

Invictus Medical Services Limited

# Invictus Medical Services Limited

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Invictus Medical Services Limited 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 is not commissioned by other organisations to deliver services. The service had one emergency ambulance used to carry out the regulatory activities.

We previously inspected the service on 27 November 2018, following which the service was placed in special measures and rated inadequate. We took action and served a decision notice to urgently suspend the registration of the provider until 11.59pm on 28 February 2019, because we believed that people were or may be exposed to the risk of harm if we did not take this action.

We carried out a focused follow up inspection of Invictus Medical Services Limited on 18 February 2019 to assess whether the provider had made sufficient changes to the service to lessen the risk to people using the service. We gave the service two weeks' notice of our inspection to ensure everyone we needed to speak with was available.

We found the following areas of improved practice:

- Since the last inspection 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.
- Processes had also been introduced to ensure all staff working for the service had completed mandatory training.
- The registered persons had made the decision that staff without completed checks and training records could not work for the service.
- There were new processes to make sure all equipment required to deliver safe care and treatment was available, in working order and in date.
- Systems to supervise staff who worked for the service had been developed.
- Auditing processes to monitor the completeness of patient records had recently been introduced.
- Medicines held on the ambulance were in date.
- The ambulance vehicle and equipment were clean.

However, we found the following issues that the service needs to improve:

- Policies and procedures did not always provide clear guidance for staff
- Although action had been taken to address risks identified at the last inspection, there was no clear evidence of how the provider continually monitored and identified any risks to the service.

This was not a full inspection and the rating and actions of the last report remain active until a comprehensive inspection is completed.

Following this inspection, we told the provider of additional areas 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 one requirement notice that affected Invictus Medical Services Limited. Details are at the end of the report.

**Nigel Acheson**

**Deputy Chief Inspector of Hospitals(South and London), on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care services

### Rating

### Why have we given this rating?

This was a focussed follow up inspection to assess the providers actions in response to the suspension of their registration. Following CQC processes for focussed follow up inspections, we have not rated our findings at this inspection.

Policies and procedures had been put in place to ensure equipment was available and in working order and to ensure staff working for the service had the relevant qualifications, skills and capabilities to deliver safe care and treatment. Processes to audit the completeness of patient records had commenced. However, policies and procedures did not always provide clear guidance for staff. Although action had been taken to address the risks identified at the last inspection, there was no clear evidence of how the provider continually monitored and identified any risks to the service.

# Invictus Medical Services Limited

## Detailed findings

### Services we looked at

Emergency and urgent care.

# Detailed findings

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## Background to Invictus Medical Services Limited

Invictus Medical Services Limited was operated by Invictus Medical Services Limited. It is an independent ambulance service in Ryde, Isle of Wight. The service primarily served the communities of the Isle of Wight.

The service was registered by the Care Quality Commission (CQC) in January 2018. Previously, it had only provided paramedic and first aid services to events, a service which is not regulated by CQC. The service was registered with CQC so it can convey patients from event sites to the local acute NHS hospital. Conveyance of patients outside event sites is regulated by CQC.

Invictus Medical Service Limited is not commissioned by other organisations to provide services. The service obtains work through tendering processes with event organisers. Although the provider told us they would

deliver patient transport service if the opportunity arose. At the time of the inspection the only service delivered was emergency and urgent services. This was what we inspected and reported on.

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 2008 and associated regulations about how a service is managed.

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

## 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 service. 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 site where the one ambulance and associated equipment was kept. We were not able to visit the office at the registered service's address as decoration and refurbishment work was being carried out. Furthermore, the directors informed us during the inspection that they would not be running the service from the location address as of midnight 18 February, the day of inspection. 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 service at events where they may be required to convey patients to the local acute hospital. We were not able to speak to any of these staff. We were not able to observe any care being delivered to patients or speak with them as due to the suspension in registration there was no one receiving care during our inspection.

During our inspection, we reviewed the records for the three staff the service deployed.

## Facts and data about Invictus Medical Services Limited

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury (TDDI).
- Transport services, triage and medical advice provided remotely

# Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

Invictus Medical Services Limited was an independent ambulance service located on the Isle of Wight, Hampshire. The service provided emergency and urgent services by conveying patients from event sites to the local acute NHS trust. Invictus Medical Services Limited was not commissioned by other providers or services to provide an ambulance service. Work was acquired through a tendering process with event organisers. At the time of this inspection, due to concerns identified at the last inspection in November 2018, the provider was subject to suspension of their registration. The suspension was due to expire at 11.59pm on 28 February 2019.

The service was registered with the CQC to provide transport services, triage and medical advice provided remotely, and treatment of disease, disorder or injury.

The service's only employed members of staff were the three directors. The provider recruited self-employed paramedics and emergency ambulance technicians to deliver the service. The service had one ambulance to convey patients to the local acute NHS trust.

## Summary of findings

We found the following areas of improved practice:

- Since the last inspection 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 to perform their roles.
- Processes had been introduced to ensure all staff working for the service had completed appropriate mandatory training.
- The registered persons had made the decision that staff without completed checks and training records could not work for the service.
- There were new processes to make sure all equipment required to deliver safe care and treatment was available, in working order and in date
- Systems to supervise staff who worked for the service had been developed.
- Auditing processes to monitor the completeness of patient records had recently been introduced.
- Medicines held on the ambulance were in date.
- The ambulance vehicle and equipment was clean.

However, we found the following issues that the service provider needs to improve:

- Policies and procedures did not always provide clear guidance for staff.

# Emergency and urgent care services

- Although action had been taken to address risks identified at the last inspection, there was no clear evidence of how the provider continually monitored and identified any risks to the service.

## Are emergency and urgent care services safe?

### Mandatory training

- **The service had processes to ensure staff they deployed had completed mandatory training in key skills.**
- At the previous inspection in November 2019, the service did not provide mandatory training and did not make sure the staff they deployed had completed any mandatory training. At the inspection on 18 February 2019 we found the service had developed a mandatory training policy that detailed the required training they expected staff to complete. The provider had sourced external electronic learning courses and had developed their own training packages to support staff complete the required training. However, due to the suspension of the provider's registration, they were not yet able to demonstrate the effectiveness of this process.

### Cleanliness, infection control and hygiene

- **The service had processes in place to support the control of infection risk.**
- At the previous inspection in November 2018, the service did not control infection risks well. At the inspection on 18 February 2019, we found the provider had made changes to the management of infection prevention and control. The vehicle check list, included ensuring the vehicle and equipment were clean. The provider had a process to complete hand hygiene audits and audits of the cleanliness of the vehicle. Hand gels on the vehicle were in date. The vehicle and equipment looked visibly clean and free from dust.

### Environment and equipment

- **The registered persons had processes in place to ensure there was suitable equipment available for the delivery of the service.**
- At the inspection in November 2018, the provider had not ensured equipment was available to protect the safety of patients and staff. At the inspection on 18 February 2019, we found the provider had made changes to ensure equipment was available.

# Emergency and urgent care services

- At the inspection in November 2018, a number of single use pieces of equipment were past their expiry date. At the inspection carried out on 18 February 2019, we found the provider had a process for monitoring the expiry date of equipment and most equipment on the vehicle was in date. The exception to this was some pieces of second hand equipment which had been purchased by the provider and had stickers placed over the manufacturer's packaging. When these stickers were peeled off, the manufacturer's date showed these pieces of equipment had passed their expiry date. The provider immediately removed this equipment and said they would order replacement equipment.
- At the inspection in November 2018, there were a number of pieces of single use sterile equipment where damage to packaging had rendered them unsterile. At the inspection carried out on 18 February 2019 there was damage to the packaging of one oral pharyngeal airway and two face oxygen masks.
- At the inspection in November 2018 it was not possible to identify whether all required equipment was on the vehicle. There was no check list or proforma detailing what equipment should be on the vehicle and where it was located. At the inspection carried out on 18 February 2019, the provider evidenced they had introduced a process to ensure essential equipment was available on the vehicle. A check list, detailing all the equipment stored on the vehicle, was required to be completed by staff at the beginning and at the end of a shift.
- Review of the equipment on the vehicle against the detail on the check list, showed most equipment detailed on the check list was available on the vehicle. Where equipment was not available this was mostly because replacement equipment was on order. This was always duplicate equipment, for example the check list detailed there should be five adult nebulizer sets but at the time of the inspection there were only two.
- Review of the equipment on the vehicle, showed that some equipment available on the vehicle was not listed on the check list. This included intravenous cannulas and a major trauma dressings kit.
- At the inspection in November 2018, we were not assured that the service ensured the defibrillator was in working order or that all necessary equipment for use of the defibrillator was available. At the inspection on 18 February 2019, part of the vehicle checks included calibration and checks of the defibrillator. There was clear guidance in the checking instructions about what staff needed to do to check the machine was working. Paediatric defibrillation pads, which were not available at the November 2018 inspection, were now available and stored on the vehicle.
- At the inspection in November 2018, there was no paediatric Bag Valve and Mask (BVM) on the vehicle. At the inspection on 18 February 2019, there was a paediatric BVM on the vehicle. However, there was no BVM suitable for a baby or neonate.
- At the inspection in November 2018, the patient trolley did not have a non-slip mattress which posed a risk of harm to patients. At the inspection on 18 February 2019, the trolley had a non-slip mattress.
- At the inspection in November 2018, the infant restraint mechanism for use on the patient trolley had a frayed strap which meant there was a risk the system would not securely restrain an infant on the trolley. At the inspection on 18 February 2019, one of the directors said the infant restraint mechanism had been returned to the manufacturer for assessment and if required, replacement of the restraint straps.
- The ambulance held a red kit bag, that paramedics took to a patient to treat them outside the ambulance. However, there was no check list to identify what equipment should be in the kit bag. There was no process or policy that required staff to check the contents of the kit bag. Staff could not be assured essential equipment to treat a patient safely was immediately accessible in the kit bag.

## Staffing

- **The service had processes to ensure they deployed staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- At the previous inspection in November 2018 the registered persons did not ensure staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

# Emergency and urgent care services

- At the inspection on 18 February 2019, we found processes had been put in place to ensure staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, due to the suspension of the provider's registration, these had yet to be tested in practice.

## Records

- **The service had processes to make sure staff deployed kept detailed records of patients' care and treatment.**
- At the last inspection in November 2018 it was identified that patient records were not fully completed. At the inspection on 18 February 2019, we could not assess whether patient records were fully completed because the provider was suspended from carrying out regulated activities. However, the provider had carried out an audit of patient records, developed an action plan to address failure to fully complete records and had planned ongoing audits to monitor completeness of patient records.

## Medicines

- **The service followed processes to make sure medicines were within their expiry date.**
- At the previous inspection in November 2018, the registered persons did not manage medicines in line with national guidance and legislation. At that inspection, we found medicines on the ambulance that were past their expiry date. At the inspection on 18 February 2019, all medicines held on the ambulance were within their expiry date.

## Are emergency and urgent care services effective?

## Competent staff

- **The service had processes to make sure staff were competent for their roles.**
- At the inspection in November 2018, the registered persons did not make sure staff were competent for their role.

- At the inspection in November 2018 there was no evidence that the provider checked the skills and experience of self-employed staff before they worked for the provider. At the inspection on 18 February 2019, the provider had taken steps to check the skills and experience of staff who they deployed. The provider had written to all staff they deployed and requested them to provide evidence of completed training, copies of driving licences, and evidence of a recent check completed against the Disclosure and Barring Service, (DBS). The provider advised staff they would not be allocated any work until they provided all the required information. Out of 19 staff who worked for the provider, three staff had returned all the required information. Our review of these files showed the three staff had evidenced a variety in the depth and amount of training they had undertaken. The provider said they were providing training for staff who did not have evidence of completion of the required training. All files held evidence of checks against the DBS and evidence the registered persons checked staff were legally able to drive the ambulance.
- The provider's recruitment process set out the process for recruiting new staff. This included checks on the skills, experience and employment history of the potential member of staff,
- At the previous inspection in November 2018, there was no evidence the service completed checks that paramedic staff working for them were registered on the Health and Care Professions Council (HCPC) register. At the inspection on 18 February 2019, our review of the completed staff files, evidenced the registered persons completed checks that paramedic staff working for them were registered on the HCPC register.
- Our review of the personnel files, showed there was no declaration of fitness undertaken by the provider. This meant health issues which might impact staff's ability to carry out the required role went unaddressed
- At the inspection in November 2018, the service had no process to supervise staff. There was no process to give assurance that staff were providing safe and effective care and treatment to patients. At the inspection on 18 February 2019, we found the service had developed a supervision process, though due to the suspension of the provider's registration, they had not yet been able to test its effectiveness.

# Emergency and urgent care services

- At the inspection in November 2018 there was no provision of training for staff working for the service. At the inspection on 18 February 2019, we found the provider had developed training programmes and sourced access to external on-line training programmes. However, due to the suspension of the provider's registration the effectiveness of these training process had not yet been tested.

**Are emergency and urgent care services caring?**

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

**Are emergency and urgent care services well-led?**

## Governance

- **The service had introduced some processes to support improvements of service quality.**
- At the previous inspection in November 2018, there were no systems to improve service quality and safeguard high standards of care. At the inspection on 18 February 2019 we found the provider had taken some steps to make changes to the governance of the service.
- At the previous inspection in November 2018 the provider did not carry out any documented audits of the service. At the inspection on 18 February 2019, there were some process for carrying out audits of the service. We saw evidence of a patient record audit the service had completed and the associated action plan. There was a process for carrying out hand hygiene audits. There was a process for checking and auditing the completeness of the vehicle equipment check forms.
- At the previous inspection in November 2018, policies and procedures that we looked at were not written to meet the needs of the present service being delivered by the provider. At the inspection on 18 February 2019, our review of policies, showed they were being reviewed and revised to make them relevant to the needs of the service. However, some policies missed essential information to support staff in the delivery of their role.

For example, the safeguarding adults and children policies held a lot of information about safeguarding and relevant national guidance, but there was no simple guidance for staff to follow in the event of them suspecting an adult or child had been subject to abuse. There was no detail about how they could contact the local authority safeguarding teams outside office working hours. The infection prevention and control policy did not provide guidance about the use of personal protective equipment (PPE) or guidance about the cleaning of vehicles.

- At the last inspection in November 2018 it was identified the provider carried out very few recorded governance meetings. At the inspection on 18 February 2019, the directors said that following the announcement of this inspection, the directors had held a meeting to discuss their progress with making the required improvements to the service. They said the meeting had been 'minuted', but had not yet been documented. Following the inspection, we requested records of meetings held since the inspection carried out in November 2018. This showed monthly meetings were held and attended by the three directors. The records showed that all areas of the running of the business were discussed, including progress against changes introduced to improve the service.

## Management of risk, issues and performance

- **The service did not have defined processes to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- At the previous inspection in November 2018, the provider did not formally monitor risks to the service. At the inspection on 18 February 2019, we found the provider had carried out assessments of the risks we identified at the last inspection and had developed an action plan in response. However, there was no clear evidence of how the provider continually monitored and identified any risks to the service.

## Information Management

- **The service had processes to keep records to support all activities of the service delivered.**
- At the last inspection in November 2018 it was identified that patient records were not fully completed. At the inspection on 18 February 2019, we could not assess

# Emergency and urgent care services

whether patient records were fully completed because the provider was suspended from carrying out regulated activities. However, the provider had carried out an audit of patient records, developed an action plan to address failure to fully complete records and had planned ongoing audits to monitor completeness of patient records.

- At the last inspection in November 2018, the provider had no records including recruitment and training records, about the staff they deployed as they did not

keep staff files. At the inspection on 18 February 2019, the registered persons demonstrated they had processes to keep recruitment and training records about all staff they deployed. At the time of the inspection there were three completed staff files. There were 16 staff files that were in the process of being completed. The registered persons were waiting for the staff to return required information, before the files could be considered as completed.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure all policies and procedures are relevant to the service delivered and they provide clear guidance for staff to carry out their roles effectively and safely.
- The provider must ensure there are systems in place and followed to identify risks, and to plan or eliminate risks.

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

- The provider should continue to follow their processes to make sure all staff working for the service are of good character, have the qualifications, competence, skills and experience necessary for the work to be performed.

- The provider should make sure all equipment required to deliver safe care and treatment is available, in working order, in date and undamaged.
- The provider should ensure all equipment held on the ambulance is detailed on the vehicle equipment check list.
- The provider should follow their processes to ensure all staff working for the service have completed appropriate mandatory training.
- The provider should follow their processes to supervise staff they deployed.
- The provider should ensure auditing processes to monitor the completeness of patient records is established and acted upon.

This section is primarily information for the provider

## 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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• Policies and procedures did not provide clear guidance for staff to carry out their roles effectively and safely.</li><li>• There was no process or system to in place and to identify risks, and to plan or eliminate risks.</li></ul>