

Chloe-Care Limited

Chloe-Care

Quality Report

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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

This unannounced inspection was to follow up requirement notices issued following our inspections on 16 and 23 March and 16 April 2015. Since that inspection Chloe-Care has ceased to provide ambulance support to urgent non-emergency providers. Patient transport services are provided to two trusts in Lancashire, including transport between hospital sites and home from hospital.

In order to review compliance with the requirement notices issued at the last inspection parts of the safe and well led domains were inspected. We did not inspect any areas in the effective, caring or responsive domains.

Improvements had been made since the last inspection and the actions required had been completed which resulted in the service being safe and well led.

These improvements included additional training for staff, assessments of staff competence, the production of documentation to record working practices and the introduction of governance systems.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

Improvements had been made since the last inspection and the actions required had been completed which resulted in the service being safe and well led.

These improvements included additional training for staff, assessments of staff competence, the production of documentation to record working practices and the introduction of governance systems.

Chloe-Care

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Chloe-Care

This unannounced inspection was to follow up requirement notices issued following our inspections on 16 and 23 March and 16 April 2015. Since that inspection Chloe-Care has ceased to provide ambulance support to urgent non-emergency providers. Patient transport services are provided to two trusts in Lancashire, including transport between hospital sites and home from hospital.

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Our inspection team

This inspection was carried out by two inspectors from CQC.

How we carried out this inspection

Following the inspection in March and April 2015 two warning notices had been issued. We conducted an unannounced inspection on 12 June 2015 to review compliance with this regulatory action. At that visit we found the provider had met the requirements of the warning notices and no further action was taken. Prior to this inspection we received information from the provider

as to how they would meet the requirement notices which had been issued. We visited the registered premises on 9 September 2015. We met with the provider, operations manager and the business manager. We reviewed records including policies and procedures, training records and records of the day to day running of the service.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is commissioned by the Blackpool Wyre and Fylde NHS Trust and Lancashire Teaching Hospital NHS Trust to provide patient transport services. This includes transporting patients between hospital sites and from hospital to their home address, throughout the Lancashire area.

Summary of findings

At the time of the last inspection we found actions were required to make the service safe and well led. At this inspection those actions had been taken. Systems were in place to ensure all staff had completed the training necessary to carry out their role safely. New working practices had been introduced to ensure the safety of patients was assessed prior to transportation.

Governance systems had been introduced to ensure practices and procedures were audited for their effectiveness. Further improvements were planned in the management of the service.

Patient transport services (PTS)

Are patient transport services safe?

Summary

At the time of the last inspection we found actions were required to make the service safe. At this inspection those actions had been taken.

A new procedure for the assessment and recording of patients' needs prior to transport in an ambulance had been developed. This included liaison with staff in the hospital. Staff had received accredited training in the protection of vulnerable people from abuse and the policies and procedures for responding to identified concerns had been updated. No new staff members had been recruited since the last inspection; however a new procedure was in place which included documentation for all the necessary checks to be recorded prior to employment.

A system was in place to ensure all staff had completed the training necessary to carry out their role safely. This included medicines management as appropriate to the service, the safe use of equipment and safe driving. Assessments of understanding and competence had been included in the training. New working practices had been introduced to ensure staff used only the equipment provided by the organisation.

Assessments of need

- At the time of the last inspection ambulance personnel did not carry out any formal or documented assessment of the patient they were to transport prior to assisting them to the ambulance. At this inspection a record had been produced for staff to record that they had discussed the patients' ability and fitness to travel with a staff member on the ward. This was incorporated into the record for each patient journey and other important information such as the use of oxygen was recorded on this document. This record was not yet in use but was intended to replace the current journey sheet when some minor additions had been made, such as the name of the staff member spoken with on the ward.
- Use of this record would be audited on a daily basis as the information was entered onto the computer records by the operations manager. This was already carried out with the existing journey record.

- There was no policy for the assessment of patients prior to transporting them.
- At the last inspection the assessments of a patient's condition such as their blood pressure was not always carried out or recorded as required. Ambulance staff were no longer required to carry out these clinical assessments due to the service providing patient transport only.

Safeguarding from risks of abuse

- At the time of the last inspection staff had not received training in the safeguarding of vulnerable adults. Since that inspection 100% of staff had completed level one training in the protection of children and adults from abuse.
- All staff had also completed training about the Mental Capacity Act. This consisted of reading information and answering questions to check their understanding. To further improve this face to face training was being explored.
- 34% of staff had completed online training about the Care Act 2014. This would be completed by all staff in the next few months.
- There was an updated policy regarding the safeguarding of vulnerable adults and a procedure for staff to follow to report any concerns. At this inspection it had been made specific to this service and included telephone numbers for staff to contact the appropriate local authority dependant on the geographic location when they had a concern.
- Documents to record any concerns staff may have for the safety of a patient had been developed and were present in each ambulance. We saw these had been completed appropriately where required and concerns reported to the necessary authority.
- The whistleblowing policy and procedure had been reviewed. This was now clear about who would investigate the concerns raised and who would support the staff member whilst this was ongoing. There were contact details for the four managers of the organisation which meant staff had clear direction regarding who to contact.

Medicines

Patient transport services (PTS)

- At the time of the last inspection oxygen and Entonox were the only medicines kept on the ambulances and administered by the staff. At this inspection Entonox was no longer administered by the ambulance personnel and none was kept in stock.
- As the service provided patient transport only staff would not initiate the administration of oxygen; however they would continue its use if a patient had it in place when they were transported. Staff had received training in the safe administration of oxygen since the last inspection as part of their work based training. This had consisted of the trainer accompanying staff on the ambulances and observing the safe management of oxygen. This was not recorded on the new work based training records we saw.
- We saw a comprehensive lesson plan for the training of staff in the safe use of oxygen. This would be delivered as part of the induction of new staff or should it be felt necessary if staff required additional training.
- The use of oxygen during transport was recorded on the newly developed journey sheets including the dosage administered.
- There was no storage of oxygen in the ambulance base. Cylinders were checked on a daily basis and replacement full cylinders were collected from the supplier when necessary.

Equipment

- Since the last inspection the equipment had been standardised in all the ambulances. There was no longer a requirement for additional equipment to be used in response to non-urgent emergency calls.
- There was an equipment check list in place for each ambulance identified by the registration number. These were completed every day by the ambulance crew using that vehicle. The check list included equipment such as the ambulance bag, carrying chair, stretcher and oxygen cylinder. Those we saw had been fully completed.
- An additional check list for the contents of the ambulance bag had also been developed since the last inspection. This included checking the correct equipment was available and was clean.
- At the time of the last inspection there were concerns that staff had medical equipment which they had provided themselves. Since that inspection staff were informed by a memo and face to face discussion that they must not have any of their personal belongings, including medical equipment, with them on the

ambulances. The operations manager had carried out spot checks to ensure this was being followed by staff and had found no equipment to be present since staff were required to cease this practice. However, these spot checks were not recorded.

- At the last inspection there was no record of the training or assessment of competence of staff to use the equipment provided, including the moving and handling equipment. This was now part of the work based training and assessment of competence was recorded. All staff members were up to date with this training.
- There was no policy for the provision of equipment or the procedures for safe use of equipment provided.

Staffing

- At the last inspection records showed the recruitment of staff had not included all the necessary checks to ensure they were appropriately selected and appointed. Since that inspection no new staff members had been recruited; however the required records and checks had been obtained for all staff currently employed.
- A recruitment procedure had been developed which included formal interview, obtaining written references, completing necessary criminal record checks, obtaining the required identification and verification of fitness to work. This had not yet been used as no new staff had been recruited since its development.

Staff training

- Since the last inspection a training plan for new and established staff members had been developed. This included training delivered by a qualified in-house trainer and some courses provided by external trainers, including commissioners of the service.
- There was a comprehensive induction programme for new staff. This consisted of formal lesson style training followed by written assessments and observed work based competence assessments. This covered areas of work including management of emergencies such as bleeding, moving and handling training and safe use of equipment. Since no new staff had started employment since the last inspection we could not see completed examples of this training.
- For established staff there was work based training assessments which were completed on an annual basis. This included an observational based assessment of the

Patient transport services (PTS)

competence of staff in all aspects of their work including safe driving, communication with the patient and safe moving and handling. Records showed all staff were up to date with this training.

- Since the last inspection staff had to complete a written assessment as part of their annual work based training. This meant there was a check in place of their understanding of the training delivered.
- There were plans to access recognised qualifications for the staff such as ambulance health care assistant. The identification of a suitable provider for this training was being explored.
- The appraisals for staff were being conducted annually as part of the work based training. This consisted of a discussion about general working practices and opportunity for staff to discuss any issues, concerns or ideas they had.
- There was additional access to the management of the organisation since the last inspection. The operations manager was now based at the ambulance base room and therefore saw staff on a daily basis. This provided staff with an opportunity to raise any concerns about their day to day work with a manager.

Are patient transport services effective?

Are patient transport services caring?

Are patient transport services responsive?

Are patient transport services well-led?

Summary

At the time of the last inspection we found there were no systems in place to assess and monitor the quality of the service provided and a lack of leadership within the organisation. At this inspection improvements had been made; however there was recognition from the manager that further work was required in this area.

Since the last inspection a management team had been established, with clear roles identified and mechanisms to

monitor the service had been introduced. Systems to monitor the quality of the service included daily checks of the records ambulance personnel were expected to produce, spot checks of working practices and actively seeking feedback from the users of the service.

Some of the systems introduced were not yet formalised or recorded. This included the leadership team meetings and audits of the working practices such as the daily checks of equipment. Not all policies and procedures required were yet in place and assessments of identified risks with actions to mitigate them had not been produced.

- Systems to assess and monitor the quality of the service provided had been introduced since the last inspection. These included daily monitoring of the records staff were required to complete, spot checks on the day to day working practices and seeking feedback from users of the service.
- The leadership of the service had been developed including clarity of the roles of the operations manager, training manager, business manager and the general manager. These four people formed the management team and had completed the work to date on meeting the requirements of the previous inspection. There were plans to develop this leadership group with formal recorded monthly meetings.
- Some policies and procedures had been developed since the last inspection with these being dated, signed and included review dates. Not all policies or procedures required were in place.
- Changes had been made to the working practices of the organisation since the last inspection and these had not yet been audited for their effectiveness. Informal audits of the daily records were carried out; however these were not recorded.
- Mechanisms to obtain feedback from patients had been developed in conjunction with commissioners of the service. These consisted of comment cards provided to patients who were asked to complete them as able. A mechanism for learning from any adverse comments had been developed; however this had not been required to date.
- There was a lack of risk assessments including those for specific equipment, vehicles, working practices and risks to business continuity.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- A policy and procedure for the assessment and safe transportation of patients should be developed.
- The training staff received in the management and administration of oxygen should be recorded on the training record.
- Spot checks of equipment including the absence of personal medical equipment should be recorded.
- A policy for the provision and a procedure or the safe use of equipment should be developed.
- Audits of the quality of the service should be completed with resulting improvement plans where required.
- Assessments of risk should be developed and recorded with actions in place to mitigate any identified risks.

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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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