

Ms. Judith Appleton

# Wealden Ambulance Services

## 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

Requires Improvement



Are services safe?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

Wealden Ambulance Services is operated by Ms Judith Appleton. The service provides a patient transport service.

Following the previous inspection on 10 December 2020, we suspended the registration of this service for eight weeks, to allow the service to make necessary improvements. This inspection was carried out to assess the changes made while the registration was suspended. We inspected this service using our focused inspection methodology. We carried out the announced part of the inspection, giving 48 hours' notice on 2 February 2021 and lifted the suspension of the registration with the Care Quality Commission. The provider had employed a consultant who had an expertise in supporting providers to gain compliance with Care Quality Commission regulations.

To get to the heart of patients' experiences of care and treatment, we normally ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? During this focused inspection we looked at part of the domain of safe and the whole domain of 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.

We found that:

- The inspection action plan had been reviewed in detail and had been used to drive improvement.
- All staff had completed a comprehensive suite of mandatory training. The training was in line with skills for health training. The training included mental health training. The provider had completed a training matrix to monitor staff compliance.
- Working with the consultant, the provider had developed a risk register which identified the current risks within the service. Each risk had a weighting and was a standard agenda item on the management meeting.
- A patient acceptance criteria and assessment process had been developed.

However:

- Policies needed further improvement to ensure they reflected current national guidance and the activity of the service.

**Nigel Acheson**

Deputy Chief Inspector of Hospitals (London and South), on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Patient transport services

Requires Improvement



We found the following areas of good practice:

- The inspection action plan had been reviewed in detail and had been used to drive improvement.
- All staff had completed a comprehensive suite of mandatory training. The training was in line with skills for health training. The training included mental health training. The provider had completed a training matrix to monitor staff compliance.
- Working with the consultant, the provider had developed a risk register which identified the current risks within the service. Each risk had a weighting and was a standard agenda item on the management meeting.
- A patient acceptance criteria and assessment process had been developed.

However, we found the following issue that the service provider needs to improve:

- Policies needed further improvement to ensure they reflected current national guidance and the activity of the service.

# Summary of findings

## Contents

### Summary of this inspection

Background to Wealden Ambulance Services

Page

5

Information about Wealden Ambulance Services

5

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### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

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# Summary of this inspection

## Background to Wealden Ambulance Services

Wealden Ambulance Services is operated by Ms Judith Appleton. The service opened in 2017. It is an independent ambulance service in Battle, East Sussex. The service primarily serves the communities of East Sussex.

The managing director was the responsible individual.

The team that inspected the service comprised of a CQC inspection manager, one CQC inspector and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the registered location. We spoke with the senior management team.

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 provider has been inspected three times before the most recent inspection which took place on 10 December 2020.

As the provider had their registration with the Care Quality Commission suspended since the last inspection there is no data included in this report about patient journeys, safety incidents or complaints.

## How we carried out this inspection

Wealden Ambulance Services is operated by Ms Judith Appleton. The service opened in 2017. It is an independent ambulance service in Battle, East Sussex. The service primarily serves the communities of East Sussex.

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# Summary of this inspection

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## Areas for improvement

Policies needed further improvement to ensure they reflected current national guidance and the activity of the service.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Not inspected	Not inspected	Not inspected	Requires Improvement	Requires Improvement
Overall	Good	Not inspected	Not inspected	Not inspected	Requires Improvement	Requires Improvement

# Patient transport services

Safe

Good



Well-led

Requires Improvement



## Are Patient transport services safe?

Good



Our rating of safe improved. We rated it as good.

### Mandatory training

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

Since our last inspection all 11 members of staff had completed mandatory training.

The training included

- Conflict Resolution, Consent
- Equality Diversity & Human Rights Awareness
- Equality Diversity & Human Rights Promoting
- Fire Safety
- Health Safety & Welfare
- Infection Control & Prevention L1 (Non-Clinical)
- Infection Control & Prevention L2 (Clinical)
- Information Governance,
- Moving & Handling L1
- Patient Moving & Handling L2
- Prevent 2020
- Resuscitation L1
- Resuscitation L2-Paediatrics
- Resuscitation L2-Adults
- Safeguarding Adults L1, 2 and 3
- Safeguarding Children L1, 2 and 3
- Covid Awareness
- Mental Health Awareness L1
- Mental Health Act L2
- Dementia Awareness
- QA Level 2- Basic Life support (face-to-face)
- QA Level 2 - Medical Gases (face-to-face).

Mandatory training was delivered online. It could be completed from home or staff could use computers at the registered location to complete the training. A staff training record matrix was used to monitor staff compliance with the required mandatory training and showed when the training was due to expire. We reviewed this during the inspection and found it to be fully completed.



# Patient transport services

The provider made sure staff had mental capacity training as they transported patients who had been detained under the mental health act.

As the provider had not carried out any patient transport journeys since the staff had completed mandatory training the inspectors were unable to assess if the staff used the training in practice.

## Safeguarding

### **Staff had training on how to recognise and report abuse.**

Since our last inspection the provider had trained patient facing staff in level three in adult and children safeguarding. Records showed 100% of eligible staff had completed this training. Training was currently accessed online and the staff training record matrix we reviewed confirmed this. National guidance requires staff to be trained to level two in adult and children safeguarding therefore the training exceeded the national requirement.

The providers safeguarding policy was reviewed during the inspection. The policy had recently been updated. The safeguarding policy referred to an NHS trust process which was not relevant to the provider. It also used the term 'vulnerable adults' however the current terminology is 'adults at risk'. In the section entitled case review and monitoring the policy referred to the need to attend 'safeguarding boards', these are now called 'child practice reviews' and 'safeguarding adult reviews' and happen at commissioner level and would not include the provider reporting the safeguarding. This was brought to the attention of the managing director at the time of inspection and we were told this would be reviewed.

The provider had a safeguarding lead who was trained to level four in safeguarding adults and children. Staff could access a referral flowchart to support them whilst making referrals, which were stored in the patient transport vehicle. The provider did not have access to external safeguarding expertise.

As the provider had not carried out any patient transport journeys since the staff had completed safeguarding training the inspectors were unable to assess if the staff used the training in practice.

## Assessing and responding to patient risk

### **Staff completed risk assessments for each patient and removed or minimised risks.**

Since our last inspection the provider had invested in electronic patient risk assessment software. This was demonstrated to us on the day of inspection. The software logged patient information and included demographic information, mobility, medication and cognitive information and a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) if applicable. It would be possible to accept or decline the transport journey depending on if the risk met the assessment criteria.

The provider had a patient booking policy which had been reviewed and updated on 25 January 2021. The policy included guidance on an inclusion and exclusion criteria when booking a patient transport journey.

Staff completed training to support people with learning disabilities and had received dementia awareness training. Staff knew how to recognise and respond to deteriorating patients and had been trained in basic life support. All patient transport vehicles had emergency grab bags containing bottled oxygen.

# Patient transport services

As the provider had not carried out any patient transport journeys since the staff had completed the training the inspectors were unable to assess if the staff used the training in practice.

## Are Patient transport services well-led?

Requires Improvement 

Our rating of well led improved. We rated it as requires improvement.

### Leadership

#### **Leaders had started to develop the skills and abilities to run the service.**

Since our last inspection the managing director had worked with the consultant to drive the improvement needed within the service. The consultant had applied to become the nominated individual and was the lead for safeguarding and the freedom to speak up guardian. In addition to completing mandatory training the managing director had completed training on human management resources.

The CQC action plan had been reviewed and used to drive the improvements needed, which led to the suspension of their registration with the CQC being lifted on 5 February 2021. All findings of the previous inspection had been accepted and an action plan had been developed to make the improvements needed. The action plan had 38 actions. At the time of inspection 26 actions had been completed and the remaining actions had a plan to be completed by 28 February 2021.

The management team consisted of the managing director, the consultant and the PTS and fleet manager. Three management meetings had occurred since our last inspection. The minutes we viewed on inspection confirmed the meeting had a standing agenda to discuss governance, risk and monitor quality within the service. The leadership team agreed to meet with the Care Quality Commission on a monthly basis to provide assurance about the management of the service.

### Vision and strategy

#### **The service had vision for what it wanted to achieve and had a strategy to turn it into action**

The service had a vision for what it wanted to achieve. The service's vision remained unchanged from our previous inspection. It was "To be committed to delivering high quality care to patients while developing ways of working to ensure patients receive the best care in a timely manner." The service's mission was, "To provide a caring, positive, and safe experience for all our patients." The service had a set of values, these were, 'Respect and dignity; Compassion; Working together for patients; Everyone counts.'

Since our last inspection the managing director had developed a quality strategy for 2021 to 2023. The quality strategy was a regular agenda item on the monthly management meetings.

### Culture

# Patient transport services

**Managers told us the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values,**

During the period the provider was suspended the managing director kept in contact with the staff using a closed messaging group and a newsletter. There has been minimal staff turnover in the last eight weeks and staff have shown their commitment to the provider by completing the required training so they could recommence work when allowed.

The consultant had been appointed as the freedom to speak up guardian for the provider. This ensured an alternative, confidential route for staff to voice their concerns and grievances than via the PTS and fleet manager or the managing director.

As the provider had not carried out any patient transport journeys since the staff had completed their suspension the inspectors were unable to assess how the staff felt about the culture of the service.

## Governance

**The service had clear governance processes overseen by the managing director and nominated individual. The service had developed a systematic approach to continually improve the quality of its services.**

Since our last inspection the provider had added governance as a standard agenda item on the management meeting. Topics covered clinical policy, risk log and assessment updates, serious untoward incidents, central alert system, safeguarding, risks and issues, audits, logistics, driving standards, education and clinical updates.

Three management meetings had occurred since our last inspection. The minutes confirmed the standing agenda items to cover governance, risk and monitor quality within the service had been discussed.

As the provider had not carried out any patient transport journeys since their suspension the inspectors were unable to assess how effectively the governance process was working.

## Management of risks, issues and performance

**The service did have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**

Since our last inspection the managing director, working with the support of an external consultant, had developed a risk register which identified the current risks within the service. During the inspection we saw each risk had a weighting and was a standard agenda item on the management meeting.

Three management meetings had occurred since our last inspection. The minutes confirmed the standing agenda items to cover governance, risk and monitor quality within the service had been discussed.

The provider had a business continuity plan which provided guidance in the event of an interruption to business. This had been reviewed and updated in January 2021.

As the provider had not carried out any patient transport journeys since their suspension the inspectors were unable to assess how effectively they managed risks, issues and performance.

# Patient transport services

## Information management

### **The service did collect, analyse, manage or use information to support all its activities.**

Since our last inspection the with the consultant the managing director had developed an audit plan which could be used to monitor the safety and quality of the service they provided.

We saw that information governance training formed part of the mandatory training programme and that 100% of staff had received this training.

The service had computer-based business management systems to support the business and its operations. These systems were set-up with individual password protection for each person. This allowed staff access to the parts of the system they needed to fulfil their role and enabled the service to restrict access to systems people did not need. The provider also had an information security system to protect all private and confidential data.

## Public and staff engagement

### **There was engagement with patients and staff to plan and manage services.**

The managing director and consultant had developed a staff satisfaction questionnaire to be used as a pulse check survey quarterly with all staff. Results of this survey will be discussed at the management meeting and used to drive improvement within the service.

The provider had a system to collect patient feedback. This was collected in two ways, electronically by using a QR code and a tablet device, and with handwritten comment cards. The service planned to formally collate feedback for trend and theme analysis.

During the suspension the managing director kept in contact with the staff using a closed messaging group and a newsletter.