Medicmart Ambulance Service Limited

Medicmart Ambulance Service

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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Inspected but not rated

- The service had a vision and values in place, but staff did not always model behaviours in line with these values.
- Not all members of the leadership team consistently modelled behaviours in line with the services values.
- Not all staff had received an annual appraisal.
- Governance processes were limited and not embedded throughout the service.

However:

- 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. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were 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	

Summary of findings

Contents

Summary of this inspection

Background to Medicmart Ambulance Service

Medicmart Ambulance Service was operated by Medicmart Ambulance Service Limited. The service opened in March 2017. It is an independent ambulance service in Cambridgeshire. The service primarily serves the communities of Peterborough and Cambridgeshire. The service also provides services at events.

The service has had a registered manager in post since 2017.

We last inspected the service on 5 and 14 October 2021. Following the inspection, we issued a Warning Notice which detailed the actions the service must take to improve. Following this inspection, we found the service had taken sufficient action to meet the requirements.

How we carried out this inspection

We carried out a focused inspection to follow up the actions that the service was required to take following the section 29 Warning Notice.

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 develop a formalised overarching governance strategy for managing risk, performance and driving improvement. Regulation 17 (1) (2) (a) (b) (f)
- The service must ensure that all staff receive an annual appraisal. (Regulation 18 (1) (2) (a)

Action the service SHOULD take to improve:

- The service should ensure that all staff members, including leaders consistently model behaviours in line with the values of the organisation. Regulation 17 (1) (2) (a) (b) (e))(f)
- The service should ensure it continues to improve staff engagement. Regulation 17 (1) (2) (a) (b) (e) (f)
- The service should ensure it holds formalised team meetings. Regulation 17 (1) (2) (a) (b) (e) (f)
- The service should ensure it holds regular, formalised leadership meetings. Regulation 17 (1) (2) (a) (b) (e) (f)

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	Requires Improvement	Not inspected	Not inspected	Requires Improvement	Inspected but not rated
Overall	Inspected but not rated	Requires Improvement	Not inspected	Not inspected	Requires Improvement	Inspected but not rated

Inspected but not rated

Patient transport services

Safe	Inspected but not rated
Effective	Requires Improvement
Well-led	Requires Improvement

Are Patient transport services safe?

Inspected but not rated

Mandatory training

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

At our last inspection mandatory training compliance was low. On this inspection we saw that staff received and kept up to date with their mandatory training. The mandatory training compliance rate was 79%. The service did not have a target compliance rate, but the manager told us this was under review and expected the target to be 95%.

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

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had an electronic system which notified managers when training was due. Staff were notified when mandatory training was due to be completed.

Safeguarding

Staff understood how to protect patients from abuse. The registered manager was the safeguarding lead for the service and had completed level three safeguarding training for adults, children and young people. Data provided by the service following our inspection showed that 76% of staff had completed level 2 safeguarding adults training and 74% level 2 safeguarding children.

The service had up to date policies for safeguarding which reflected with national requirements outlined in; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019. Staff we spoke with knew how to identify adults and children at risk of, or suffering, significant harm and how to escalate and report concerns.

The service had processes for checking all staff were fit to work with adults and children and essential checks had been carried out.

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.

At our last inspection we found the services infection prevention and control processes were confusing, and that staff and managers were not ensuring that vehicle cleanliness was to the required standard. At this inspection we found clinical areas were clean and had suitable furnishings which were clean and well-maintained.

Inspected but not rated

Patient transport services

We inspected three vehicles and found the cleanliness of vehicles was good.

Vehicle cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service had implemented an electronic system which included a vehicle check list that required staff to complete before they could progress in the system to access information relating to their first journey of that day.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to PPE and knew when to use it. The COVID-19 policy had been updated in line with new guidance. The service had implemented a policy that staff would continue to wear masks when interacting with patients.

Staff cleaned equipment after each patient contact. There was a clear vehicle cleaning policy and process in place. Following our previous inspection, leaders had carried out daily checks of the vehicles to ensure they were being cleaned in line with policy. With improved compliance these checks were reduced to monthly spot checks. Action was taken where staff had not completed the cleaning in line with policy.

The service completed a vehicle cleaning audit. However, they collected data and collated for individuals but did not have a process in place to review the data to track trends including percentage compliance to demonstrate areas for improvement over time.

Not all cleaning equipment was stored appropriately. Staff used a clean disposable mop head for each clean. However, although there was allocated storage for mop handles these were not routinely returned appropriately. We saw two mop handles in the bottom of a storage bin located in the cleaning area. This was not in line with infection prevention and control (IPC) best practice and presented an infection risk. We escalated this at the time of our inspection and managers told us they should be kept in the wall slots in the storage area. However, staff confirmed that they were routinely put in the storage bin. Managers told us that they would issue reminders to staff and monitor that mop handles were stored correctly.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff managed clinical waste well although did not store this safely.

The service had enough suitable equipment to help them to safely care for patients.

Medical gas cylinders were stored securely in a locked, ventilated storage facility. Cylinders inside were stored appropriately, although there was an inconsistent labelling system. Full and empty cannisters were separated but the labelling of different storage areas was inconsistent. For example, the shelf for Entonox was labelled but the shelf for oxygen was not. This could cause confusion for staff when accessing medical gases from the store. We escalated this at the time of inspection and the training and development manager told us that they would review the labels.

Staff carried out daily safety checks of specialist equipment. Equipment checks were included in the daily vehicle checks completed by staff at the beginning of their shift. At our last inspection equipment was not always asset tagged. The service had ensured all equipment on its vehicles had up to date service dates. All equipment we checked was asset tagged and within its service date.

Staff did not always dispose of clinical waste safely. One of the clinical waste bins was not locked and was situated in an open access area. We escalated this at the time of our inspection and the provider took action to ensure the bin was appropriately secured and locked.

Inspected but not rated

Patient transport services

Cleaning chemicals were stored appropriately in a locked storage cupboard. All containers were clearly labelled in line with control of substances hazardous to health (COSHH) requirements. However, in the vehicle cleaning area we found cleaning chemicals were left unsecured and unattended in an open access area. We escalated this at the time of our inspection and the provider took action to ensure the chemicals were stored in a locked cabinet that was located in the vehicle cleaning area.

Medicines

The service followed best practice when administering, recording and storing medicines.

At our last inspection the service did not always use systems and processes to safely administer and store medicines. The service did not have any patient group directions (PGDs) in place. PGDs provide a legal framework that allows some registered health professionals such as paramedics to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber. There were now three PGDs in place, which were signed by all staff working within scope to administer the medication. However, there was an update to the PGD Tranexamic Acid (TXA) with additional contraindications implemented in February 2022 but had not been signed by staff. We escalated this at the time of our inspection. Following our inspection, the registered manager told us that the PGD was with lead pharmacist at a local trust for final review. Following finalisation, it would then be signed by paramedics and qualified staff in line with guidance.

Medicines were organised and stored in a locked cupboard. Medicine bags were prepared separately for technicians and paramedics and stored securely. The batch number and expiry date of medicines were recorded with a running total of the amount of medicines available. A sign in and sign out register was kept to ensure each medicine bag could be tracked. At our previous inspection the service did not carry out routine medication storage audits and we were not assured the service had arrangements in place to safely monitor medicines within the service. At this inspection we found there were arrangements in place to safely monitor medicines. The clinical lead completed a monthly medicines audit, which included a storage audit and stock check. All the medication we checked was within expiry date and stored appropriately.

Within the medicines policy there were procedures in place to support staff working in the patient transport service (PTS) to administer medical gases.

Are Patient transport services effective?

Requires Improvement

Our rating of effective stayed the same. We rated it as requires improvement.

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. Staff files showed that staff had received an induction when starting with the service. Staff told us they received an induction and that it was comprehensive.

Inspected but not rated

Patient transport services

Some staff had received an appraisal of their work but there were some staff appraisals that were outstanding. At our last inspection we found that no staff members had received an appraisal. Data provided by the service showed that 44% of patient transport service (PTS) and 67% of urgent and emergency care staff had received an appraisal.

The service now had a training and development manager in post who supported the learning and development needs of staff.

Managers made sure staff received any specialist training for their role. The service used an external provider to deliver training. This included first response emergency care (FREC) three and FREC four. New members of staff had their competencies signed off by a senior member of staff and worked as an additional member of the crew until their competencies were completed.

The operational staff rota was overseen by the management team. They identified staff with the right skill mix and allocated staff shifts based on patient needs and demands within the service. For urgent and emergency care journeys, the service always deployed an emergency care assistant and an emergency care technician.

The service did not hold regular formalised, minuted team meetings. Information relating to the service was shared by email and in an information folder where staff could access information and updates. The registered manager told us there were plans in place to hold team meetings although the pattern of work made it difficult to get all staff members together.

Are Patient transport services well-led?

Requires Improvement

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

Leadership

Leaders managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The service was led by the registered manager, supported by a service director and an operations manager. Since our last inspection the leadership team had been strengthened with a human resources (HR) manager and training and development manager to support improvements in training, managing performance and quality.

Staff we spoke with described the leadership team as visible within the service, willing to support them and available if they had any concerns.

Staff escalated concerns that a member of the leadership team did not always model behaviours in line with the values of the service and this impacted on staff and other members of the leadership team.

Vision and Strategy

The service had a vision for what it wanted to achieve but did not have a formalised strategy to turn it into action, developed with all relevant stakeholders.

Inspected but not rated

Patient transport services

The service did not have a formalised strategy. The service had a vison in place and a mission to become the main private ambulance provider of choice for local hospitals and maintain and grow their event provision and develop and grow their training provision. However, this was not supported by a clear strategy as to how the service would achieve this.

Staff we spoke with during our inspection were not clear of the mission or vision for the service.

At our last inspection there were no systems for putting the mission into a strategy to improve the service. This had yet to be developed at the time of our inspection. However, the service did now have a vision in place which was to provide a safe and effective service that is inclusive, supportive to all staff and public and most of all to be a patient centred company.

Culture

Staff generally felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff generally felt supported and valued by leaders in the service. Staff were focused on the needs of patients receiving care. They told us their focus was on providing the right care for patients and ensuring they were given good quality care during their journey. Staff told us leaders were mostly approachable and available to discuss any concerns.

There was a disconnect between some staff groups and between some staff and the leadership team. Not all staff demonstrated the values of the organisation when interacting with colleagues. Not all members of the senior leadership team consistently modelled positive leadership behaviours in line with the service values. This impacted on staff wellbeing and the culture within the organisation.

The registered manager told us there were initiatives planned to attempt to address these cultural concerns. These included undertaking an employee engagement survey around cultures and opinions on team building and hosting a team BBQ to include some team building activities.

Governance

Governance processes were limited and not embedded throughout the service although there was effective governance in place with partner organisations. Staff at all levels were clear about their roles and accountabilities but did not have regular opportunities to meet, discuss and learn from the performance of the service.

At our last inspection we found structures, processes and systems of accountability to support the delivery of a good quality, sustainable services were not effective. At this inspection we found that leaders had implemented some governance processes, but these were yet to be embedded.

The service had implemented an electronic system which provided data to give oversight of staff training and qualifications, vehicle maintenance, cleaning and patient journey information giving leaders assurance around the delivery of the service.

The service had improved the robustness and oversight of their audit process. There were improvements that could be made in how leaders used audit data more effectively to continue to drive improvement. For example, the infection prevention and control audit data was collated relating to individual staff but was not presented to show overall performance.

Staff at all levels were clear about their roles and demonstrated that they understood what they were accountable for, and to whom.

The registered manager monitored and met the performance levels agreed in the commissioning agreements for the service provided. They held regular meetings with providers who commissioned the service to monitor performance and address any concerns. We saw that the service had recently had a quality review by the ambulance trust and had met the standards required.

Management of risk, issues and performance

Leaders and teams used systems to oversee 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.

Leaders and teams had systems to manage performance, identify and escalate relevant risks and issues to reduce their impact. At our last inspection the provider did not have an effective risk register in place to identify and monitor risks within the service. At this inspection we saw the registered manager had a risk register in place which recorded the service's risks. The risk register was reviewed monthly by the registered manager and the operations manager and actions were recorded and allocated to a named individual for action.

The service captured some key performance indicators for example urgent and emergency care journey times, the cleaning of vehicles, and servicing of equipment. However, leaders were unable to demonstrate how they coordinated this information to improve performance or safety over time.

The service was unable to provide any up-to-date records of staff meetings although there was evidence of information sharing. For example, communications included information relating to learning from incidents, IPC and COVID-19 updates and service delivery information.

The service had plans to cope with unexpected events and an up-to-date business continuity plan.

We reviewed management meeting minutes for March, May and July 2022. The meeting had a set agenda which included staffing, vehicles, service delivery and training.

Information Management

The service collected some data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.

The service collected some data and analysed it. The registered manager collected some key performance indicators in relation to journey times and collected these on individual spread sheets.

The implementation of an electronic business management system gave leaders improved oversight of the business. Mandatory training rates, cleaning compliance and staff appraisals had improved since our last inspection.

Inspected but not rated

Patient transport services

The information systems were integrated and secure. Staff used mobile phones, an IT portal and desk-based computers to access information in relation to the service, and these were password protected.

Engagement

Leaders and staff did not have a clear strategy to engage 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.

Leaders and staff did not have a clear strategy to engage with patients, staff, equality groups, the public and local organisations to plan and manage services. However, there was improved engagement with staff since our last inspection.

Staff engaged with the leadership team on a day-to-day basis when they signed on for duty, and they could share feedback and information during this time. The leadership team shared updates by email and staff had access to an IT portal where they could access policies, shift rotas and information on the service.

The service produced a monthly staff new letter which contained updates and information for staff. The service had plans for further engagement including a staff BBQ with team building activities.

Leaders had asked for feedback from staff as to how to improve the service. One example was the suggestion that the service had an infection prevention and control (IPC) lead which had been taken up and the service had appointed an IPC lead.

The service received positive patient feedback shared with the service by its commissioners.

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.