

Response Services group uk Ltd

# Response Services Group UK Ltd

## Quality Report

Unit 7 Acorn Phase 3,  
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Date of inspection visit: 09/08/2017  
Date of publication: 28/12/2017

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

Patient transport services (PTS)

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Response Services Group UK Ltd is an independent ambulance service based in Unit 7, Acorn Phase 3, High Street, Grimethorpe, Barnsley, S72 7BD.

We carried out an unannounced focussed inspection on 9 August 2017. The focus of this unannounced inspection was in relation to the transport of patients with mental ill health. This was in response to specific concerns raised regarding this part of the service.

The provider's main service was medical cover at public and private events. We did not inspect this part of their service at this inspection.

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? For this inspection we inspected the safe, effective, responsive and well-led domains of the service.

Throughout the inspection we took account of how the provider understood and complied with the Mental Capacity Act 2005.

### Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- We saw evidence of the provider's response to an incident involving a patient who displayed challenging behaviour. The provider had introduced body-worn CCTV cameras for staff to wear when dealing with potentially violent patients or those who may require restraint.
- The station environment was spacious, clean, tidy and well laid out. It was fit for purpose.
- We found that all vehicles were in good condition and that they were visibly clean and tidy.

We found that a sufficient number of staff had been deployed in order to care for patients safely. We found the following issues that the service provider needs to improve:

- There was no evidence that the safeguarding induction input would equip staff with the knowledge or ability to identify or make a safeguarding referral.
- There was no evidence the provider had sufficient numbers of trained competent staff or systems in place to ensure safeguarding issues could be identified or referred expeditiously to the appropriate authority
- The relevant legislation was not being met because RSGUK staff were not recording their risk assessments when the patients were transferred into their care.
- RSGUK did not maintain an accurate or complete record of the patients in their care. There was an over reliance upon the information and risk assessments from the provider that subcontracted the service.
- A lack of a recorded risk assessment meant that timely care planning did not take place which therefore did not ensure the health, safety and welfare of the service users.
- Staff told us that they only reported incidents in relation to physical intervention when a member of staff or patient had been injured.
- RSGUK did not monitor the frequency of use of physical intervention or types of intervention used. Therefore, no themes or trends had been identified or potential for lessons learnt identified.
- During our inspection there was no evidence of there being a system in place to monitor safety and use of results. The evidence we saw showed the provider appeared to be reactive rather than proactive.

# Summary of findings

- During our inspection there was no evidence of RSGUK gathering and reviewing data in order to enable any benchmarking or setting of performance improvement goals.
- There was no staff induction input in relation to the Mental Health Act 1983, Mental Capacity Act 2005, Deprivation of Liberty Safeguards or use of restraint.
- During our inspection there was no evidence of any formal process regarding access to special notes, Advance Care Planning (ACP's) and do not attempt cardiopulmonary resuscitation orders (DNACPR).
- There was evidence of a company vision with a set of values. However, there was no evidence that quality and safety were included as the top priority.
- The company vision only referred to event cover. There was nothing included about the other services provided or quality or safety.

Following this inspection, we told the provider that it must take some actions 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 three requirement notices that affected patient transport services. Details are at the end of the report.

**Ellen Armistead**

Deputy Chief Inspector of Hospitals, on behalf of the 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?

Response Services Group UK Limited (RSGUK) provided secure transport services for patients detained under the Mental Health Act 1983, and non-secure transport for patients voluntarily receiving treatment for mental ill health. Patient transport services were the main service activity.

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

During the inspection, there was no evidence that people's identified needs had not been met. However, we found there were areas of practice where the provider needs to make improvements. This was in relation to safeguarding, risk assessments and governance.

# Response Services Group UK Ltd

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to Response Services Group UK Ltd

Response Services Group UK Ltd first registered with the CQC on 18 June 2015. It is an independent ambulance service based in Grimethorpe, near Barnsley, South Yorkshire, and operates throughout the UK. The company provides a range of services including: urgent and emergency paramedic and first aid medical coverage at both private and public events; blood and organ transport; and a patient transport service for patients with mental ill health. On site only event medical provision is currently not regulated.

The focus of this unannounced inspection was in relation to the transport of patients with mental ill health. This was in response to specific concerns raised regarding this part of the service.

We did not inspect other parts of their service at this inspection.

The provider had a registered manager who was also the managing director.

The provider is registered to provide the following regulated activities:

- Transport services, triage, and medical advice provided remotely.

- Treatment of disease, disorder or injury.

This provider was subject to an unannounced focussed inspection on 9 August 2017.

The provider employs three staff, one full time, and two staff both working 20 hours. There was also a general manager who had a consultancy role. Other members of staff who work for Response Services Group UK Ltd (RSGUK) were self-employed and work for the provider on ad-hoc basis.

The company tenders for business around the country to provide medical support at events and patient transport services. When a contract was secured they advertise the staffing requirements through a social media secure platform for staff and not accessible by the public.

Suitably qualified staff from a range of organisations, who were self-employed, apply to work at the event. A pool of approximately 35 staff were contracted by Response Services Group UK Ltd on a regular basis. Ten of those staff work on patient transport including transporting patients with mental ill health.

# Detailed findings

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and two other CQC inspectors who had ambulance service and mental health expertise. The inspection team was overseen by Lorraine Bolam, Head of Hospital Inspection.

## How we carried out this inspection

During the inspection, we visited Unit 7 Acorn Phase 3, High Street, Grimethorpe, Barnsley S72 7BD which was

the provider's operating base. We spoke with four staff including: the managing director, the general manager, the office manager and the clinical director. During our inspection, we reviewed 24 sets of patient records.

## Facts and data about Response Services Group UK Ltd

Response Services Group UK Ltd first registered with the CQC on 18 June 2015. It is an independent ambulance service based in Grimethorpe near Barnsley, South Yorkshire and operates throughout the UK. The company provides a range of services including: urgent and emergency paramedic and first aid medical coverage at both private and public events; blood and organ transport; and a patient transport service for patients with mental ill health.

The service has a registered manager who was also the managing director.

The service is registered to provide the following regulated activities:

Transport services, triage, and medical advice provided remotely.

Treatment of disease, disorder or injury.

During the inspection, we visited Unit 7 Acorn Phase 3, High Street, Grimethorpe, Barnsley S72 7BD which was the provider's operating base. The building was privately leased building over two floors. There was a ground floor area which provides indoor parking for the provider's vehicles and storage areas for equipment. There was also a classroom housed in a temporary modular building inside the garage area, used for delivering training to the provider's staff and external customers. The first floor has welfare facilities and office space for staff to use.

We spoke with four staff including: the managing director, the general manager, the office manager and the clinical director. During our inspection, we reviewed 24 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity (April 2016 to March 2017)

The patient transport service was ad-hoc and demand driven by a provider who subcontracts RSGUK to provide the service. There were approximately 20 patient transport journeys undertaken per month or approximately 240 a year in the reporting period.

Track record on safety

No never events had been reported.

There had been no reports of clinical incidents of no harm, low harm, moderate harm, severe harm, or death.

No serious injuries had been reported.

One complaint had been received in the reporting period.

# Patient transport services (PTS)

Safe	
Effective	
Well-led	
Overall	

Information about the service

Summary of findings



# Patient transport services (PTS)

## Are patient transport services safe?

At present we do not rate independent ambulance services. However, during our inspection we found the following;

- There was no evidence that there was a formal system for reporting and responding to incidents.
- There was no formal recording procedure of what was discussed or actions taken following the daily staff morning briefing.
- There was no evidence there was a system in place to monitor safety and use of results. The provider appeared to be reactive rather than proactive.
- RSGUK had two identified safeguarding leads; the managing director and office manager trained to level 2 Children's Safeguarding, however neither had an Adult Safeguarding qualification.
- There was no monitoring of the frequency of use of physical intervention or types of intervention used. Therefore, no themes or trends had been identified or potential for lessons learnt identified.
- Due to inconsistencies in the recording of training requirements and attendance, the monitoring of when updates or refresher training was required for staff was difficult to determine. There was no central database or alternative recording system in place.

However,

- The provider had introduced body-worn CCTV cameras for staff to wear when dealing with potentially violent patients or those who may require restraint following the review of an incident involving a patient who displayed challenging behaviour.
- The station environment was spacious, clean, tidy and well laid out. It was fit for purpose.
- All the vehicles inspected were in good condition and they were visibly clean and tidy. All had hand gel, cleaning wipes, and personal protective equipment (PPE) including gloves, aprons and face masks.
- Staff used the dashboard CCTV camera in the mental health ambulance to record if patients were being transported with medicines.

## Incidents

- Never events are incidents of serious patient harm that are wholly preventable, where guidance or safety

recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers. The provider told us that they had never experienced any never events.

- During our inspection there was no evidence that there was a formal system for reporting and responding to incidents. The system was that incidents were reported to the managing director who reviewed them. Staff told us the reason why there was no formal recording process was because the company was small and it was not deemed necessary.
- Staff told us the company held a daily morning briefing for staff which covered a review of any incidents from the previous day and a discussion about the forthcoming day's business. However, there was no formal recording procedure of what was discussed or actions taken.
- We saw evidence of the provider's response to an incident involving a patient who displayed challenging behaviour. The provider had introduced body-worn CCTV cameras for staff to wear when dealing with potentially violent patients or those who may require restraint.
- Staff told us they only reported incidents in relation to physical intervention when a member of staff or patient had been injured. All use of physical intervention was recorded on the 'secure patient transport run sheet' which was a RSGUK form. The intervention areas were body mapped and brief notes documented. The report forms were copied and submitted to the provider who had subcontracted the service.
- Staff we spoke with told us every job was debriefed in order to identify good and bad practice. This was usually a 'hot debrief' when staff returned to the station. Any wider learning was shared using the provider's private mental health page on closed social media site.
- There was no evidence that RSGUK received feedback from the provider who subcontracted the service in relation to information submitted. RSGUK did not monitor the frequency of use of physical intervention or types of intervention used. Therefore, no themes or trends had been identified or potential for lessons learnt identified.
- Managers told us staff were aware that they had to use the Incident report 1 forms (IR1) for any incidents either

# Patient transport services (PTS)

while deployed or in the workplace. The records were paper based and were filed once submitted. However, during inspection, there was no evidence of a formal recording, reporting and review process for incidents.

- Staff we spoke with were aware of the duty of candour, but had never had to apply it.

## **Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)**

- During our inspection there was no evidence there was a system in place to monitor safety and use of results.

## **Cleanliness, infection control and hygiene**

- Staff told us all the vehicles were cleaned at the end of each shift or, if a shift ended at an inappropriate time of night to allow cleaning, they were taken off the run and cleaned before their next use. However, there was no evidence of a formal cleaning schedule.
- All of the vehicles had hand gel, cleaning wipes, and personal protective equipment (PPE) including gloves, aprons and face masks.
- We looked at two event ambulances and one ambulance used to transport patients with mental ill health. All were visibly very clean.

## **Environment and equipment**

- The station environment was spacious, clean, tidy and well laid out. It was fit for purpose.
- All the vehicles we inspected had current MOT test certificates. The provider maintained a spread sheet to identify renewal dates.
- The provider had recently replaced a number of the vehicles in its fleet. There was no formal replacement schedule; vehicles were replaced when they became unserviceable or not fit for purpose.
- All the vehicles we inspected carried relevant equipment for both adults and children.
- RSGUK had a local contractual arrangement for the serving and repair of their vehicles.
- The provider had a contingency fund that was used to hire vehicles on a short term basis, if one of the fleet was being repaired.
- The mental health transport vehicle was a seven-seater people carrier. The vehicle was liveried as an 'ambulance' with battenberg markings and blue lights. Patients with mental ill health were transported using the rearmost nearside bench seat, with two escorts able to sit between them and the side door of the vehicle.

- Staff explained that this seating position had been risk assessed as the safest place for the patient to sit as it allowed staff to use control and restraint should they become aggressive or uncooperative. The seating position was not near any doors and was not within reach of the driver. A dashboard mounted CCTV camera with a recording ability was fitted inside the windscreen which provided a view of the interior and rear passenger saloon.
- There were clean blankets, water, and medical kit including an automated external defibrillator in the vehicle used to transport patients with mental ill health.

## **Medicines**

- We saw evidence that medical gases were stored in accordance with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders.
- The equipment storage room was very clean, tidy and well organised. There were fully kitted bags for every skill level of staff. There were two medicines safes, one for paramedic prescription only medicines and one for medicines which could be administered by staff who were not registered healthcare professionals.
- RSGUK did not carry or administer any medicines on their vehicles. The only medicines carried during the transport of patients with mental ill health were the patient's own. If there was a need to administer medicines during a patient transfer, particularly on longer journeys, this was done by a nurse from the establishment where the patient was transferred from, who would accompany the RSGUK vehicle.
- The dashboard CCTV camera in the mental health ambulance was also used to record if patients were being transported with medicines. Staff told us they held up the sealed bag of medicines to the camera when they left and when they arrived at their destination to demonstrate the medicines had not been tampered with.

## **Records**

- During inspection we identified that ambulance crews transferring patients with mental ill health were only given patient information supplied by the provider who had subcontracted the service to Response Services Group UK Ltd. We found that some of the information provided was limited or inaccurate.

# Patient transport services (PTS)

- Patient report forms submitted by staff were paper based. When these were finalised they were delivered to the main office and left on desk for the Office Manager to file. The office manager added the information from the forms to a spreadsheet before storing the paper forms securely in a locking cabinet.
- Every job undertaken was recorded on the RSGUK`s control log which was a spreadsheet containing various information.

## Safeguarding

- The provider had a safeguarding policy.
  - During inspection, we saw each ambulance had a pack, which provided information on what to do if staff had any safeguarding concerns. The instruction was to complete an incident form and to contact the on call manager and local authority.
  - The general manager had a current adult safeguarding qualification.
  - RSGUK had two identified safeguarding leads; the managing director and office manager who were trained to level 2 children`s safeguarding. Neither had an adult safeguarding qualification.
  - Safeguarding training of sub contracted staff was not confirmed through the staff`s primary employment.
  - There was an expectation that staff sub contracted to work for RSGUK had complete the companies on line accredited safeguarding courses. However, this was not a condition of employment.
  - Managers we spoke with explained that having a safeguarding qualification was not a prerequisite of employment with RSGUK and that new staff would receive a safeguarding input on the induction course which would increase their awareness and how the provider`s referral process worked.
  - There was no evidence that the safeguarding induction input would equip staff with the knowledge or ability to identify or make a safeguarding referral. This was confirmed by managers we spoke to who told us staff would not make referrals independently, but would have to inform the provider safeguarding leads.
  - RSGUK had not made any safeguarding referrals.
  - Managers explained the system for making safeguarding referrals was the same as that used by the provider that had subcontracted the work.
  - It appeared that there was a reliance on the receiving unit where the patient was taken to make any referrals based on information provided by RSGUK.
- RSGUK did not have a system in place to monitor if referrals had been made when the safeguarding information had been passed to a third party.

## Mandatory training

- RSGUK used an external provider to deliver on-line training packages for staff, including adult basic life support, safeguarding of adults at risk, safeguarding children levels 1 and 2, fire safety and manual handling. However, there was no consistent system in place to record which staff had completed the course or when a refresher was due. This meant RSGUK did not have assurance of who had attended required training.
- During the inspection, we were unable to establish if RSGUK had a baseline expectation for staff compliance with particular courses. RSGUK relied on the requirements of their bank staffs` primary employer, which was predominantly the NHS, to provide mandatory training.
- We looked at records of physical intervention training. The information was paper based and the course was run approximately every four months. There was an expectation from RSGUK that staff had an update every six months.
- Staff training in relation to dealing with disturbed or violent patients was covered in a training package delivered, via RSGUK, from the provider that sub contracted RSGUK to transport patients with mental ill health. RSGUK managers told us they felt this training was not enough for the staff, so this was supplemented up by in-house RSGUK control and restraint training.
- We found there was inconsistency in the recording of physical intervention training attendance. In January 2017, three staff attended and the register had been completed. In April 2017, 12 staff had attended, but this was not recorded in the register. However, staff had signed disclaimers regarding having undertaking the physical element of the course.
- The provider`s moving and handling course was discussed with staff who administered the records. We were not assured training certificates were recorded and stored effectively, and the provider was not able to provide evidence all of its employed and bank staff had completed this training.

# Patient transport services (PTS)

- Due to inconsistencies in the recording of training requirements and attendance, the monitoring of when updates or refresher training was required for staff was difficult to determine. There was no central database or alternative recording system in place.
- Staff files were electronic, but were not standardised. Some contained scanned certificates, but some did not.

## Assessing and responding to patient risk

- There was no policy or procedure around risk assessments for RSGUK; all patient risk assessment were undertaken by the primary provider that sub contracted the work.
- We reviewed a mental health control sheet completed by the contracting provider, which was supplied to RSGUK. It contained basic patient information such as gender, ethnicity, and NHS number. It also indicated if an H4 form was completed or not, valuables and cash/property were also included. A H4 form was the authority to transfer a detained patient from one hospital to another.
- We saw evidence that staff used a RSGUK form called “the driver run” form. On this document, staff recorded any actions resulting from their risk assessment, if the risk assessment on the form accompanying the patient was different from theirs. This could influence their decision whether to use control and restraint or not.
- However, the revised risk assessment or resultant actions, if any, were not consistently recorded, filed or reviewed.
- We saw evidence that the mental health transport vehicle carried a responder bag which contained equipment to deal with a medical emergency, if immediate care was required
- There was no policy in place for managing a deteriorating patient. Staff we spoke with explained that the contingency plan for a patient who became seriously unwell on a transfer was to drive to the nearest hospital emergency department or stop and dial 999.
- We found the recording of information to be over reliant on the providers who had sub- contracted the work, processes and record requirements.
- Staff were able to explain the various techniques used to transport patients with mental ill health, including use of a safe escort process to walk patients between units and the vehicle.
- Staff told us that physical and mechanical restraints were only be used as last resort. Staff had access to rigid and folding handcuffs which were all individually serial numbered to ensure they could be identified in the event of a complaint being made where a forensic examination as part of an investigation was required.
- The risk assessment on the mental health control sheet asked for the following information; was patient aware of the move or not, were there any issues relating to gender, was the patient settled, suicidal, , aggressive, suffering from paranoia, a self-harmer, violent, absconder and were they suffering from a disease. All required a yes or no answer.
- The risk assessment did not capture physical health or mobility. There were no timescales as to whether the information was historical or recent. There was an option for additional information to be recorded. We reviewed four records; one had no additional information, three others indicated issues regarding violence and assault.
- The provider which contracted the service had their own risk matrix that determined escort numbers, however RSGUK were unaware how this informed the escort required. In addition, there was no formal process to show how RSGUK staff’s risk assessments had influenced escort numbers or how RSGUK staff could revise the risk assessment and increase the number of escorting staff, if required.
- Staff we spoke with told us the arrangement for agreeing the number of escorting staff was informal. The standard numbers would be a driver and one or two staff, if there was a long journey. If the patient was detained under a section of the Mental Health Act 1983, there was a driver and two staff. The number of RSGUK staff could be fewer if the hospital sent staff on the transfer to administer medicine or if the patient was under constant supervision.
- RSGUK Staff told us they carried out a ‘dynamic risk assessment’ once at the collection point and following handover. This risk assessment was not standardised or documented. Consideration was given to the risk of absconding, violence or if the patient was in seclusion, however this was not recorded.
- We reviewed four records for patients with mental ill health. Three had used mechanical restraint. Decisions to use mechanical restraint were directed by police officers or a risk assessment supplied by the contracting provider which was based only on previous information held. RSUGUK staff had not reviewed the contracting services risk assessment to confirm or revise it.

# Patient transport services (PTS)

- There was no evidence documented to support any consideration being given to a further risk assessment being carried out to take account of the needs of patient on longer journeys. For example, if restraint was still required or comfort breaks would be needed. There was no evidence of any ongoing risk assessment reviews; it appeared once restraints were in place they remained on for journey. This was confirmed by staff we spoke with.

## Staffing

- The provider had three employees. The full time managing director who was responsible for business oversight and event planning, the part time office manager who dealt with administration including maintaining provider records and human resource issues, the part time clinical director and the general manager who in a consultancy role was responsible for the day to day running of the business including dealing with staffing and implementation of new policies.
- The clinical director worked 20 hours per month. They were employed to maintain clinical oversight and to ensure policies and procedures complied with health and safety, as well as Joint Royal Colleges Ambulance Liaison Committee guidelines (JRCALC).
- The provider had a pool of approximately 35 bank staff who they contacted to work. The staff were self-employed and made themselves available as and when they wanted. Ten of those staff worked on patient transport including transport patients with mental ill health.
- We checked the electronic records for the 10 members of staff who worked on patient transport including transport of patients with mental ill health. All contained proof of right to work in the UK, driving licence and endorsement checks and proof of address. All the records contained copies of Disclosure and Barring Service (DBS) certificates or reports from the DBS update service.
- All the provider's transport of patients with mental ill health work was ad-hoc and staff were called in to work when needed.
- Staff numbers transporting patients with mental ill health was determined by the provider who contracted the service. We saw evidence that staffing levels were achieved in accordance with planned requirements.

## Response to major incidents

- Managers we spoke with told us that at the time of the inspection the provider did not have a business continuity plan, but it was being written by the clinical director.

## Are patient transport services effective?

At present we do not rate independent ambulance services. However, during our inspection we noted the following for effective;

- There was no legal framework to support the RSGUK procedure regarding the transfer of patients with mental ill health. The legislation was not referenced into the company procedures.
- There was no evidence of assessment and planning of patient care with staff relaying on the assessment and planning provided by the provider that subcontracted the service.
- There was a lack of a consistent recording procedure for the handover of patients to the receiving facility.
- There was no evidence of the gathering and reviewing of data to enable any benchmarking or setting of performance improvement goals to be established.
- Appraisals were not completed for staff who were subcontracted to work for RSGUK.
- There was no formal process regarding access to special notes, Advance Care Planning (ACP's) and Do not attempt CPR orders (DNACPR).

However,

- There was evidence that RSGUK were reactive and responded to issues raised by the provider subcontracting the service when performance fell below that which was contractually agreed.
- Staff tried to have a break every two hours on longer patient transfers which were recorded on the control log. Staff were able to provide examples of when this had occurred.

## Evidence-based care and treatment

- There was limited information to demonstrate that the care provided was based on evidence.
- Staff we spoke with told us no treatment was provided to patients with mental ill health while in the provider's care, unless an emergency arose during the journey.



# Patient transport services (PTS)

- We found that RSGUK had one procedure that was relevant to transfers of patients with mental ill health, however, this was not supported by any legal framework from the MHA or Code of Practice and it was not evidence based.

## Assessment and planning of care

- There was no evidence of RSGUK assessment and planning of patient care. The staff relied on the assessment and planning provided by the provider that subcontracted the service.
- Staff told us whether they stopped or not for a comfort break while on long transfers was dependant on the patient. Staff also told us they tried to have a break every two hours on longer transfers. If there was a stop, this was recorded on the control log.
- Staff we spoke with provided examples where patients who were restrained were given a comfort break.
- Staff told us that if there were no stops this was not recorded nor were the reasons why.
- We reviewed four handover records. One recorded that one patient was mechanically restrained because they had previously absconded from RSGUK. When this was discussed with staff it was revealed that when the patient last absconded and went on to commit criminal offences. This information was not recorded on the risk assessment form provided by the provider subcontracting the service; however, this information informed the decision of RSGUK staff to use mechanical restraints on the second occasion.
- It was evident during the inspection, transport of patients with mental ill health was not done using physically segregated areas of the vehicle. Staff told us that they used mechanical restraint on approximately 40% of the transfers.
- Staff were able to explain the other steps they would take before using restraint including trying to gain trust. Staff also told us if the patient was calm, restraints would be removed. However, there was no evidence of when this happened.
- Staff explained there was a verbal handover of patients, but if not asked for by the receiving service this was not provided. No record was made on the control log if no handover occurred.
- Evidence was provided from body and vehicle cameras of patients moving from RSGUK vehicles to the receiving service. The CCTV images were stored in a file on the company computer hard drive for future reference.

- RSGUK staff relied on information from the provider that subcontracted the service. This information was contained on a RSGUK form called the “Mental Health Control Sheet”.

## Response times and patient outcomes

- There was no evidence of active monitoring of key outcome data.
- RSGUK’s performance and benchmarking in relation to transport of patients with mental ill health was monitored by the provider who subcontracted the service. Performance data, such as response times were set within the contractual arrangement.
- We saw evidence that RSGUK were reactive and responded to issues raised by the provider subcontracting the service when performance fell below that which was contractually agreed.
- During our inspection there was no evidence of RSGUK gathering and reviewing data to enable any benchmarking or setting of performance improvement goals.

## Competent staff

- During our inspection, we saw evidence that RSGUK delivered a training package for staff who worked on secure mental health transfers. The training package had been supplied by the provider that subcontracted this service to RSGUK. The training course was a one day input.
- The managing director explained that he was not satisfied that the one day course adequately equipped staff to do the job. He had written a three day training package for RSGUK staff, which was accredited by the Association of First Aiders (AoFA). All staff involved in transporting patients with mental ill health received this training.
- Staff trained in the transport of patients with mental ill health were also trained in-house to First Person on Scene (FPOS) intermediate level. FPOS was a training programme to equip people to provide immediate medical care when they are first on scene to an emergency incident.
- RSGUK were planning to deliver First Response Emergency Care (FREC) training in-house in place of FPOS, which was no longer a current qualification, although those with it are still deemed competent.

# Patient transport services (PTS)

- The clinical director was working towards gaining an education and training award to be able to deliver FREC courses.
- The general manager had a teaching qualification from a previous employment and was an advanced life support and pre-hospital trauma life support instructor.
- The registered manager was trained in major incident medical management and support.
- During the inspection, we reviewed the training materials regarding driving standards and saw these were comprehensive and well-structured.
- During inspection we saw evidence of a number of in-house accredited courses that were available to staff to increase their skills. It was personal choice whether to attend or not. This was positively commented upon in the company staff survey results.
- There was no evidence of RSGUK managers identifying courses or development opportunities for staff either through performance meetings, appraisals or using individual training needs analysis.
- The managing director told us that appraisals were not done for staff who were subcontracted to work for RSGUK.
- RSGUK provided a one day induction course for new staff joining the company.
- During inspection, we reviewed the content of the RSGUK company induction input. It covered the company mission statement, values, and standards and policies. In addition, the presentation covered a number of other areas such as conflict of interest, safeguarding, confidentiality and vetting. The company management structures and roles were also outlined.
- During inspection, we reviewed the content of the company's staff induction power point presentation. There was no induction input in relation to the Mental Health Act 1983, Mental Capacity Act 2005, Deprivation of Liberty Safeguards or use of restraint.
- There was no evidence that those on the induction course had provided feedback to RSGUK management about the course input and content as to whether it provided them with the skills and confidence to perform their role.

## Coordination with other providers and multi-disciplinary working

- During the planning process, RSGUK liaised directly with NHS ambulance trusts and acute hospitals to establish contact numbers and alert line numbers for inclusion in event documentation. This was done through the event Safety Advisory Group (SAG).
- RSGUK did not deal directly with any NHS mental health trusts. Any transfers of patients with mental ill health were subcontracted to RSGUK from another provider.

## Access to information

- Staff we spoke with told us the only information they were supplied with was from the provider subcontracting the service or from staff at sending units.
- During our inspection there was no evidence of any formal process regarding access to special notes, advance care planning (ACP's) and do not attempt cardiopulmonary resuscitation orders (DNACPR).
- All the RSGUK vehicles we inspected had up-to-date satellite navigation systems.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- During inspection, there was no evidence of company policies in relation to consent, mental capacity and deprivation of liberty safeguards.
- Staff we spoke with told us they transferred two types of patients; those detained under the Mental Health Act 1983, and informal, or voluntary patients. Voluntary patients could change their mind about being transported, and could only be prevented from leaving the providers care if there was a significant risk of harm to them or to the public.
- Staff we spoke with told us RSGUK staff were not trained in-house in the Mental Capacity Act 2005 (MCA).
- Staff we spoke with did not demonstrate they understood the relevance of the MCA, particularly for those patients not detained under a section and what the potential impact would be if patient withdrew their consent to be transferred. Staff told us they would verbally encourage the patient to go to the hospital as agreed.

## Are patient transport services well-led?

At present, we do not rate independent ambulance services. However, during our inspection we found the following;

# Patient transport services (PTS)

- There was evidence of a company vision with a set of values. However, there was no evidence that quality and safety were included as the top priority.
- The provider did not have a business plan or a documented strategy plan to deliver the services it provides.
- There were no policies or procedures in place around mental health, risk assessment, training, safeguarding or incident reporting.
- There was no evidence of formal, regular governance meetings with accompanying minutes or actions
- There was no risk register covering the services provided.

However,

- A clinical director was employed to maintain clinical oversight and to ensure policies and procedures complied with health and safety as well as Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- The provider`s values were displayed on notice boards.
- Staff told us that managers were visible as they worked operationally as team leaders during the transfer of patients with mental ill health.

## **Leadership / culture of service related to this core service**

- The company had three full time employees. The full time managing director was responsible for business oversight and event planning, the consultant general manager who was responsible for the day to day running of the business including dealing with staffing and implementation of new policies and the part time office manager who dealt with administration including maintaining company records and human resource issues.
- The clinical director worked 20 hours per month. They were employed to maintain clinical oversight and to ensure policies and procedures complied with health and safety as well as Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- Staff we spoke with explained that managers were visible as they worked operationally as team leaders during the transfer of patients with mental ill health.

## **Vision and strategy for this this core service**

- The providers mission statement was “Response Services Group UK Ltd.’s mission is to grow a profitable business by delivering for our partners, professional private medical coverage to the highest industry standards first time, every time.”
- Staff we spoke with explained the mission statement was now four years old and due for a review.
- Staff were informed of what the provider’s mission statement, vision and values were during induction. However, there was no evidence that quality and safety were included as the top priority.
- The company vision only referred to event cover. There was nothing included about the other services provided or quality or safety.
- Staff were informed of what the provider’s mission statement, vision and values were during induction.
- The provider`s values were, ‘customers, candour, compliance, colleagues, competence and cooperation’.
- The provider`s values were also displayed on notice boards in the RSGUK building.
- There was no evidence of the provider testing staff understanding of the vision and values either through appraisal, performance review meetings or debriefing of incidents.
- The provider did not have a business plan or a documented strategy plan to deliver the services it provides.

## **Governance, risk management and quality measurement (and service overall if this is the main service provided)**

- Staff we spoke with told us that there was a management briefing every morning with the senior managers. The previous day’s work was discussed to identify any issues followed by a review of the work that day.
- Staff we spoke with told us there were plans in place to hold monthly management meetings to discuss wider issues, however, none had been held at the time of our inspection.
- We saw evidence that the provider only recorded the use of restraint if an injury occurred. There was no evidence of a structured recording or review of restraint use when injury occurred or not. This did not give the provider the opportunity to identify poor practice or unnecessary use of restraint.
- There was no evidence as to how the provider would deliver and review its strategy.



# Patient transport services (PTS)

- During our inspection, we identified gaps in governance arrangements. There were no policies or procedures in place around mental health, risk assessment, training, safeguarding or incident reporting. There was no evidence of formal, regular governance meetings with accompanying minutes or actions.
- Staff we spoke with told us the only areas on the company risk register were in relation to the building.
- Staff we spoke with told us the only areas on the company risk register were in relation to the building and not risks regarding the health, safety and welfare of staff and patients.
- During our inspection there was no evidence that RSGUK routinely collected and discussed any performance data. The only performance measure was to meet the contractual agreements.
- The contractual key performance indicators (KPI`s) were reviewed quarterly by the sub- contractor and audited annually. The sub- contractor identified the number of resources and the time it would take for RSGUK complete tasks on their behalf. The purpose of

the quarterly reviews and audit were to ensure staffing levels per task, time taken per task and the costings submitted by RSGUK matched what had been agreed with the subcontractor.

## **Public and staff engagement (local and service level if this is the main core service)**

- During inspection, we did not see any evidence of provider engagement with the public.
- The provider used a hidden, private social media group to communicate with staff. Hidden means it cannot be found by anyone searching on the internet; private means it is invitation-only and people have to be approved by one of RSGUK's managers before they have access. Anyone who stopped working for RSGUK was removed from the group.
- The provider also used a secure social media messaging system to communicate with staff.
- During inspection, we saw that RSGUK used a staff survey to receive feedback regarding training input and operational work including suggestions as to how to improve.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must ensure there are effective policies and procedures for safeguarding issues to be identified and handled immediately.
- The provider must ensure staff are appropriately trained in safeguarding to the level required by the intercollegiate document.
- The provider must ensure they have their own policies and procedures in relation to risk assessments for all patient transports.
- The provider must ensure they have an incident reporting policy and procedure. The provider must ensure all incidents are appropriately recorded.
- The provider must ensure staff receive suitable training in both the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The provider must have documented policies and procedures that are relevant to transfers of patients with mental ill health which should be supported by the legal framework from the Mental Health Act or Code of Practice and be evidence based.
- The provider must maintain securely an accurate, complete and contemporaneous record for each patient, including a record of the care and treatment provided to them.
- The provider must ensure they have systems and processes to assess, monitor and improve the quality and safety of services and to assess, monitor and mitigate the risks.

- The provider must carry out regular audit activity to demonstrate how RSGUK monitor and mitigate risk regarding the health, safety and welfare of staff and patients.
- The provider must ensure all staff receive appropriate supervision and appraisal.
- The provider must maintain a record of when the vehicles are cleaned and re-equipped.

### Action the hospital **SHOULD** take to improve

- The provider should record, in accordance with Mental Health Act Code of Practice, every occasion when any type of restraint is used by staff on patients.
- The provider should review the formal recording procedure of what was discussed or actions taken at their daily meetings.
- The provider should have a policy and process to clean vehicles.
- The provider should review the recording of patient handovers, including the absence of them, on their control log.
- The provider should consistently record physical intervention training attendance by their staff.
- The provider should consider how to record decisions around breaks in patient journeys.

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 (2) Safe care and treatment</b></p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks</p> <p>(i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.</p> <p><b>How the regulation was not being met:</b></p> <p>The relevant legislation was not being met because RSGUK staff were not recording their risk assessments when the patients were transferred into their care. A lack of a recorded risk assessment meant that timely care planning did not take place which therefore did not ensure the health, safety and welfare of the service users.</p> <p>The provider did not have systems in place to ensure the persons providing care or treatment had the qualifications, competence, skill and experience to do so safely.</p>

Regulated activity	Regulation
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## Requirement notices

Transport services, triage and medical advice provided remotely

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulation 17 Good governance

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

### How the regulation was not being met:

There was no evidence that the provider gathered relevant information that could be assessed and monitored to improve the quality of experience of service users. There were no recorded secondary risk assessments of patients transferring into the care of RSGUK staff. RSGUK did not maintain an accurate or complete record of the patient in their care. There was an over reliance upon the information and risk assessments from the provider that subcontracted the service. Records were not held securely. The provider did not maintain records necessary for the management of the regulated activity including records of when the vehicles are cleaned and re-equipped.

Regulated activity

Regulation

## Requirement notices

Transport services, triage and medical advice provided remotely

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Regulation 13: Safeguarding service users from abuse and improper treatment**

(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.

(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

**How the regulation was not being met:**

There was no evidence the provider had sufficient numbers of trained competent staff or systems in place to ensure safeguarding issues could be identified or referred expeditiously to the appropriate authority. There was one member of the management team who was trained in Adult Safeguarding and two who were trained in Children`s Safeguarding. The provider did not have the right level of scrutiny or oversight at board level or equivalent. The internal training Safeguarding course for staff did not provide them with sufficient skills to make a referral independently. There was an overall lack of understanding of the Mental Capacity Act 2005 whenever the provider worked with people who may lack the mental capacity to make some decisions.

There was a lack of effective policies and procedures for safeguarding issues to be identified and handled immediately.