have to measure quality within the service, these were not supplied.
- We asked to review evidence on the insurance, weight, Ministry of Transport testing (MOT) and tax of all the vehicles used within the service; this was not supplied

Staffing

- The registered manager did not ensure that staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service employed, one registered paramedic, six ambulance technicians, 23 ambulance care assistants, three emergency care assistants and six management posts. Other staff were available for events on a self-employed basis.
- Prior to the inspection, concerns were raised with us that the correct number of staff to meet patients needs were not always available, however during the inspection, staff we spoke with said that all shifts were adequately covered.
- Staff we spoke with said that they worked on zero hours contracts. They would be informed as to what shifts they were working a month in advance which afforded them the opportunity to inform managers if they were unavailable or swap shifts. In the event of unfilled shifts staff would be contacted by managers to check if there were available to work.
- Staff we spoke with said they got adequate breaks and time off between shifts.
- We did not receive assurance that staff were competent to undertake their roles, due to concerns over the quality of any training provided, the lack of evidence of training and competence assessment booklets.

Records

- The registered manager did not ensure that records used within the service were completed or stored appropriately.
- We asked the registered manager to supply information on the information governance polices and training within the service; this was not supplied.
- We asked the registered manager to supply information on any documentation audits completed within the service, this was not supplied.
- Bookings were made via the NHS control room and the crews received the information on electronic devices. Staff we spoke with said that they checked the information at the time of handover.
- During the inspection, we observed patient transport bookings and in all cases, relevant information on the patient's journey details and patient information was obtained and passed on to the crew. Staff asked relevant questions, for example, about the patient's mobility, up-to-date Do Not Attempt Cardiopulmonary Resuscitation DNACPR orders and infection status.
- During inspection, at the Durham hub, we found several hand-written patient notes in an unlocked draw in the office area. Eight records we reviewed all contained personal patient identifiable data and were not safely stored. There were a further 20 records relating to urgent emergency care patients dated from the beginning of 2019. Staff we spoke with said that the paper records were collected regularly and taken to the services` headquarters. Although there may have been a system in place, there was no evidence of regular collection of patient records
- PTS staff were allocated a work mobile phone. There was an app on the phone which was used by the sub-contracting providers control room to allocate jobs to the PTS crew who were on duty. The crew received a message on the app which outlined where they had to pick up the patient and where they had to take them to. The message contained the patient's personal details including place of residence and associated risks. If the PTS crew were not clear on what the risks were or had any other questions, the app allowed them to send questions back to the sub-contracting providers control room to seek clarity. The app recorded the arrival time of the crew to collect the patient and when the patient transport has been completed.

Patient transport services (PTS)

- Staff we spoke with on inspection told us the app was easy to use and we observed them demonstrating to us how it worked.
- At the Ossett base patient records were stored in a locked room, or whilst in use were stored in an occupied office.
- All reports and forms we reviewed were legible and the majority of forms were completed with times and dates available.
- At the time of the inspection, staff we spoke with said that the company did not carry out any audits in relation to the quality of documentation or booking information sharing. Post the inspection, we asked the registered manager to supply this information, this was not supplied.

Medicines

- The registered manager did not manage medicines in line with national guidance and legislation.
- As there was a lack of assurance about staff training we were not able to receive assurance that staff had received any training or where competent in administration of medicines.
- Staff working in the company highlighted confusion over what medicines the service held and supplied. A member of the senior management team said that the only medicines the service held were general sales list medications, for example paracetamol and oxygen and they only used these for events. They also said that paramedics, as they were not employed by the company, supplied their own medications. However, during the inspection in the store room on the Durham site, there was a set of drawers which were not locked. One contained a yellow medicines bag with the zip undone. There was no seal present. The bag contained five vials of Tranexamic Acid which were out of date expiring in February 2018. Following the inspection, the registered manager confirmed that they had disposed of these medicines in line with best practice guidance.
- There was no evidence as to how medicines were obtained. There was no medicines stock control book.
- We asked the registered manager to provide the medicines management policy for review, this was not supplied. We requested from the registered manager evidence of how staff accessed policies whilst away from the base, this was not supplied.
- On the Durham site we saw evidence of cylinders containing oxygen and nitrous oxide with oxygen. These cylinders were stored in a cage affixed to the wall at the station. The cage was not locked. On the Ossett site, medical gases were stored in a haphazard way within the cage, many gas bottles were stored on the floor which could lead to damage and injury. Staff we spoke with were unaware as to how the stock was controlled and empty cylinders of medical gases were replaced.
- The service did not hold any controlled drugs or emergency medicines.

Are patient transport services effective?

At this inspection, we did not inspect the effective domain.

Are patient transport services caring?

At this inspection, we did not inspect the caring domain.

Are patient transport services responsive to people's needs?

At this inspection, we did not inspect the responsive domain.

Are patient transport services well-led?

At this inspection, we did not rate the service.

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

- We found that there were no reliable systems in place to prevent and protect people from a healthcare-associated infection.
- We found that there were no reliable recruitment procedures to ensure that staff working at the service had up to date disclosure and barring service checks.

Patient transport services (PTS)

- There were allegations of bullying and intimidation of staff to perform in roles they were not trained for.
- The service did not have effective governance structures to monitor and improve the quality and safety of the services they provided.
- The service did not have effective systems in place to assess, monitor and mitigate the risks to patients and staff using or working for the service.
- The service did not seek and act on feedback to evaluate and improve the services provided.
- The registered manager was aware of the issues within the service but had not acted with pace to improve the services provided.

Leadership of service

- It was clear that the service had deteriorated since the last inspection and the registered manager had not acted with pace to improve the services provided.
- During the inspection, it was clear that the registered manager spent limited time within the service. Staff we spoke with on both sites confirmed that the registered manager attended the Ossett HQ about twice a week. Staff we spoke with also confirmed that the registered manager only visited the Durham hub on an occasional basis.
- The leadership team consisted of the managing director, who was the CQC registered manager. A recent restructure of the leadership team had occurred in the month prior to the inspection, this now included a head of education and quality, a head of service delivery and a head of business and strategy.
- There was no evidence of a structured system for managers attending regular meetings with staff or working operationally with them.
- During the inspection, the registered manager was not available. We observed members of staff interacting well with other members of the leadership team.
- There were no mandatory training or appraisal records for staff members in six of the seven staff files we reviewed.
- Staff we spoke with said that they were comfortable raising issues verbally with managers or by using an e mail.

Vision and strategy for this service

- The service had a vision which was; to support the development of community response, resilience and access to care when it's needed the most. We are "Here when you need us".
- The service mission statement was to provide high quality treatment, care, training and service to our patients, their relatives, our students and our commissioners when they need us most.
- The service values were; to care, C - Care for ourselves and others with compassion, kindness, dignity and respect, A - Awareness and openness, demonstrating a learning no blame culture, R- Responsive and reliable to the needs of our patients, their relatives, our customers and each other and E - Effective and safe in all we do.
- These were displayed on the services` intranet page. We saw no evidence of the vision; mission statement or values being displayed in the building.
- Staff we spoke with were not aware of what the vision, mission statement or values were.
- There was no evidence as to how staff working away from the services headquarters were engaged with the strategy, vision and values.
- Staff we spoke with were unaware what the key drivers for providing effective PTS were.

Culture within the service

- Staff we spoke with described a mixed culture; some staff we spoke with said that they enjoyed their role in the service and felt supported by their immediate colleagues. However other staff described recent changes in the company and the negative effect that this had had on culture and morale.
- Staff we spoke with said that felt that they needed to be better supported in respect of their training needs. They had recently raised this with the management team.

Governance

- There were no systems to improve service quality and safeguard high standards of care.

Patient transport services (PTS)

- During the inspection, we were not able to review governance systems, within the organisation, due to the registered manager being on annual leave. Post the inspection, these were requested from the registered manager, but were not supplied.
- The service did not have effective systems in place to monitor the quality and performance of the organisation.
- The service did not carry out audits to measure the quality and effectiveness of the service delivered. The service did not have a system to routinely monitor the key performance indicators (KPIs). Information was not collected on the quality of patient journeys. Information that was collected was used for finance purposes rather than quality improvement.
- We requested to review records of governance meetings; these were not supplied. We requested to review information on the number of compliments and complaints within the service, this was not supplied.
- We asked to review minutes of meetings with service commissioners these we not supplied. We asked the registered manager to supply copies of any commissioner reviews of the service; these were not supplied.
- Staff we spoke with said that they did not hold staff meetings. We did not see any evidence of staff meetings being held.
- We asked to review the recruitment policy that detailed the standards required for recruitment of staff; this was not supplied. We reviewed seven staff files for evidence of full disclosure and barring service (DBS) checks and found this information contained within six.
- The register manager was aware of the issues affecting their business but had not acted with pace to improve the service.

Management of risk, issues and performance

- There were no systems to identify risks and plan to eliminate or reduce risks.
- The service did not have an effective mechanism in place to identify and manage risk. We asked to review the risk register used within the service. This was not supplied.
- Staff we spoke with were unaware of any corporate risks. Staff also told us they were never told how the service was performing, for example, in relation to attendance times or journey times.
- We saw evidence on the electronic patient record on the app on a member of staff work phone that individual patient risk was included in the information provide to PTS crews.

Information Management

- During the inspection, it was clear that the registered manager did not use information to inform service development.
- Access to electronic records was password protected. Records stored in the Ossett HQ, were stored securely. Records stored in the Durham Hub or during transportation between sites were not stored securely, as they were carried loose inside the vehicle. Following the inspection, the registered manager informed us that they had secured lockable boxes to ensure records were stored securely during transportation.

Public and staff engagement

- There was no effective process to engage with staff and stakeholders.
- There was no evidence of any public or staff engagement. We asked the registered manger to supply minutes of staff meetings; these were not supplied.
- None of the vehicles we inspected had any notices or leaflets explaining how to provide feedback or make a complaint.
- Staff we spoke with showed us a section on the app on their work phones which held the electronic patient record where patient feedback could be recorded. Staff told us they had never used it.
- The service had not received any information from the local NHS or independent hospitals on the type of feedback the service was receiving, positive or negative. Therefore, no learning was being shared with the service to enable them to improve or to sustain current performance.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The service must take prompt action to ensure that the service is able to meet the requirements of the Health and Social Care Act 2008; code of practice on the prevention and control of infections. (Regulation 12 (2) (h))
- The provider must ensure that staff providing care or treatment to patients have the correct competence, skills, training and experience to do so safely. This includes ensuring that all staff receive an annual appraisal. This also must be centrally recorded. (Regulation 18 (2) (a and b))
- The provider must ensure that learning from incidents is centrally recorded and shared with staff to improve patient outcomes. (Regulation 17 (2) (a and b))
- The provider must ensure that audits are centrally recorded and shared with staff to improve patient outcomes. (Regulation 17 (2) (a and b))
- The provider must ensure that they have the correct system and process in place to prevent abuse and protect vulnerable patients. Regulation 13 (2))
- The provider must ensure effective governance systems are in place. Including recording of key performance indicators. (Regulation 17 (2) (a and b))
- The provider must ensure that all premises used by the service are clean and suitable for the purpose in which they are being used. (Regulation 15 (1)).
- The provider must ensure that staff have access to equipment required to protect patients and comply with national guidelines and legislation (Regulation 15 (1)).
- The provider must ensure that the risks of the service are assessed, monitored, and mitigated to improve the quality and safety of patients and staff working in the service. (Regulation 17 (2) (a and b))
- The provider must ensure that staff are recruited in accordance with national guidance and regulations. (Regulation 19 (2))
- The service must ensure that there is safe management of medicines, which complies with national guidelines and legislation. (Regulation 12 (2))
- The service must ensure that all staff working for the service have a good understanding about their responsibilities and obligations to fulfil the duty of candour requirements. (Regulation 17 (2))
- The provider must ensure that staff have reviewed operational policies and procedures ensure they are in date and that staff they have signed to say they have reviewed. (Regulation 17 (2))
- The provider must ensure that all staff working away from the base station have access to current policies and procedures. (Regulation 17 (2))

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not ensure that patients were protected from the risks of infection.** **The provider did not ensure that equipment was available to ensure the safety of the service and patients.** **The provider did not ensure that medicines were managed safely.** **The provider did not ensure that staff had the appropriate skills, experience and knowledge to provide safe care and treatment to patients.**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider did not ensure that staff had the appropriate, skills, training to protect patients from abuse.**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The provider did not ensure that the premises used by the service provider were clean, suitable to use for their intended purpose and were used in a safe way.**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure that the service had systems and processes in place to assess, monitor, mitigate and improve the quality and safety of the services provided. The provider must ensure that staff have reviewed operational policies and procedures ensure they are in date and that staff they have signed to say they have reviewed. The provider must ensure that all staff working away from the base station have access to current policies and procedures. The provider did not ensure that staff had training in the requirements of duty of candour.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure that staff working in the service had the correct skills, training and competence to undertake the roles they were employed for.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not ensure that the service had recruitment procedures established or operated effectively to record pre- employment checks on staff.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Section 31 HSCA Urgent procedure for suspension, variation etc. The provider did not ensure that patients were protected from the risks of infection. The provider did not ensure that equipment was available to ensure the safety of the service and patients. The provider did not ensure that medicines were managed safely. The provider did not ensure that staff had the appropriate skills, experience and knowledge to provide safe care and treatment to patients. The provider did not ensure that they had processes in place to ensure they had recruitment procedures in place to protect patients. The provider did not ensure that staff had the appropriate, skills, training to protect patients from abuse. The provider did not ensure that the premises used by the service provider were clean, suitable to use for their intended purpose and were used in a safe way. The provider did not ensure that the service had systems and processes in place to assess, monitor, mitigate and improve the quality and safety of the services provided. The provider did not ensure that staff working in the service had the correct skills, training and competence to undertake the roles they were employed for.