

CIRE Ambulance Service Ltd

CIRE 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	Inadequate	
Are services safe?	Inadequate	
Are services well-led?	Inadequate	

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as inadequate because:

- There was no assurance that mandatory training and key skills was provided to all staff. Staff could not demonstrate how to protect patients from abuse. The provider did not control infection risk well. The design, maintenance and use of facilities, premises, vehicles, and equipment did not keep people safe. The provider could not demonstrate that it had enough staff. Risk assessments were not completed for each patient and did not remove or minimise risks. Records were not kept clear or up-to-date or stored securely. The provider was not registered to administer medications. The provider did not manage patient safety incidents.
- Leaders could not demonstrate they had the skills and abilities to run the service. Leaders could not demonstrate how they operated effective governance processes, throughout the service. Leaders and teams could not evidence how they used systems to manage performance effectively.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Inadequate



Summary of each main service

Our rating of this service stayed the same. We rated it as inadequate because:

- There was no assurance that mandatory training in key skills was provided to all staff. Staff could not demonstrate how to protect patients from abuse. The provider did not control infection risk well. The design, maintenance and use facilities, premises, vehicles, and equipment did not keep people safe. The provider could not demonstrate that it had enough staff. Risk assessments were not completed for each patient and did not remove or minimise risks. Records were not kept clear or up to date or stored securely. The provider was not registered to administer medication. The provider did not manage patient safety incidents well.
- Leaders could not demonstrate they had the skills and abilities to run the service. Leaders could not demonstrate how they operated effective governance processes, throughout the service. Leaders and teams could not evidence how they used systems to manage performance effectively.

Summary of findings

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Summary of this inspection

Background to CIRE Ambulance Service

Since our inspection we have now cancelled the provider registration.

CIRE Ambulance Service Ltd is an independent ambulance service. The service's registered headquarters is in Newcastle Upon Tyne. The service first registered in 2020 and the current registered manager has been in place since then. The service is registered for transport services, triage, and medical advice provided remotely.

They transport adults 18 years and over and those detained under the Mental Health Act (MHA) or Mental Capacity Act (MCA). The service also provides transport from NHS trusts and independent health providers to other locations such as hospitals, places of safety, and to and from court.

In June 2022 CQC received information of concern about CIRE Ambulance Service Ltd. A decision was made on the 15th of July 2022 to issue the provider with a notice of decision to urgently suspend the provider registration to carry out regulated activity until 17th October 2022. In October 2022 a further focused inspection was carried out and a further decision to extend the providers suspension was issued.

The provider has never been previously inspected or rated.

This inspection was an unannounced focused inspection of the safe and well-led domains to gain assurance the provider had acted in response to the issues highlighted in the notice of decision to urgently suspend the provider's registration to carry out regulated activity.

How we carried out this inspection

CIRE Ambulance is registered with the CQC to provide the following regulated activity.

- Transport services, triage and medical advice provided remotely.

During the inspection conducted on 10th and 11th January 2022, we visited the provider's registered location at Amber Court William Armstrong Drive Newcastle Business Park Newcastle Upon Tyne NE4 7YQ and an unregistered location at 404 Viva Court, Kimpton Road, Luton LU2 0GX. The provider had previously confirmed they operated from this location.

The provider had five vehicles for the transport of patients. The provider did not have any contracts to provide transport in place with a healthcare provider at the time of our inspection. The provider employed 10 to 30 staff which included the registered manager, nominated individual, support workers and registered mental health nurses.

During the inspection we spoke with the registered manager, nominated individual and two support workers. The team that inspected the provider comprised of a CQC lead inspector and three team inspectors. A CQC inspection manager was available by telephone during the inspection to provide advice and guidance. The inspection team was overseen Sarah Dronsfield Deputy Director of Operations.

We reviewed information we gathered onsite after our inspection. Also, as part of the inspection, we also requested other information and documentation.

Summary of this inspection

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

The provider registration has been cancelled.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Not inspected	Not inspected	Not inspected	Inadequate	Inadequate
Overall	Inadequate	Not inspected	Not inspected	Not inspected	Inadequate	Inadequate

Patient transport services

Safe	Inadequate 
Well-led	Inadequate 

Is the service safe?

Inadequate 

Our rating of safe stayed the same. We rated it as inadequate.

Mandatory training

There was no assurance that mandatory training and key skills were provided to all staff. In addition, there was no assurance that all staff had completed mandatory training.

The provider did not have a mandatory training policy to indicate key skills training needed for staff to complete. Therefore, there was no documentation of the frequency of training or role specific training requirements. We spoke to the registered manager, and they told us that they had an updated policy. We requested a copy of this document; however, the provider did not send this.

During the onsite inspection we requested to review staff training files. We reviewed 8 staff files, of which none of them had completed training.

The provider told us that all staff completed mandatory and statutory training from an external training company. We saw 6 training certificates which were dated back to 2021 and 2022. We were unsure if these staff were still employed.

We were unable to determine the correct number of staff employed as there were 26 staff on the training matrix. The provider gave us mix messages and could not provide specific numbers of staff that they employed.

The training matrix still showed staff did not have the training required to provide safe care including basic life support, use of physical restraint and safeguarding.

We found instances where training completion dates were months prior to the employee commencing their employment for example we saw training undertaken in November 2021, but the staff member did not commence employment until March 2022.

We were not assured that staff providing care or treatment to service users had the qualifications, competence, skills, and experience to do so safely.

Safeguarding

Staff could not demonstrate how to protect patients from abuse. There was no evidence that the provider worked well with other agencies to do so. Staff did not always have training on how to recognise and report abuse and did not know how to apply it.

Patient transport services

During the onsite inspection we reviewed four disclosure and barring system (DBS) certificates only one of the applications had been completed by the provider the other three were completed by previous employers. The provider could not demonstrate that all staff that were employed had undergone the appropriate checks.

The provider could not demonstrate that all staff had completed safeguarding adults and children specific training for the role and how to recognise and report abuse. We interviewed two staff members, and they told us that they had not received safeguarding training from this provider.

The training data that you submitted did not evidence that all staff had the required skills and training to safely provide services to children and young people including safeguarding children, paediatric life support, restraint training.

We reviewed the safeguarding adults and children policy which was submitted by the provider. In the policy it states that staff must comply with this policy and failure to do so could result in disciplinary action. Staff that we spoke with had not seen and did not have access to these policies.

We sent an urgent data request to the provider requesting that they provide staff safeguarding training records. The provider did not send this.

Staff told us that the registered manager was the designated safeguarding lead. However, during the inspection there was no robust evidence to confirm this.

The registered manager told us that they had completed level 3 safeguarding training, however the provider did not send this.

Cleanliness, infection control and hygiene

The provider did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves, and others from infection. Vehicles were unclean.

During this inspection we inspected three vehicles the provider had used for transporting patients in the past 12 months. Each of these vehicles were visibly dirty, with used dirty gloves and food waste discarded in the vehicles, despite no evidence found during inspection that they were transporting patients.

We asked the nominated individual what procedure was in place to appropriately clean vehicles following the transportation of a COVID-19 suspected or positive patient or a soiled vehicle due to a patient vomiting. We were told that they would take the vehicle to a car wash.

We reviewed the infection prevention and control guidance submitted. This guidance referred to safe care in a care home setting and was not directly relevant for staff providing care of an independent ambulance service.

We did not see any evidence of cleaning checklist or systems in place to ensure that vehicles would be cleaned daily or would be cleaned between service users.

On inspection there was no evidence that the provider had appropriate cleaning materials to clean the vehicles. The provider had screen wash, antiseptic spray bottles containing liquids, unlabelled and antibacterial wipes. This was not in line with best practice guidelines.

Patient transport services

Each of the vehicles did not have appropriate supplies of personal protective equipment (PPE)

The provider did not have an ambulance station or building adjacent to the vehicle storage area, which was a corner of a public car park. There was no access to hot water, mops, vacuum cleaners, or other equipment that would support the provider to effectively clean their vehicles.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles, and equipment did not keep people safe.

The provider's registered location was a rented office space in Newcastle upon Tyne.

The provider had a second base that was not registered as a location with CQC. This was a rented apartment in Luton. When the provider was suspended in July 2022 and again in October 2022 we wrote to the provider, outlining our concerns about this location and outlining why the provider was potentially in breach of rule six of CQC's "what is a location guidance". At the time of this inspection there was no evidence of the provider having taken any action to address this.

The entrance to the Luton apartment had a key code operating system. The apartment was used by the registered manager, nominated individual and for staff to collect keys, journey logs and meetings. There was a computer in the flat that was used by the registered manager and nominated individual.

We spoke to the nominated individual, and they told us that it was the driver's responsibility to complete daily mechanical checks of the vehicles. This included checking the tyres, oil, and water. There was no documentary evidence that this was checked, monitored, or recorded.

There was no evidence that the vehicles were serviced regularly. The provider did not keep a log of servicing of the vehicles.

The vehicles were not equipped with ligature cutters to enable staff to respond appropriately to ligature incidents.

The three vehicles that we inspected all now had a fire extinguisher as highlighted in the previous report, however they were not stored securely.

Assessing and responding to patient risk

Risk assessments were not completed for each patient and did not remove or minimise risks. Staff did not know how to identify and quickly act upon patients at risk of deterioration.

The provider had not conducted any patient transfers since they were suspended in July 2022.

We requested the providers deteriorating patient policy the provider did not send this.

During the inspection we asked the nominated individual and registered manager to provide policies for the use of restraint and restrictive practice; the policy referred to service user bedrooms and other environments which were not specific to the service provided.

Patient transport services

Staffing

The provider could not demonstrate that it 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.

The provider could not tell us how many staff they employed. We interviewed the registered manager and nominated individual and their responses to our questions regarding how many staff employed ranged between 10 and 28.

We were told previously by the registered manager and nominated individual that all staff files were held at headquarters at the Newcastle office. During the onsite inspection we asked to review the staff files. The nominated individual told us that there was no files at the headquarters and that they were at the unregistered location.

The registered manager and the nominated individual both told us during interview that they employed registered mental health nurses and had previously told CQC this was to escort patients who had been sedated prior to travelling. No information was provided in relation to any competency based training or clinical supervision for these staff. At this inspection we were told that mental health nurses were employed in case a patient deteriorated during transport or if they needed medicines administered. Staff that we spoke to confirmed that medication was administered during journeys. This was a risk to patients as we were not assured that staff would have the correct skills and training to keep people safe.

Records

Records were not stored safely or securely.

We requested a copy of the records management policy the provider did not send this.

At the last inspection in October 2022, we notify the provider that improvements were required in regards to quality and safe storage of records.

We also requested further clarity as to whether patient records were paper or electronic format. At our reinspection January 2023 we were still not assured that the provider had robust systems in place to ensure patient records suitable format and securely stored.

Medicines

The provider was not registered to administer medications.

The provider is not registered to administer medications, however during staff interviews staff told us that they did administer medication during journeys if the patient required. This was a risk to patients as the provider was acting outside its registration with CQC, and the provider did not properly check that its staff were competent to administer medication and monitor patients effectively.

Incidents

Patient transport services

The provider did not manage patient safety incidents. Staff did not know how to recognise or report incidents and near misses. Managers failed to investigate incidents or share lessons learned with the whole team and the wider service.

The provider did not have an incident reporting policy. We requested this but it was not provided.

Staff that we spoke with confirmed that there was not a reporting process in place. The provider had not reported any serious incidents to CQC since its registration.

The provider did not have an incident reporting system in operation and no formal process in place to share learning from incidents.

Is the service well-led?

Inadequate 

Our rating of well-led stayed the same. We rated it as inadequate.

Leadership

Leaders could not demonstrate they had the skills and abilities to run the service. They could not articulate they understood and how they managed the priorities and issues the service faced.

The registered manager could not demonstrate that they had skills and abilities to run the service safely. They were not able to articulate that they understood the reasons CQC had taken enforcement action against them in the form of a notice of decision of urgent suspension. They did not understand how to prioritise and manage the issues that had been identified in the notice of decision. We found that they had not made significant improvements since there extension to the suspension since October 2022.

The nominated individual had several key responsibilities in the company however we found many of the areas were overlooked and non-compliant. For example, the registered manager told us that it was the nominated individual's responsibility to ensure vehicles that the vehicles were cleaned.

When we asked the nominated individual to describe their responsibilities, they were not able to articulate them. We were not assured that they had the qualifications, competence, skills, and experience to supervise the management of the regulated activity.

Governance

Leaders could not demonstrate how they operated effective governance processes, throughout the service. Not all staff were clear about their roles and accountabilities.

There was no evidence of a clear governance and accountability structure.

Patient transport services

Most of the provider`s policies remained from the previous inspection generic and were nonspecific to the service provided. The policies lacked vital detail on processes and guidance staff should follow. Staff that we spoke with had not seen policies and did not know how to access them.

The provider could not provide any evidence that the appropriate recruitment checks in line with schedule 3 had been undertaken to check that the individuals employed were suitable and able to carry out safe care and treatment.

Management of risk, issues, and performance

Leaders and teams could not evidence how they used systems to manage performance effectively. They could not articulate how they identified and escalated relevant risks and issues.

The registered manager and nominated individual confirmed the service had a risk register but were unable to articulate what was on the register or what the highest scoring risks were.

There was no programme of audits to monitor quality, operational and financial processes, or systems to identify where action should be taken.