Reliance Ambulance Service Ltd

Reliance Ambulance Station

Inspection report

Reliance Ambulance Service, Unit B1a
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

We do not currently rate focused inspections.

- The service now controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- The service had improved the way they managed safety incidents well and had taken steps to learn lessons from them.
- The service now investigated complaints in line with their policy.
- Staff were collecting safety information and using it to improve the service.
- Leaders were now clear about their roles and accountabilities.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff were now clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inspected but not rated	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Reliance Ambulance Station

Reliance Ambulance Station is operated by Reliance Ambulance Service Limited. It is an independent ambulance service is based in Woking. The service is based at Fairoaks airport.

They provide private patient transport and also undertake patient transport for a local NHS trust.

The service registered with CQC in June 2020. They are registered to undertake the regulated activity of Transport services, triage and medical advice provided remotely.

The service did not transport children or patients detained under the Mental Health Act 1983.

The service did not have a registered manager in post at the time of inspection.

How we carried out this inspection

We carried out this unannounced inspection using our focused inspection methodology on 13 July 2022.

During the inspection process we:

- Reviewed the areas highlighted in the Warning Notice that was served on the provider by the CQC in February 2022. We interviewed the leaders of the service, reviewed patient and staff records and reviewed a variety of policies and policies. We also looked at a service vehicle.

The inspection team consisted of three CQC inspectors.

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.

Our findings

Overview of ratings

Our ratings for this location are:

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

Inspected but not rated

Patient transport services

Safe	Inspected but not rated
Responsive	Inspected but not rated
Well-led	Inspected but not rated

Are Patient transport services safe?

Inspected but not rated

We do not currently rate focused inspections.

Mandatory training

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

We saw evidence that staff received and kept up-to-date with their mandatory training. We reviewed mandatory training records and the system used to monitor this. We saw that completion of 96% of mandatory training had been completed, the service advised they were working towards a target of 100%.

The mandatory training was comprehensive and met the needs of patients and staff. There was a mandatory training policy, and this now matched the area of learning that staff completed. Learning was comprehensive and covered appropriate areas such as manual handling, infection prevention and safeguarding.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were given regular reminders to complete training these started when there were 2 months before training had expired and continued until it had been completed.

Clinical staff completed training on recognising and responding to patients with mental health needs, and dementia. However, staff did not receive training on supporting patients with learning disabilities and autism.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We saw that the location was clean and well maintained. We inspected a vehicle and saw that all surfaces were clean and well maintained.

The service generally performed well for cleanliness. The service now completed daily cleaning records. These now detailed the areas that were cleaned. A second check of cleaning was now performed by the IPC (Infection prevention and control) lead. This supported effective cleaning by providing instant feedback and the opportunity to highlight areas of improvement. The cleaning logs were electronically stored and reviewed by the operations director.

Patient transport services

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw that cleaning had been completed in full for 10 working days prior to our inspection and there were no gaps in these logs. The service had also introduced a system of placing a large coloured notice in the vehicle window to demonstrate if cleaning had been performed or was required. This gave an immediate alert to staff that the vehicle was safe to use or required to be 'made ready'. Make ready staff preparation vehicle to be used by cleaning, restocking equipment and maintaining vehicles.

The service now completed deep cleaning of vehicles every three months. This was in line with their IPC policy. We reviewed deep cleaning records, and these showed this had been completed by all service vehicles in the 2 months prior to inspection and in line with service policy. The service used a system of using windscreen stickers, these demonstrated the date of deep clean to ensure all staff using the vehicle were aware.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were details within the IPC policy surrounding the use of PPE for staff. This policy now gave clear guidance and was consistent.

There were now a range of IPC audits, these included hand hygiene and PPE audits. The PPE audit was observational and involved monitoring staff members to determine their compliance with PPE donning, doffing and disposal.

During inspection we saw the records for the hand hygiene audit and that it had been completed within the last 3 months and that it recorded 100% compliance with all boxes being marked as a positive observation. However, the service recognised that forms did not have an area to record overall compliance percentage if staff did not follow policy.

We reviewed the outcomes of the PPE audit and saw they had been completed for the 3 months prior to inspection. However, for one staff record we viewed, there were three areas recorded as not being compliant with policy, for example touching the front of a face mask when removing. We were advised that this would have been raised with the staff member verbally at the time, however this was not recorded formally on the document.

Records

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

The serviced completed patient care records (PCR) for some patient settings such as private transport. Patient notes were comprehensive, and all staff could access them easily. The service was now completing PCR's in line with their policy. The service had developed a standard operating policy for the completion of these forms and all staff has signed to say they had read and understood this.

The service was now completing PCR audits to monitor completion of these records, and also identify areas for improvement. This was now being completed by the clinical lead and we saw evidence this had been completed. The most recent audit outcome showed that under 80% of forms were completed in full. In response to this the service was also holding training for staff in completing these forms.

Records were stored securely. All paper records were scanned into the secure records system, this was accessed by individual login. Once records had been electronically stored, paper copies were disposed of in confidential waste bins. When retained, paper records were stored securely in a locked cabinet.

Inspected but not rated

Patient transport services

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 incidents were implemented and monitored.

Staff knew what incidents to report and how to report them. There was now a clear incident reporting process and policy. Incident reporting training had been given and staff signed to say they had read and understood policies.

The service had no ‘never events’. ‘Never events’ are serious incidents that are entirely preventable.

Staff reported serious incidents clearly and in line with the service's policy. We saw that records demonstrated incidents were being reported and investigated. However, the service acknowledged that more training would support staff better understanding what kind of incidents constituted a ‘near miss’ and the benefit of reporting these.

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.

Staff received feedback from investigation of incidents. We saw learning bulletins sent to all staff that shared learning outcomes and lessons learned from incidents.

Staff met to discuss the feedback and look at improvements to patient care. There were now weekly staff meetings, and these discussed any complaints feedback and incident reported in the previous weeks and the ongoing update to those already known to staff.

There was evidence that changes had been made as a result of feedback. For example, when a member of staff was injured exiting a vehicle, s standard operating policy for vehicle operations and familiarisation.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw how the leaders had, in the first incidence, contacted every patient or family discuss an incident with them. This was recorded on the incident log. The incident policy informed staff to report an incident within 24 hours, we saw that all incidents reported met this time frame. .

Managers debriefed and supported staff after any serious incident. Leaders always spoke to staff following an incident to establish if there was an emotional or physical impact to them. If it was determined they required further support, for example medical treatment, leaders supported them to access this.

Are Patient transport services responsive?

Inspected but not rated

We do not currently rate focused inspections.

Inspected but not rated

Patient transport services

Access and flow

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

The service had developed internal KPIs, these were outlined in a performance monitoring policy. Service managers monitored these to ensure they complied with targets and to identify improvement.

We also saw staff bulletins highlighting poor performance against response time KPIs to staff.

When the service was allocated a patient journey, they called the patient or their family to advise they were on route. This measure also alleviated patient anxiety when waiting to be collected for appointments. This also avoided attending for journeys that's were no longer required, for example if the patient had cancelled their appointment but the transport service had not been advised by the hospital.

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. Details of how to make a complaint were displayed on the booking website and in email confirmations. The service supported patients to contact them with feedback by providing pre-paid envelopes which could be used to send written feedback after a journey.

The service clearly displayed information about how to raise a concern in patient areas. The service now had signs in ambulance vehicles that now provided clear guidance on providing feedback and complaints.

Staff understood the policy on complaints and knew how to handle them. All staff had completed complaints handling training. There was an up to date complaints policy that referenced appropriate organisations. We saw records that showed staff had read these policies and agreed they understood them.

Managers investigated complaints and identified themes. Leaders had taken steps to investigate all complaints received by the service since CQC registration. These had been reviewed to identify learning and followed policy. When complaints identified themes, these were addressed. For example, several instances of booking information not being clear had led to retraining of staff and learning shared with the wider team.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff were involved in complaint investigation to ensure all the information was available.

We saw how the leaders had, in the first incidence, contacted every patient or family who had made a complaint to discuss it with them. This was recorded on the complaints log and also ensured the manager could acknowledge complaints verbally and confirm they would acknowledge within seven days in writing.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw learning bulletins that had been sent to all staff highlighting areas for improvement following a complaint.

Inspected but not rated

Patient transport services

Staff could give examples of how they used patient feedback to improve daily practice. For example, following a complaint regarding staff being unable to locate some equipment,. The service gave additional vehicle familiarisation training to the staff member.

Are Patient transport services well-led?

Inspected but not rated

We do not currently rate focused inspections.

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.

The leadership team had undergone a change since our last inspection. Leaders were now focused on improvement of the service. Leaders were had implemented staff newsletters to inform and communicate staff of changes. The service has made all policies electronically available to staff, this could be done via an App on their mobile phones.

We reviewed staff meeting minutes which showed discussion and open communication between leaders and staff. Managers supported staff to attend team meetings provided access to the minutes when they could not attend.

Staff development had been improved and training had occurred to further support staff in their roles.

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.

There was now a clear governance structure in the service. Leaders were now able to explain their job roles and tell us their responsibilities. Leaders were able to identify key roles within the service, for example the IPC lead and Safeguarding lead.

We saw a staff structure which was shared with staff. Staff knew who leaders were, and we saw there were noticeboards with information for staff such as meeting minutes and incident reporting flow charts.

We saw there was now a governance policy, and this reflected the service being provided. All staff has signed to say they had read and understood this policy.

The governance policy stated that there was twice yearly governance meeting, we saw that this had occurred in the six months prior to inspection. We reviewed minutes from these meetings and saw that they discussed pertinent issues such as patient experience, incidents and risk management. Meetings were structured and followed a clear agenda.

However, this meeting had not been attended by company directors and this could impede the two way flow of information and escalation of issues. We saw that the governance meeting policy did not specifically state the staff members that should attend.

Management of risk, issues and performance

Leaders now used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service supplied an incident log following our inspection. We saw the incident reporting log for the service now showed progress for all issues reported. These had been progressed through the investigation pathway and appropriate actions noted. The service had reinvestigated risks highlighted prior to our last inspection and gained additional learning. This gave a clearer view of the incidents and improved patient safety. incident report relating to an incident of a patient fall. The nominated individual now completed all performance and risk based actions in line with policy.

The service now had an adverse incident policy that reflected the service resources, for example there was a paper based reporting form and we saw these were easily available in vehicles and at the service base.

The service had improved oversight the risk and incident policies. Internal processes had been developed. There was now a reduced risk of repeated harm to patients as a result of the lack of outcome and learning.

The service had a risk register, and this now reflected the service offered. The risks detailed were wide ranging and non-specific to the service.

The risk register contained relevant mitigation of risk and appropriate triggers. The nominated individual was able to give details of risks identified and the mitigating actions in place.

The service now had policies to cope with unexpected events such as adverse weather which meant staff could better respond appropriately in these circumstances and the quality of service provided would not be adversely impacted.

The service now investigated complaints in line with its policy. Where complaints had been made there was evidence to demonstrate learning and outcomes. There was evidence to demonstrate the involvement of patients and their families when concerns were raised.