

VCare-24 Limited

Becklands

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	Good	
Are services safe?	Requires Improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

The service had not been previously inspected. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. All vehicles were cleaned and well maintained.
- Staff provided good care and treatment. The service met agreed response times; performance data demonstrated high levels of consistent compliance. Managers monitored the effectiveness of the service and made sure staff were competent, mandatory training compliance was 100%. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. The service proactively encouraged both negative and positive feedback as they valued all feedback as an opportunity to improve. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued, there were high levels of interaction between leaders and staff and positive working relationships were well developed. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- The service did not consistently control infection risk well, the service failed to demonstrate high levels of cleanliness and poor adherence to the principles of infection prevention and control within the location.
- Not everyone was given the same access to complain or raise concerns as all information provided was in English only and no other languages or formats were readily available.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

The service had not been previously inspected. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Becklands

Becklands is registered with the CQC to provide the following regulated activity;

- Transport services, triage and medical advice provided remotely.

The provider has had a registered manager in post since April 2020.

The provider has not been previously inspected nor have they received any regulatory action.

Becklands provided patient transport services for patients with mental ill-health. The service had no current contracts but worked closely with the local NHS mental health trusts and the local authority.

The provider's activity levels from May 2021 to May 2022 were:

- 1747 completed patient transport journeys.

The providers main operating base was from their location in Pocklington.

How we carried out this inspection

The inspection was carried out by one CQC inspector and one specialist adviser. The inspection was overseen by a CQC inspection manager and Sarah Dronsfield Head of Inspection.

During the inspection we inspected the location, three vehicles, we spoke with senior managers and operational staff. We reviewed policies, procedures, ten staff files and other records.

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 that all premises and equipment are clean, secure, suitable for the purpose for which they are being used, properly used and properly maintained. Regulation 15 (1) (a) (b) (c) (d) (e).
- The service must develop and introduce systems to ensure that all staff follow best practice guidance for infection prevention and control to ensure the safety of both staff and patients. Regulation 12 (2) (8).

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

Summary of this inspection

- The service should ensure that all aspects of recruitment are fully completed and in line with best practice and that the recent changes to the recruitment process become fully embedded.
- The service should consider ways to improve the recording information in staff files to ensure the accuracy of what is recorded.
- The service should consider how to ensure that all patients have equal opportunities to communicate their needs with staff.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Patient transport services

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Patient transport services safe?

Requires Improvement 

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.

Mandatory training compliance across all staff was 100%.

The mandatory training was comprehensive and met the needs of patients and staff.

Staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service used an electronic system that would alert managers to training that was approaching expiration.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. 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. All front-line staff were trained to level three safeguarding for both adults and children. The level of training completed was higher than the recommended level in national guidance.

Safeguarding training compliance was 100% across all staff.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Patient transport services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. All staff were able to give examples of what would constitute a safeguarding concern.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the nominated safeguarding lead and completed training to level four which was in line with national guidance for the role.

The service had made no safeguarding referrals in the preceding 12 months.

Cleanliness, infection control and hygiene

The service did not consistently control infection risk well. Staff did not consistently use equipment and control measures to protect patients, themselves and others from infection. They kept equipment and vehicles visibly clean.

Not all areas were visibly clean. The garage area was visibly dirty with large accumulations of dust and other debris. There was no record of when it was last cleaned.

We saw no cleaning records within the location and whilst staff areas looked visibly clean, we had no assurance that it was cleaned regularly, when needed and accurately recorded.

Environment and equipment

The design, maintenance and use of vehicles kept people safe. Staff were trained to use all equipment and they managed clinical waste well.

The design of the environment followed national guidance. All vehicles were cleaned after each journey and at the end of each shift. They were maintained under warranty and serviced every six weeks. We reviewed all documentation that recorded cleaning and servicing and saw no omissions for any vehicle.

All vehicles inspected appeared visibly clean and we saw evidence daily vehicle and equipment cleanliness checks had been completed by the crew on shift for each vehicle inspected. All the vehicles we inspected had supplies of personal protective equipment (PPE) available.

During inspection we observed steps the provider had taken to adhere to government guidance which was up to date at the time of inspection.

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

Staff responded promptly to any sudden deterioration in a patient's health. All staff could give examples of how they managed deterioration.

Staff completed risk assessments for each patient on booking of the patient using a recognised tool, and reviewed this regularly, including after any incident. We reviewed five pre journey risk assessments and found all completed accurately and without omission.

Staff knew about and dealt with any specific risk issues which would be identified before the journey being undertaken.

Patient transport services

The service had access to mental health liaison and specialist mental health support.

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers gave all staff a full induction.

Senior staff regularly reviewed and adjusted staffing levels and skill mix. They could adjust staffing levels daily according to the needs of providers requesting the service and to ensure appropriate skill mix for each vehicle.

We reviewed the new staff induction programme and found it to be comprehensive for the needs of staff which enabled senior managers to ensure that all staff were suitably trained before undertaking patient contact.

We initially reviewed five staff files including the registered manager's and found that four were not completed in line with best practice such as copies of documentation provided not being signed and dated as seen and with non-approved proof of address. We reviewed a further five staff files as we were told that a new recruitment process was in place and we saw that these issues had not been repeated.

Records

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

Patient notes were comprehensive, and all staff could access them easily.

We reviewed five sets of patient notes and found all five completed fully and with no error or omission.

When patients were transferred, there were no delays in staff accessing their records.

Electronic records were stored securely, and all electronic devices were password protected.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff gave us appropriate examples of what they had raised or what would constitute an incident.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

Patient transport services

Staff reported serious incidents clearly and in line with the service's policy. The service had reported one reportable incident to the CQC in the previous 12 months, this had been reviewed and found to have been completed accurately.

All staff told us that they were encouraged to report any incidents or near misses. Staff told us that there was a no blame culture and they felt they could report any incident without fear of repercussions.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We reviewed incident investigations and found that all obligations under the duty of candour regulations had been met.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw that it was standing agenda item in staff meetings.

Staff met to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. We saw from reviewing incidents that patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident. Staff told us that managers were very proactive about debriefing and supporting staff and that they always received timely input.

Are Patient transport services effective?

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. 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.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

At handover meetings, staff told us that they routinely referred to the psychological and emotional needs of patients, their relatives and carers.

We saw evidence current staff had access to all company policies and protocols online. Staff could use IT systems to access forms, such as equipment checking logs, incident forms and safeguarding forms.

The service met regularly with commissioners in both local authority and local NHS trusts and feedback was shared with the registered manager. We were told that no negative feedback had been shared in the preceding 12 months.

Patient transport services

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

We saw that water was always available on all vehicles. We were told by staff that they currently did not transfer patients excessively long distances so food was not routinely required but could be arranged if required.

All staff understood that patients could have different religious, cultural or other needs.

Response times

The service monitored and met response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The service was not given any performance indicators by any commissioning groups. The service used an internal performance indicator of a four-hour response from accepting the journey to the start of the journey. The performance compliance with this standard from May 2021 to May 2022 was 98%.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rate for all active staff was 100%.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

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.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Patient transport services

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records in all five records that we reviewed.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Are Patient transport services caring?

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We reviewed patient feedback which consistently reported that staff were kind and compassionate.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff could give examples of different patient needs based on culture or religion.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Patient transport services

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. All staff received training on how to deal with patients who became distressed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The provider encouraged feedback and provided multiple ways for patients to feedback. The provider did only have feedback forms in English and staff had no access to other languages or formats

Patients gave positive feedback about the service. We reviewed patient feedback received in the preceding 12 months before inspection and found it overwhelmingly positive. The only negative feedback was around issues which were outside of the provider's control.

Staff talked with patients, families and carers in a way they could understand. Staff had access to a telephone translation service and communication aids such as Makaton cards.

Are Patient transport services responsive?

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered.

The provider reported that they had a dedicated point of contact within the local trusts and local authority and that the working relationships were positive.

Meeting people's individual needs

The service was inclusive but did not consistently take account of patients' individual needs and preferences. Staff did not always make reasonable adjustments to help patients access services.

Patient transport services

Staff did not understand, nor could they articulate how they applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff could not give examples of different tools and techniques to communicate with patients with differing needs.

The service was not able to provide information leaflets available in other languages than English.

Staff did not have access to communication aids to help patients become partners in their care and treatment. We saw no access to communication aids such as flash cards.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed. We saw information shared with staff on how to arrange interpreters if required.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Performance data shared demonstrated compliance of 98% for the period May 2021 to May 2022.

The provider ensured that there were contingencies in place if issues arose at short notice such as staff sickness or vehicle breakdown.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Patients, relatives and carers knew how to complain or raise concerns. The provider encouraged patients to provide both positive and negative feedback and treated both as equally valuable to service improvement.

The service clearly displayed information about how to raise a concern. The provider displayed information where appropriate and encouraged staff to ask patients for feedback.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The provider had not received any complaints in the previous 12 months.

Complaints were a fixed agenda point in all governance and staff meetings.

Patient transport services

Are Patient transport services well-led?

Good 

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 and take on more senior roles.

All senior managers had the skills and knowledge to run the service. They were able to articulate the priorities and the issues the service faced.

Staff across all grades and roles reported that the senior management team was visible and supportive, and they had no concerns raising queries or concerns to them.

Staff gave us examples of how the leadership team had identified talent and developed staff to reach their professional goals.

Staff reported that all members of the leadership team were inclusive and encouraging.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The senior management team were able to articulate the plans for the development of the service and the plans to move locations in order to provide a more efficient and effective service following analysis of existing patient journeys.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff told us that they felt respected and valued. Managers acknowledged achievement, good care and hard work. We saw that there was a staff acknowledgement programme that identified and rewarded staff.

Staff told us that delivering excellent patient care was everyone's main priority.

We were told that the culture was one of no blame and all staff being treated equally regardless of role or grade.

There was an up to date corporate ethics policy which included whistleblowing and there was also a designated freedom to speak up guardian within the organisation.

Patient transport services

All staff were aware of their responsibilities under duty of candour. Staff could give us examples of how duty of candour would be applied.

Governance

Leaders operated 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, discuss and learn from the performance of the service.

We saw a robust governance system in operation with all staff aware of their roles and responsibilities. We saw evidence of effective systems to ensure that vehicles were safe, staff were trained to required level and that compliance with key performance indicators were met.

We saw evidence of regular management meetings with a set agenda, minutes and actions recorded.

Directors and senior managers met together regularly to discuss the service, its development, compliance, performance and staffing. We saw evidence of regular management meetings with a set agenda, minutes and actions recorded.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

We saw that the provider had a risk register which had identified all expected risks, dates of entry, dates for review, mitigations and staff allocated to manage each risk. We were assured that senior staff escalated risks where necessary.

We saw robust systems and processes being utilised to manage performance. We were assured that the senior management team had sufficient oversight of performance to identify areas that required improvement.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

We saw examples of how data was collected and analysed. All data was available to the staff who required it.

All patient data was recorded electronically, and the provider held and maintained their own copy of the service user record.

All notifications were submitted appropriately as required.

All electronic devices were secured with password protection.

Patient transport services

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

We saw multiple methods of how the service currently engaged with the public utilising such methods of feedback cards, online reviews, follow up phone calls and being encouraged throughout their patient journey to give both positive and negative feedback.

We reviewed patient feedback and it was mostly positive. Any negative feedback was treated as equally valuable.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The provider had moved to a completely electronic system for all crews on the vehicles which improved submission of all relevant information and allowed for ease of access for online support such as guidance for safeguarding referrals.

The provider had analysed previous patient journeys and had identified that expanding the service to include a location in the north east of England would have a positive effect on reducing patient journey response times. At the time of the inspection the service was seeking registration for a second site in that geographical area.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The service must develop and introduce systems to ensure that all staff follow best practice guidance for infection prevention and control to ensure the safety of both staff and patients. Regulation 12 (2) (8).

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The service must ensure that all premises and equipment are clean, secure, suitable for the purpose for which they are being used, properly used and properly maintained. Regulation 15 (1) (a) (b) (c) (d) (e).

This section is primarily information for the provider

Enforcement actions

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.