

Invictus Medical Services Limited

Invictus Medical Services Ltd

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.

Ratings

Overall rating for this
ambulance location

Inadequate



Emergency and urgent care services

Inadequate



Summary of findings

Letter from the Chief Inspector of Hospitals

Invictus Medical Services Ltd is operated by Invictus Medical Services Limited. The service provides an emergency and urgent care ambulance service by conveying patients from event sites to the local acute NHS trust. Invictus Medical Services Limited was not commissioned by other organisations to deliver services. Work was acquired through a tendering process with event organisers. Although the provider told us they would provide patient transport services, if the opportunity arose. We were not able to observe staff performing regulated activities as, at the time of the inspection, the service was not delivering any regulated activities. The service had one emergency ambulance to carry out the regulated activities.

The service did provide medical cover at events. However, the CQC does not currently have the power to regulate events work therefore we do not review that work within this report.

We previously inspected the service on 27 November 2018, using our comprehensive inspection methodology. Due to the concerns we had about the lack of governance, the management of safety and staffing concerns, the service was rated inadequate and placed in special measures. We urgently suspended the registration of the provider because we believed that people were or might have been exposed to the risk of harm if we did not take this action.

We carried out a focused follow up inspection on 18 February 2019 to assess whether the provider had made enough changes to the service to lessen the risk to people using the service. Following this inspection, we told the provider of additional areas where it must take some action to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected Invictus Medical Services. This was not a full inspection and the rating and actions of the previous report remain active until we carry out a comprehensive inspection.

On the 1 July 2019 we carried out an inspection using our comprehensive inspection methodology. We gave the service two weeks' notice of our inspection to ensure everyone we needed to speak with was available. We spoke with the three directors one of whom was also the registered manager. The service contracts self-employed staff when needed, they had not carried out any regulated activity since the last inspection and therefore no staff or patients were available.

We looked at three staff files, audits, policies and procedures, management of medicines and tools the service used to monitor its quality.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the service understood and complied with the Mental Capacity Act 2005.

The service provides an emergency and urgent care ambulance service by conveying patients to the local acute NHS trust.

We found the following issues:

- Cleanliness still did not meet the standards set by 'Health and Social Care Act 2012 Code of Practice of the prevention and control of infections and related guidance (2015)'. The ambulance was dirty and the harness on the seat for carrying children was visibly dirty.
- The service had not made sure all equipment required to deliver safe care and treatment was available, in working order, in date and undamaged.
- The service had not made sure items for treatment on the ambulance were in date.

Summary of findings

- The management of medicines was unsafe.
- There was no governance process to support improvement of the service quality and safeguarded high standards of care.
- There was limited evidence of how the provider continually monitored and identified risks to the service such as the management of medicines, equipment, infection control and the safeguarding policy. The main evidence of response to risks was to risks which had been identified externally.
- The safeguarding lead did not have level 3 safeguarding training. This is a requirement set by 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2018.'
- The registered persons did not consider the most recent national guidance to determine what level of children's and young people's safeguarding training that staff working for the service needed complete.
- The service had a process to supervise staff. However, staff had not received supervision as no work had been undertaken.
- The service had not made sure all staff working for the service were of good character. They had checked the qualifications, and all three files we looked at had a DBS check, however, these had not been undertaken by the provider.
- There were no references available in the files we looked at, and the records within were retrospective submissions. The provider stated that they would seek references for new staff.
- The provider had updated policies covering all essential issues however, they had not referred to recent national guidance to ensure policies were relevant.
- The directors and leaders of the service did not demonstrate a good understanding of their legal responsibilities towards the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014.

Our rating of this service stayed the same. We rated it as **Inadequate** overall.

This service was placed in special measures in November 2018. Insufficient improvements have been made such that there remains a rating of inadequate for any core service, key question or overall. Full information about our regulatory response to the concerns we have described will be added to a final version of this report, which we will publish in due course

Nigel Acheson

Deputy Chief Inspector of Hospitals South

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating

Inadequate



Why have we given this rating?

We found there had been some improvements since the inspections in November 2018 and February 2019. For example, there were arrangements to enable staff to be familiar with the policies available and their contents.

However, the cleanliness of the ambulance did not meet 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)' standards. Some of the equipment on the ambulance was dirty.

Cleaning processes were in place. The directors told us they had not been implemented due to the ambulance not being used since the last inspection. The provider said the vehicle would be deep cleaned before use. However, records showed the vehicle was cleaned and deep cleaned in November 2018, 12 February 2019 and 28 June 2019, three days before the inspection on 1 July 2109. As the ambulance was dirty, this indicated the cleaning had not been effective.

Equipment on the ambulance had not been serviced or tested to ensure it was safe and ready for use.

The management of medicines did not meet Health and Social Care Act 2012 (Regulated Activities) Regulations 2014.

National guidance on the 'Management and Disposal of Healthcare Waste' 2013 was not being followed which meant there was a risk to the public and the environment.

A register of controlled drugs (CDs) was not being maintained as per the requirements of the Misuse of Drugs Regulation 2001.

The provider had updated policies covering all essential issues however, they had not referred to recent national guidance to ensure policies were relevant.

During our inspection in November 2018 we found the directors and leaders of the service did not demonstrate a good understanding of their legal responsibilities towards the Health and Social Care Act. At this

Summary of findings

inspection the directors and leaders of the service continued not to demonstrate a good understanding of their legal responsibilities towards the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014.

Inadequate



Invictus Medical Services Ltd

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to Invictus Medical Services Ltd	7
Our inspection team	7
How we carried out this inspection	8
Our ratings for this service	8
Findings by main service	9

Background to Invictus Medical Services Ltd

Invictus Medical Services Ltd is operated by Invictus Medical Services Limited. It is an independent ambulance service in Ryde, Isle of Wight, primarily servicing the communities of the Isle of Wight. The service was registered by the Care Quality Commission (CQC) in January 2018 to provide transport services, triage and medical advice remotely and urgent and emergency treatment.

Invictus Medical Service Ltd is not commissioned by other organisations to provide services. The service obtains work through tendering processes with event organisers. We carried out a comprehensive inspection and reported on the governance of the service and the assessment of its ability to carry out work safely.

The service has had a registered manager in post since registration with CQC on 26 January 2018. A registered manager is a person who has registered with CQC to manage a service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014, and associated regulations about how a service is managed.

Following our findings at an inspection of this service on 27 November 2018, we urgently suspended the registration of the provider until 11.59pm on 28 February 2019, because we believed that people were or might have been exposed to the risk of harm if we did not take this action.

We carried out a focused follow up inspection of this service on 18 February 2019 to assess whether the provider had made enough improvements to meet regulatory standards. We found that some improvements had been made, for example, processes had been introduced to make sure all staff working for the service were of good character, had the qualifications, competence, skills and experience necessary for the work to be performed. However, there were still concerns about policies and procedures which did not always give clear guidance for staff to enable them to carry out their roles effectively and safely. There was limited evidence of how the provider continually monitored and identified risks to the service. The main evidence of response to risks was to risks which had been identified externally, so people were still at risk.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist advisor with expertise in paramedic services. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

Detailed findings

How we carried out this inspection

During the inspection, we visited the registered location and inspected the one ambulance and associated equipment. We spoke with the three directors, one of which was the registered manager.

The service did not directly employ any staff in addition to the registered manager, however they recruited self-employed staff as and when needed to deliver the regulated activity, where they may be required to take

patients to the local acute hospital. We were not able to speak to any of these staff as the service had not undertaken any regulated activity since the last inspection.






We were not able to see any care being delivered to patients or speak with them as there was no one receiving care during our inspection. During our inspection, we reviewed the records for the three staff the service used, all the policies and procedures and all medicines on site.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Inadequate	Not rated	Not rated	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Not rated	Not rated	Requires improvement	Inadequate	Inadequate

Emergency and urgent care services

Safe	Inadequate	
Effective	Not sufficient evidence to rate	
Caring	Not sufficient evidence to rate	
Responsive	Requires improvement	
Well-led	Inadequate	
Overall	Inadequate	

Information about the service

Invictus Medical Services Ltd is an independent ambulance service located on the Isle of Wight, Hampshire. The service is registered with the CQC to provide transport services, triage and medical advice provided remotely, and treatment of disease, disorder or injury.

Invictus Medical Services Ltd had three directors one of whom was the registered manager. The service recruited self-employed paramedics and emergency ambulance technicians to deliver the service. The service had one ambulance.

We inspected this service using our comprehensive inspection methodology. We gave the service two weeks' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 1 July 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the service understood and complied with the Mental Capacity Act 2005.

The service provided emergency and urgent care, patient transport from events and events medical cover. CQC does not regulate events medical cover.

Summary of findings

We found the following issues that the service needs to improve:

- The registered persons did not make sure all equipment required to deliver safe care and treatment was available, in working order, in date and undamaged.
- The ambulance and equipment were not clean. Cleanliness did not meet the standards set by 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'. The ambulance was dirty and the harness on the seat for carrying children was visibly dirty.
- Medical equipment was out of date. We found consumables that were out of date on the ambulance.
- The service had a process to supervise staff. However, staff had not received supervision as no work had been undertaken.
- The management of medicines was unsafe. National guidance on the 'Management and Disposal of Healthcare Waste' 2013, which includes medicines, was not being followed which meant there was a risk to the public and the environment.
- There was no governance process to support improvement of the service quality and safeguarded high standards of care.

Emergency and urgent care services

- There was limited evidence of how the provider continually monitored and identified risks to the service such as the management of medicines, equipment, infection control and the safeguarding policy.
- The registered persons had not considered national guidance 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2018,' to determine what level of children's and young people's safeguarding training that staff working for the service needed to complete. For paramedics this is level 3 safeguarding training. Staff records showed they had level 1 and 2 only.
- The service had a policy for consent to examination or treatment. This included information about the Mental Capacity Act 2005 and the action staff needed to take if they suspected a person did not have the capacity to consent to treatment. However, these had not considered recent guidance.
- The directors and leaders of the service continued not to demonstrate a good understanding of their legal responsibilities towards the Health and Social Care Act.
- The registered persons had processes to support staff to identify and respond to patient risks when meeting their needs.

We found the following areas of improved practice:

- The registered persons had a new system for patient records. This was not embedded as the service had not carried out any registered activities since the last inspection.
- Auditing processes to monitor the completeness of patient records had been introduced. This was not embedded as the service had not carried out any work since the last inspection.
- The service had information regarding training staff had received though other providers. ensured all staff working for the service had completed mandatory training. The service was able to check that staff had undertaken Invictus mandatory training via online records.
- Policies and procedures had been provided to offer guidance for staff.

Emergency and urgent care services

Are emergency and urgent care services safe?

Inadequate



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

Incidents

There was an incident reporting and management process.

- The service had a Serious Incident Policy. It contained detail about the action staff needed to take to report an incident and descriptions of the type of incident they were required to report. However, the records did not tell staff how much of the report they needed to complete and implied they had to complete the whole document. On discussion with the manager and directors, they agreed that a member of staff would only complete a certain amount and the rest was for them to complete following any investigation and what if any, action was needed.
- The policy referenced the services and staff's responsibilities towards the duty of candour legislation. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The policy indicated that there would be an investigation of incidents. The directors told us that one or both would carry out the investigation.
- The policy referenced never events. Never events are serious patient safety incidents that should not happen if healthcare services follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. The service had updated the policy to detail the 2018 list of never events published by NHS improvement.

- There had been no incidents reported since the provider was registered with the Care Quality Commission (CQC). The service had not carried out any regulated activities since the last inspection.
- The directors explained they received information about learning from incidents shared nationally via updates from professional organisations, such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), the British Medical Journal (BMJ) and the National Institute for Health and Care Excellence (NICE).

Mandatory training

The registered persons provided mandatory training and ensured staff they deployed had completed any mandatory training in key skills.

- The service used a training site to ensure staff working for them had completed any relevant mandatory training, and that training was up to date.
- The service relied on the staff working for them to have completed mandatory training at their main place of work, the local acute NHS trust. The service asked staff to produce evidence to show they had completed the local acute NHS trust mandatory training. Staff files evidenced the training staff had undertaken at other registered providers. This training was the same as Invictus deemed mandatory. The evidence of training was kept in the staff records we saw.
- The service had a policy and guidance on the mandatory training they required staff to complete.

Safeguarding

Although the registered persons had training to assist staff to understand how to protect patients from abuse, this did not follow national guidance. Senior staff and paramedics did not have the levels of safeguarding training required by national guidance to protect patients.

- Senior staff did not have the levels of safeguarding training required by national guidance. At the last inspection, the three managing directors told us they had completed level 2 adults and children's safeguarding training. One of the managing directors, who was nominated as the safeguarding lead, told us

Emergency and urgent care services

they had completed level 3 children's safeguarding training. They could not evidence that they had completed the training and when asked they stated they had not completed the training.

- The service's Safeguarding Children and Young People Policy did not reference the most recent guidance. The policy referenced the 'Working together to safeguard children' 2010 and the Children's Act 1989, 2004. However, this was not the most recent version as it was updated in 2018. There was a separate Safeguarding Adults at Risk Policy which also did not refer to the most recent guidance which was 2018. Where the most recent guidance was not being followed, patients were at risk of not being protected adequately.
- The policies had not been updated in accordance with guidance to reflect female genital mutilation and trafficking. The guidance includes 'FGM: mandatory reporting in healthcare 2017', 'Safeguarding women and girls at risk of FGM 2017' and 'FGM: video resources for healthcare professionals'. Absence of information in the safeguarding policies meant there was no guidance for staff to follow to protect adults, children and young people. This placed females at risk of not receiving appropriate treatment and support.
- The service had introduced safeguarding adults and children's safeguarding training for staff working for them based on the 'Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2014'. The service kept records of staff safeguarding training. The records showed that the self-employed staff who worked for them had either undertaken this at their main place of employment or completed the training the service provided via the internet training.
- The objectives for both policies stated, "to ensure all (staff) can recognise signs of suspected abuse," and they detailed how staff could identify signs of abuse. Both policies stated that the service would ensure all staff had appropriate adult and children's safeguarding training. However, the registered provider could not be assured that training would be effective in protecting patients as their own policies did not follow recent guidance. This placed patients at risk of not receiving appropriate treatment and support.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Staff had not used equipment and control measures to protect patients, themselves and others from infection. They did not keep equipment and the vehicle clean.

- At the inspection on 18 February 2019, we found the provider had made changes to the management of infection prevention and control. However, on this inspection we found that elements of infection control were unsatisfactory, and these improvements had not been sustained. The provider was not following guidelines and reverted to previous standards.
- Cleanliness did not meet the standards set by 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'. The ambulance was dirty with black dust and cobwebs and the harness on the seat for carrying children was visibly dirty. This posed an infection risk to patients with open wounds or those with allergies.
- The provider told us they had not cleaned it as they had not used the vehicle. The provider said the vehicle would be deep cleaned before use. However, records showed the vehicle was cleaned and deep cleaned in November 2018, 12 February 2019 and 28 June 2019, three days before the inspection on 1 July 2019. As the ambulance was dirty, this indicated the cleaning had not been effective.
- The registered manager and the managing director informed us that the vehicle was checked and cleaned before the vehicle was used for any regulated activities.
- The service said they had carried out infection prevention and control and hand hygiene audits. These were visual checks recorded on a checklist. These checks were carried out before the ambulance and equipment was used. This was limited as the service had not carried out any regulated activities since the last inspection and we were unable to assess its effectiveness.
- The service checked whether staff working for them had completed relevant infection prevention and control training at their main place of employment. We looked at three staff records, two had completed infection prevention and control training at their main place of employment.

Emergency and urgent care services

Environment and equipment

The registered persons failed to ensure the vehicle and equipment kept people safe. Staff did not manage clinical waste well.

- Not all equipment was in date. We looked at the storage of all pieces of single use equipment. There were two single use pieces of equipment past their expiry date. The service had introduced a 'sticker' system to highlight items within two months of expiry. The two items had the stickers but had not been removed when expired or on the 28 June 2019 when records showed the vehicle was cleaned. This meant the system was ineffective.
- The managing director said a full equipment check was carried out prior to using the vehicle for any regulated activities. The last regulated activity was in November 2018.
- The service could not be assured the equipment was in safe and working order as the equipment had not been serviced in line with the manufacturer's guidelines.
- We requested records to show equipment had been serviced and was safe to use, for example; the cot, oxygen flow meters, all tubing, the defibrillator and the ambulance tail lift. The tail lift had not been serviced since October 2017. The service was unable to provide them.
- The service had a 'checklist' of available equipment for staff to complete before any work was carried out. However, staff could not be sure the equipment was safe or would be effective, as the provider had not undertaken servicing of the equipment. For example, a defibrillator and suction machine were available, but there were no records to show they were safe to use.
- Since the inspection we have received evidence that equipment has been serviced.
- The provider told us there was no specific child harness except the one built into the seat. There was no other child restraint system such as an infant restraint mechanism for use on the ambulance trolley. However the provider told us they would not transport a very small child.

The service did not follow National guidance on the 'Management and disposal of healthcare waste' 2013.

The waste bins were unsafe as they were not secured inside the cupboard. The staff had used disposable tourniquets to hold the bags in place. When we opened the cupboard, the bags were loose, and items fell onto the trolley and floor. Records showed the vehicle was cleaned and deep cleaned on 28 June 2019, when inspected on the 1 July 2019 the bins were full this indicated the cleaning had not been effective.

- The ambulance was held at one of the managing director's home addresses. The location of the private property was not easily visible as it was behind high hedges and the ambulance was alarmed, reducing the risk of burglary of the vehicle and equipment.

Assessing and responding to patient risk

The service had processes to assess and respond to patient risk. However, these had not been used so the effectiveness was untested.

- In the event of a patient deteriorating, the provider told us they had a phone number direct to the accident and emergency department at the local hospital. They would alert the hospital regarding the patients' needs and gain any medical support if needed.
- The service had introduced a process to assess and respond to patient risk. However, we were unable to assess its effectiveness as the service had not carried out any regulated activities since the last inspection.
- The service had introduced policies and procedures to support staff to identify patients with sepsis. However, we were unable to assess its effectiveness as the service had not carried out any regulated activities since the last inspection.
- The managing director and registered manager said that if a patient presented with a mental health crisis they risk assessed whether it was safe for staff to take the patient to an emergency department. If the assessment indicated risk to staff, or the patient refused to be taken, they would seek the support from other professionals such as doctors or secure transport services.

Staffing

The registered persons ensured staff had the right qualifications, skills, training and experience to keep

Emergency and urgent care services

people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank staff a full induction.

- The directors and the registered manager of the service carried out the regulated activities. They had a group of staff who generally worked for other registered providers. Staff were employed on a job-by-job basis.
- The service took account of relevant legislation, health and safety executive legislation and the guidance provided in the Events Industry Forum's Purple Guide when planning staffing for a regulated activity. They showed us a plan of the activity they had undertaken in 2018 which described how to staff for specific numbers of people (potential patients).
- The directors described how they had given staff working for them the company's policies and procedures which were accessible via the 'staffing' part of the website. This was a private area of their website for staff, so the public could not access it. We were not able to access the private part of the website during our inspection.

Records

The registered persons had processes to complete records of patients' care and treatment.

- Since the last inspection the service had revised its patients records and they had in place carbonated patient records which meant they were able to retain a copy.
- We were unable to review the effectiveness and completeness of these records as the service had not undertaken any work since the last inspection.

Medicines

The service did not have systems and processes to safely prescribe, administer, record and store medicines in line with national guidance and legislation.

- The service provided us with their medicine policies, at the inspection. Our review of these policies showed they provided guidance to staff about the management of medicines. However, they were not in line with national

guidance on the disposal of healthcare waste and the safe and secure handling of medicines. This meant that staff did not have the correct guidance to manage medicines safely.

- The service's "Procedure Covering the Issue and use of Medications by Staff and the Company" detailed, "The company does not provide drugs to paramedic staff, we expect all registered paramedics to possess their own drugs bags." Conversations we had with the registered manager and directors at the inspection, confirmed all medicines owned by the company were issued to the registered manager, a paramedic, when needed. This conflicted with their policy.
- The service had a policy and procedure for the ordering, storage, use and destruction of controlled drugs within the company. However, it did not refer to national guidance from NICE guidance on Controlled drugs: safe use and management 2016.
- National guidance on the 'Management and disposal of healthcare waste' 2013 was not being followed which meant there was a risk to the public and the environment. Both the managing director and registered manager confirmed that medicines were disposed of down the sink and the sharps put in a sharps box.
- Staff did not follow the provider's policy when disposing of out of date medicines. The providers policy stated that this activity should be documented and signed for by two people, this was not being done.
- There were no records of when medicines were taken from storage to carry out a regulated activity, to track those medicines. There was a risk that medicines could be lost.
- The provider stocked controlled drugs. These medicines require additional safety measures to ensure they are prescribed, supplied, used and stored safely and legally to prevent misuse. During the inspection we saw that the Misuse of Drugs Regulations 2001 were not being followed as no controlled drug register was being maintained. This meant there was a risk of these medicines being diverted and misused.

Emergency and urgent care services

- An exemption from needing Home Office Controlled Drug licence needs to be applied for from the Environment Agency. The provider did not have one in place.
- We were told that paramedics provided their own supply of controlled drugs. However, there was no processes to provide assurance that these controlled drugs were safe for the treatment of patients.
- At the time of the registration of the service with CQC in January 2018, the registered manager was told the service should have patient group directions (PGD) as described in the legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment by specified registered healthcare professionals. At the inspection we checked if these PGDs was being followed. The managing director said a PGD had been drawn up, but it had not yet been authorised by a medical practitioner. This meant that if they carried out a regulated activity they would not be able to meet the needs of their patients.
- We were unable to review of the any patient medicine records as the service had not undertaken any regulated activity since the last inspection.
- The service held medicines at the office base. These were securely stored in a pin coded safe behind two locked doors in the house. The registered manager held the one key.
- Whilst we checked the policies and procedures, we could not test them as the service had not undertaken any work since the last inspection.
- Policies and procedures did not reference professional and national guidance. For example, the safeguarding Children and Young People Policy had been updated. However, it did not reference the most recent guidance. The policy referenced the 'Working together to safeguard children' 2010 and the Children's Act 1989, 2004. The most recent version was updated in 2018.
- The registered manager and managing director said there were no policies or pathways for clinical conditions, as staff were expected to follow the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, that reflected current professional and best practice guidelines.
- The service had not transported any patients since the last inspection therefore, there was insufficient data to carry out meaningful audits of compliance with national guidelines for care and treatment of patients. Since the last inspection the service had revised its records and they had in place carbonated patient records which meant they were able to retain a copy. This would enable them to review patient outcomes.
- The service provided staff with access to policies and procedures online via their website. At the inspection the registered manager and directors gave us a file containing paper copies of policies and procedures and essential paperwork these were available at the office for staff.
- The managing director and registered manager said the geography of the local area and the location of the local acute hospital, meant that staff could take patients to hospital in a timely manner and meet national guidance for time critical treatments. However, since the last inspection, staff had not attended to patients who required time critical treatment.

Are emergency and urgent care services effective?

Not sufficient evidence to rate

We inspected but did not rate this domain as the service had not delivered any regulated activities since the last inspection.

Evidence-based care and treatment

The registered persons could not ensure staff deployed to work for them provided care and treatment based on national guidance, as not all guidance used was the most recent.

Pain relief

- We were not able not inspect this part of the effective question as no activity had been carried out since the last inspection.

Response times

Emergency and urgent care services

- The service did not monitor response times. They did not provide a service that had response times targets. They did not carry out a patient transport service and only transferred patients when carrying out a regulated activity.

Patient outcomes

- Since the last inspection the service had implemented a process to monitor patient outcomes. The new patient records with a carbon copy would enable them to monitor outcomes. We were not able to inspect this part of the effective question as no activity had been carried out since the last inspection.

Competent staff

The service had not made sure staff were competent for their roles. Managers had not appraised staff's work performance or held supervision meetings with them to provide support and development, as no work had been undertaken.

- The registered manager and the managing director told us they knew the staff currently working for them, as they had worked alongside them at the local acute trust. They relied on this local knowledge to inform them of staff's character, qualifications, competence, skills and experience necessary for the work to be performed. The registered manager and the managing director told us they knew the staff working for them, as they had worked alongside them at the local acute trust.
- There were no references available in the files we looked at. The provider stated that they would seek references for new staff.
- The registered manager and the managing director told us that the local acute trust would have carried out a Disclosure and Barring Service (DBS) checks and deemed the staff, who worked for Invictus Medical Services Limited, as suitable to work in a health care environment. The registered manager and the managing director told us they had checked that staff working for them had a completed DBS check and this was via the trust. Telling us that "If it was good enough for the trust, it was good enough for them." However,

the three staff files we reviewed included a DBS reference number without a date relating to NHS checks. This lack of detail of a valid DBS meant the service did not have an effective recruitment process to protect patients.

- Since the last inspection the service had completed updated checks to ensure that paramedic staff working for them were registered on the Health and Care Professions Council (HCPC) register. The registered manager and the managing director told us they completed a check against the HCPC when someone first worked for the service. These checks were recorded on their personnel files.
- Following the last inspection, the service had checked that staff working for them were legally able to drive the ambulance. However, they did not follow a process to periodically recheck the driving licences of staff working for them to ensure they were still legally able to drive the ambulance. Therefore, they could not be assured of the safety of people who used the service.
- The service had a process to supervise staff. However, staff had not received supervision as no work had been undertaken.
- The service expected staff to have completed mandatory training and any additional training at their main place of work. The staff files we saw showed the service had checked that staff had completed relevant training at their main place of work in addition to the training they provided. There was no evidence to show what action the service would take if staff had not completed the relevant training. For example, one of the three staff files we looked at showed one had not completed infection control training.
- Since the last inspection the service had provided eLearning for staff working for the service for example safeguarding. The service's website detailed "Our staff are trained to the highest levels to effectively assess, diagnose and treat patients in a range of medical and traumatic emergencies and provide advice and support to members of the public." However, records did not show that staff had received training in paediatric resuscitation. This meant that staff had not received training in all areas to ensure patients were safe.

Multi-disciplinary working

Emergency and urgent care services

- The managing director and the registered manager told us they worked well with other services, such as independent fire services and the police when planning a regulated activity.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered persons had ensured staff understood their roles understood their roles and accountability under the Mental Capacity Act 2008.

- The service had a policy for Consent to Examination or Treatment. This included information about the Mental Capacity Act and the action staff needed to take if they suspected a person did not have the capacity to consent to treatment.
- The policy included information about the legality of children consenting to their own treatment. The safeguarding children and young people policy also provided detail about the legality of children consenting to their own treatment. However, the service policy did not reference the most recent guidance. The service policy referenced the 'Working together to safeguard children' 2010 and the Children's Act 1989, 2004 and not the most recent version was updated in 2018.
- Following the last inspection, the service had ensured staff working for them had completed training about their responsibilities towards the Mental Capacity Act and associated deprivation of liberty safeguards.
- Discussion with the registered manager and the managing director showed they had a good understanding about consent and their responsibilities regarding the Mental Capacity Act.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We were not able to inspect this domain as the service had not delivered any regulated activities since the last inspection.

Are emergency and urgent care services responsive to people's needs?

Requires improvement

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

- Senior managers said they would tender for and plan services to meet the care and transport needs of local people who attended events. It also worked with others in the wider system and local organisations to plan care needed at these events, such as the local police.
- The service is registered for the whole population on the island. However, the service had not ensured staff had skills to deliver care and treatment to children, including life support or assisting patients with mental health needs.
- The service was not commissioned by any organisations to provide an ambulance service. The service tendered for business on the Isle of Wight, to transport patients to the hospital.
- The registered manager and managing directors planned staff numbers and skill mix in response to the need to have capacity to transport patients to the local NHS hospital for work they were contracted for.

Meeting people's individual needs

The service could not evidence it was inclusive and took account of patients' individual needs and preferences. Or that it made reasonable adjustments to help patients access services as no activity had been carried out since the last inspection.

- The service did not have equipment to support the transport of bariatric patients. The local NHS ambulance service was used if a patient was assessed as needing bariatric equipment to be transported safely.

Emergency and urgent care services

- The registered manager and the managing director said their service did not transport patients experiencing a mental health crisis who were agitated. The service sought the support of the police services to ensure these patients were safely transported to the local NHS acute hospital and mental health services. However, the service had not ensured there was guidance and a policy to support staff when assisting patients with mental health needs.
- The staff who are employed by the service had received training by their main employer to support the needs of all patients who needed their help. For example, patients who lived with dementia or who had a disability.
- < >, the service provided translation services to meet the needs of patients who did not speak English as their first language.
The service had not carried out any regulated activities since the last inspection.
- The service told us people could access the service if they needed it at an event, which was in line with national standards, and the patient would receive the right care in a timely way.
- The service told us there was no need to monitor the access and flow to their service as they did not carry out patient transport service for people.

Learning from complaints and concerns

People would not find it easy to raise concerns or complaints. Complaints and concerns could not be made in completely accessible ways.

- We found the way people could make a complaint was difficult. The website showed the service preferred to receive feedback and complaints via emails. If people do not have access to the internet they are advised to ring the service when they will arrange for the complaint to be sent by post.
- There were unnecessary hurdles to making a complaint. For example, proof of the complainant's identity, a copy of their driving licence, passport or utility bill, power of attorney, if person had died, then grant of probate or death certificate. Where possible all that is needed is written consent from the other person to act on their behalf.

- The registered persons said they would treat concerns and complaints seriously, investigate them and share lessons learned with all staff.
- The registered manager and managing directors told us they felt it was easy for people to give feedback and raise concerns about care received, as this could be done via the website.
- The service had not received any complaints for the regulated activities since the last inspection.

Are emergency and urgent care services well-led?

Inadequate



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

Leadership of service

The directors did not have all the necessary experience, knowledge, capability to lead effectively. They did not demonstrate their understanding or manage the priorities of the service. There were few examples of the directors making a demonstrable impact on the quality or sustainability of services.

- The company has three directors, all were present at the inspection. One of the directors is registered with CQC as the nominated individual and registered manager.
- We have found at each inspection the leaders did not demonstrate a good understanding of their responsibilities towards the Health and Social Care Act. There was lack of evidence they had acted to comply with many of the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014.
- At the time of the registration of the service with CQC in January 2018, the registered manager was advised by CQC to ensure that all the fit and proper person requirements had been met for the directors. They director stated relevant checks would have been carried out by Companies House when registering the company in 2016 and they were using those checks as assurance

Emergency and urgent care services

that the directors were fit to carry out the regulated activities. They said that if new managing directors were appointed they would carry out the full fit and proper persons checks before appointing them.

Vision and strategy for this service

The service had a vision statement.

- Directors described a vision that included wanting to expand the service on the Isle of Wight, to carry out more work on the mainland, to carry out private transportation, to carry out repatriations and to carry out transfers for the local acute NHS trust.
- There was no method of monitoring, reviewing or providing evidence of progress against delivery of any strategy or plans.

Culture within the service

We were unable to check the understanding of the importance of culture. We could not see any evidence of staff satisfaction, feelings of respect, being valued, supported or appreciated. There was no attention given to staff development and appraisal.

- We were not able to speak with staff who worked for the service, so were not able to assess their views about the culture of the service. This was because the service had not carried out any work under the regulated activity since the last inspection.

Governance

Leaders did not operate effective governance processes.

- The governance arrangements were unclear, and there is a lack of clarity about authority to make decisions and how individuals were held to account. There was no governance or oversight surrounding the safety of medicines and medical waste which put patients at risk.
- The service had worked to implement a review process and policies included a current date. However, the substance of the policies did not include or refer to up-to-date guidance.
- All policies and procedures we looked at were in date and had a review date on them. One of the directors said he had looked at all the policies individually to

check they were current and included guidance that reflected national guidance. However, this was not the case, not all policies reflected current guidelines for example:

- Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2014,'
- 'Working together to safeguard children' 2010 and the Children's Act 1989, 2018.
- The guidance includes 'FGM: mandatory reporting in healthcare 2017', 'Safeguarding women and girls at risk of FGM 2017' and 'FGM: video resources for healthcare professionals'.
- 'Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (2015)'.
- Management and disposal of healthcare waste' 2013
- Royal Pharmaceutical Society for the safe and secure handling of medicines (2005).
- Schedule 17 of the Human Medicines Regulations 2012
- Since the last inspection there had been three recorded meetings for 1 May 2019, 30 May 2019 and 17 June 2019. The directors looked the business issues.

Management of risk, issues and performance

Leaders did not have or use systems to manage performance effectively. They did not identify risks which meant action could not be identified to reduce their impact. They did not have plans to cope with unexpected events.

- The service carried out some audits which were documented for example vehicle checks. However, we were not assured these led to improvement. At the inspection we highlighted several concerns about the vehicle, equipment and its safety which had not previously been identified by the service.
- The service had a process to supervise staff. However, staff had not received supervision as no work had been undertaken.
- Equipment on the ambulance including the tail lift, had not been serviced in line with manufacturers guidelines.

Emergency and urgent care services

For example, the tail lift for the ambulance had been serviced twice in 2017, according to the label on it. The directors could not evidence that the tail lift had been serviced since then and was safe to use.

- There was limited evidence of how the provider continually monitored and identified risks to the service such as the management of medicines, equipment, infection control and the safeguarding policy. The main evidence of response to risks was to risks which had been identified externally.

Information Management

- The service had not collected reliable data and analysed it, therefore we could not confirm their data and information management.
- Senior staff did not have the information needed to understand performance, make decisions and improvements.
- The directors said staff could find the information they needed via the website, but using a password issued to them. We could not verify this. Information was available at the registered location.

Public and staff engagement

There were no effective processes to engage with staff and stakeholders.

- The service engaged with staff who worked for them via bulletins as needed and staff could leave feedback via the website. The registered manager and directors explained they socialised and worked alongside these staff and could gain their views about working for the service.
- The service had a patient satisfaction survey, but no patients had used this since the date of registration to the 1 July 2019.

Innovation, improvement and sustainability

There was no information about innovation at the service.

- The directors said they did not deliver an innovative service but tried to deliver a service that was safe and sustainable. They described the vision that would support sustainability of the service. However, there were no formal plans to deliver this vision.