

Local Medical Services

Quality Report

Local Medical Services Unit
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Date of inspection visit: 14 January 2020
Date of publication: 24/03/2020

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Local Medical Services is operated by Local Medical Services Limited. The service provides event cover (which we do not regulate) however they convey off event sites which we do regulate and patient transport services. Local Medical Services works on an when required basis for local authorities, private patients and NHS trust transfers.

We previously carried out a comprehensive inspection of Local Medical Services patient transport service in June 2019. Following that inspection, we issued the provider with a warning notice under Section 29A of the Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvements were required, these were:

- The recruitment records did not provide assurance that all staff had the required employment checks before they commenced work.
- Not all policies were relevant to the service and some referred to members of staff
- that did not work for the service. The service did not have assurance staff had read the policies.
- There was no assurance that there was a booking process for when a request came from a contractor to provide a service for a patient.

During this inspection we carried out an unannounced focused follow up inspection of the patient transport service and an unannounced inspection of the emergency and urgent care part of the service using our comprehensive inspection methodology. During the focused inspection of the patient transport service, we looked at all the issues raised in the warning notice which ranged across the safe and effective domains.

Even though the provider had made improvement and complied with the warning notice, the patient transport service rating remained at requires improvement as we do not rate focused inspections.

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 provider understood and complied with the Mental Capacity Act 2005.

This was the first time the emergency and urgent care aspect of the service had been inspected. At the time of the inspection we were unable to assess the safe running of the high dependency transfers due to the service not yet recruiting appropriately trained staff to fulfil the bookings.

We rated the emergency and urgent care service as **Good** overall.

Following the unannounced focused inspection for patient transport service we found the provider had made considerable progress on all issues identified in the warning notice and we found the following improvements:

- There was evidence that the recruitment processes and records now provided assurance that all staff had the required employment checks before they commenced work.
- The policies were now relevant to the service and referred to the correct members of staff working for the service. The service had introduced a system to ensure assurance that staff had read the policies.
- The service had implemented an online booking process for requesters to complete which included a risk assessment.

We rated the urgent and emergency service good overall because:

Summary of findings

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- While the provider securely stored medicines, they did not monitor the temperature of the storage spaces to ensure medicines were kept at the correct temperature.
- There were limited governance systems to improve service quality and maintain high standards of care.
- The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. 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

Rating

Summary of each main service

Emergency and urgent care

Good



Local Medical Services Limited is an independent ambulance service providing high dependency transfers and the ability to transfer off events on an as required basis. The service primarily serves the community of Buckinghamshire, Oxfordshire, Hampshire and Northamptonshire. The service had no contractual or service level agreements. At the time of inspection there had been no urgent and emergency care activity undertaken since registration in November 2019.

Patient transport services

Requires improvement



Local Medical Services Ltd provided patient transport services primarily to the community of Buckinghamshire, Oxfordshire, Hampshire and Northamptonshire. The service had no formal contractual or service level agreements. The service worked on an as required basis providing patient transport services for local authorities, private patients and NHS trust transfers.

Summary of findings

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Requires improvement 

Location name here

Services we looked at: Emergency and Urgent Care and Patient Transport Services.

Summary of this inspection

Background to Local Medical Services

Local Medical Services is operated by Local Medical Services Limited. The current registered manager purchased the service in January 2017. It is an independent ambulance service based in Quainton, Buckinghamshire. The service provides pre-planned patient transport services for all age groups, for private organisations, privately funded patients and for some NHS Trusts. The service also provided high dependency transfers but did not transport patients detained under the Mental Health Act.

Local Medical Services also provided medical cover at private events and would convey off the event site to an NHS emergency department.

The service had not undertaken this activity or high dependency transfers since their registration for the regulated activity of Treatment of disease, disorder or injury in November 2019.

The service primarily serves the communities of Buckinghamshire, Oxfordshire, Hampshire and Northamptonshire. The service did not work with formal contractual or service level agreements, but on an as required basis for local authorities, private patients or NHS trust transfers.

The service consisted of seven vehicles which included ambulances, rapid response vehicles, and 4x4 vehicles.

We visited the service on 14 January 2020. This was the first inspection for the urgent and emergency care service since being registered for Treatment of disease, disorder or injury. At the same time, we completed a focused follow up inspection for the warning notice served in June 2019 for the patient transport service.

The governance and management arrangements were the same across the emergency and urgent care and patient transport service.

The service has had a registered manager in post since January 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspection manager and a specialist advisor with expertise as a paramedic. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Local Medical Services

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely (registered from January 2019).
- Treatment of disease, disorder or injury (registered from November 2019).

During the inspection, we visited the base at Quainton. We spoke with three staff including; a registered paramedic, the medical director (by telephone) and the registered manager. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12

Summary of this inspection

months before this inspection. The service had been inspected once in June 2019. We found that the patient transport service was not meeting all standards of quality and safety it was inspected against and we served a warning notice for breaches to the fundamental standards.

Activity for emergency and urgent care (November 2019 – January 2020):

- In the reporting period for emergency and urgent care services there were no high dependency transfers or transfers from events undertaken.

Track record on safety for emergency and urgent care:

- No clinical incidents
- No serious injuries
- No complaints




Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Not rated	Not rated	Good	Requires improvement	Good
Patient transport services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Emergency and urgent care

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

Information about the service

The service provided emergency and urgent care at events where they would convey the patients off the event site. They also provided high dependency transfers.

At the time of inspection, the service had not conveyed any patients off an event site or undertaken any high dependency transfers since their registration for the regulated activity treatment of disease, disorder or injury in November 2019.

There were 30 members of staff including registered paramedics, paramedic technicians and ambulance care assistants who worked at the service mostly on a self-employed basis to cover both the events, high dependency transfers and the patient transport service. However, five of the 30 staff had substantive part time contracts.

Summary of findings

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. Staff managed clinical waste well.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Emergency and urgent care

- The service used systems and processes to safely administer and record medicines.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for staff.
- The service had a vision for what it wanted to achieve.
- The service had an open culture where patients, their families and staff could raise concerns without fear.

- The service collected reliable data and analysed it. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services.

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

- While the provider securely stored medicines, they did not monitor the temperature of the storage spaces to ensure medicines were kept at the correct temperature.
- The service had a governance process, however areas of the process required strengthening. There was a lack of systems to bring information together.
- The service did not analyse the information to understand performance, make decisions and improvements

Emergency and urgent care

Are emergency and urgent care services safe?

Good 

We rated it as **good**.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

As part of the corporate induction, the service required staff to undertake training in safeguarding children and adult training at levels one and two, adult and children basic life support, equality and diversity, fire safety, manual handling (face to face), health and safety briefings which highlighted key issues and risks associated with the service hub and the vehicles and a practical driving assessment (if the roles required it). We saw evidence most staff had completed this training.

New staff completed mandatory training face to face on induction, and on line through an accredited company. The training comprised of 14 subjects including but not limited to manual handling, infection prevention and control, fire safety, data protection and mental health legislation. As of November 2019, the mandatory training compliance rates were 75% with a target of 85%. The registered manager reported this was because the training compliance dates ran from January to January therefore not all staff had reached their renewal date.

The registered manager and operational manager monitored staff compliance and invited staff to have yearly updates. If staff were not compliant with their yearly face to face and e-learning updates the provider would remove them off the rota which meant they could not work until they had completed all mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

The service had a safeguarding policy for adults and children which was available for staff to access. This

included how to report a safeguarding concern and highlighted where staff should send safeguarding referrals to at a local level. However, it did not make clear who would make the onward referral (the safeguarding lead or the member of staff).

The policy did not reference the intercollegiate guidance on 'Safeguarding children and young people: roles and competences for health care staff' (January 2019), or the safeguarding policy protecting vulnerable adults (2015). It also did not contain information on female genital mutilation.

We reviewed information which indicated staff completed children and adults safeguarding training to level one and two which was in line with the intercollegiate documents. However, policies did not explain the level of training required for staff in different roles, to guide staff to complete the right level.

All staff had completed face to face adult and children's safeguarding training as part of their corporate induction. However, at the time of inspection, only 67% of staff had completed the follow up safeguarding e-learning.

The designated safeguarding lead for the service was trained to level four safeguarding which was in line with the intercollegiate document. The registered manager was also about to undertake their level four training.

We saw an example of a safeguarding referral the designated safeguarding lead had made. It was detailed and appropriate.

Inside and outside of office hours, staff could contact the on-call manager or safeguarding lead to share their concerns, who would make the safeguarding referral.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. Staff managed clinical waste well.

The service had an up to date, version-controlled infection control policy, which we saw addressed all relevant aspects of infection prevention, and control

Emergency and urgent care

including environmental cleaning and laundering of uniforms. The service also had a policy detailing how and how often staff should clean the ambulances and equipment.

Infection control was included as part of the mandatory training e-learning package all staff were expected to complete. Subjects included recognising the importance of infection control, identify how infections were caused and spread, recognise and implement good practices for personal and equipment hygiene and define health care associated infections.

The service provided evidence at the time of inspection 78% of staff had completed the e-learning with a target of 85%.

The service ensured new staff worked with an existing member of staff for their first two shifts, so they could see the general cleaning criteria required after each patient interaction to maintain cleaning standards and to reduce the risk of infection.

Personal protective equipment was available on all vehicles for staff to use when needed. This included items such as clinical gloves and aprons and reduced the risk of cross infection.

If a patient was known to have an infection managers took the vehicle off road for a deep clean by the external deep clean company. We saw evidence of written guidance of how to manage an infectious patient within the infection control policy.

There was a deep cleaning schedule for each ambulance, which we saw was current, completed and up to date. An external provider was responsible for deep cleaning the ambulances every eight weeks.

The external provider used checklists to monitor compliance with each stage of the cleaning process. They also swabbed the vehicle before and after each deep clean to measure the number of bacteria present. We saw records, which showed the bacteria present after cleaning, were within recommended ranges. Therefore, the provider was taking steps to ensure that the vehicles were appropriately clean for use.

The service used single use disposable mop heads for the cleaning of different areas of the vehicles and station to prevent cross contamination and stored items in a secure area on the station.

There was a system in place for safe segregation and disposal of waste. There was a designated secure area for the safe storage of waste. A visual inspection showed staff had disposed of waste in line with the policy. Information we reviewed demonstrated the service was using an external company who removed clinical waste monthly.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them.

The service had a fleet of seven ambulances and two response cars. In addition, one of the vehicles had suitable equipment for transporting bariatric patients. Bariatric equipment is specially designed to carry larger weights than normal equipment.

The ambulances had a range of equipment specifically designed for the safe transfer of a wide range of patients. This included restraints for the safe transfer of a child on a stretcher, a child seat, and a baby pod. Stretchers and wheelchairs were fitted with locking mechanisms to stop them moving during transit.

The service had a good supply of disposable consumables for example, bandages, swabs and syringes which were all within expiry date and stored in an appropriate way in both the ambulances and the base.

We noted an external company had serviced equipment such as stretchers, wheelchairs and automated external defibrillators (a portable electronic device with simple audio and visual commands, which through electrical therapy allows the heart to re-establish an organised rhythm so that it can function properly), in a timely manner.

There was a system for tracking the vehicles servicing, MOT due dates and insurance. A review of these records indicated all vehicles received a service, had an up to date MOT and were fully insured.

The registered manager told us if an ambulance had a fault, staff would inform the on-call manager, and the ambulance would be removed from service until the fault was resolved. This ensured all ambulances were safe for use.

To ensure a quick response to a fault on an ambulance, the service had a contract with a local garage to repair

Emergency and urgent care

any faults and service the ambulances. If an ambulance broke down, they had an agreement with a vehicle recovery service to ensure swift recovery to continue to provide a consistent service.

The operations manager was able to track each of the vehicles using an electronic satellite navigation system which automatically updated. The system enabled the service to produce a report which detailed speeds of the ambulances and their journeys. This provided assurances in the case of emergencies and resulted in the ability to contact the relevant crews. In the event of a road traffic accident the managers were able to locate the crews.

We saw staff documented on the daily vehicle inspection sheet, any equipment or vehicle faults and reported it immediately to the on-call manager. The service would remove faulty equipment immediately and send it for repair.

We found the ambulance station and all vehicles were visibly tidy and free from clutter.

Staff locked all ambulances when not in use and stored them in a yard outside the office. Staff stored ambulance keys inside the office in a locked key box. The office had closed-circuit television (CCTV) internally and staff accessed the offices using a key. This reduced the risk of unauthorised access to the ambulances and base.

We found appropriate storage for used sharps and all consumables we reviewed were in date and appropriate for use. The service used disposable consumables as they were awaiting a sluice to be fitted within the base.

The vehicle we reviewed had a first aid box which is recommended practice. It also had a fire extinguisher on board which was serviced and in date. This was also true for the fire extinguishers in the office.

The service provided uniforms including shirts, trousers and t-shirts to all staff and photo identification badges were issued at the beginning of their employment.

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

During events and high dependency transfers staff completed clinical observations on patients, as part of

their care and treatment to assess for early signs of deterioration. If agreed with the event co-ordinator the patient would be transferred off site as an emergency and taken to the nearest local NHS accident and emergency department.

If the patient deteriorated during the journey staff would pre alert the accepting accident and emergency department so hospital staff were aware before the patient arrived. Staff attending events would be aware of the contact details for the nearest accident and emergency department.

The registered manager reported staff assessed patients using the Joint Royal Colleges Ambulance Liaison Clinical Practice Guidelines (JRCALC). All operational staff were issued with a current pocket guide of the JRCALC protocols.

Events requiring ambulances were agreed with the provider, if the ambulance needed to convey off the event site then the event organisers would need to pause the event due to a lack of ambulance cover. Most events requested two ambulances for this reason.

The operations manager booked events using an independent guide which risk assessed using a scoring system and recommended the number and type of staff required for the event. The provider would agree this number and cost with the event co-ordinator.

Staff would sign up to work at an event using an electronic system which would detail the event type, location and any other relevant information for the event including risks.

The service had an in date and version-controlled policy covering do not attempt cardiopulmonary resuscitation orders. Staff we spoke with understood their responsibilities to carry the appropriate paperwork with patients.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

Emergency and urgent care

Station managers and team leaders, regularly reviewed staffing levels and ensured there was an appropriate skill mix of staff to cover events and high dependency transfers in the event of a booking.

The service had approximately 30 members of staff on their books which covered both the urgent and emergency care and patient transport service. Most staff were self-employed however five members of staff were employed substantively on a part-time basis.

The service undertook pre-employment checks to ensure that staff unsuitable for the role were prevented from working with vulnerable groups, including children. The service completed a Disclosure and Barring Service (DBS) check on all potential new recruits and repeated these checks every three years. The service maintained a spreadsheet to monitor compliance and this showed that all staff checks were up to date. This protected patients from receiving care and treatment from unsuitable staff.

The service ran an on-call system where a member of the management team was always available on the telephone in case staff needed to contact them.

The service reported no staff sickness for the urgent and emergency care service and a total of one day's staff sickness across the whole service for the reporting period of October 2018 to November 2019.

We saw a policy which detailed when staff should take rest breaks, and this was in line with national guidance.

The service had an ongoing recruitment programme to recruit staff for both the emergency and urgent care and the patient transport side of the service. The service was currently in the process of recruiting two paramedics.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Staff completed patient report forms (PRFs), based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines. As there had not been any activity from registration in November 2019 we were not able to view any completed PRF's where the service had conveyed a patient off an event site or been on a high dependency transfer.

We did however review three PRF's from events which were clear, up to date and complete.

Staff stored completed PRFs securely on vehicles in the cab area, which they kept locked when the vehicle was unattended, for both patient transport and event work. Secure records storage was available at each station for staff to leave records on completion of their shift.

Managers told us they would be reviewing the PRF's as part of an audit and would feedback individually to staff their findings even if they were positive findings.

The service securely stored records in a locked filing cabinet which the managers had access to. This ensured the confidentiality of patient records. Once scanned on to the system the managers shredded PRF's.

Medicines

The service used systems and processes to safely administer and record medicines. While the provider securely stored medicines, the provider did not monitor the temperature of the storage spaces to ensure they were kept at the correct temperature.

The provider had a version controlled up to date medicines management procedure for staff to follow for the order, receipt, administration and disposal of medicines.

The service had emergency directives in place which were similar to patient group directives. Patient group directions (PGDs) allow certain healthcare professionals to supply and administer prescription-only medicines without an individual prescription. These were all signed by the medical director, pharmacist and the registered manager. No staff had signed to say they understood how to administer the medicines except for two which the registered manager had signed. This was because the service did not currently have paramedics that were working in the events side of the service.

We found that one emergency directive enabled ambulance technicians to make the decision to treat patients with non-parenteral prescription only medicines. Whilst this practice is not supported by current legislation, an appropriate governance process was in place to assess and manage ongoing risk. The registered manager advised staff would have previously undertaken

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appropriate training before working with the service and the provider would assess their competency before allowing them to administer the medicine. This ensured people had timely access to safe treatment.

Medicine bags were prepared on site for technicians and paramedics in different coloured bags and we reviewed two bags containing medicine and all medicines were in date and the tally against the sheet contained within the bag was correct.

Staff would know which medicines they could administer dependent on their role and scope of practice, as this was outlined in the medicine's management procedure, which was up to date.

We saw the service stored medical gas cylinders safely and securely at each location, with hazard warning stickers used. The service separated gas cylinders into used and full cages and staff signed each oxygen cylinder in and out of the cages which ensured staff checked the quantity of oxygen left.

The service completed regular audit's on medicines to ensure they were in date and documented correctly on the patient report forms. We saw evidence of a spreadsheet which detailed which medicines were in which bag and which medicines were reaching their expiry date. There was also a warning sticker on each bag regarding what medicine was about to reach their expired date.

The medicines policy did not detail storage and temperatures requirements. Within the office the provider was not monitoring the temperature of where medicines were stored which could affect the effectiveness of medicines.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

The provider did not have any evidence of incidents as there had not been any urgent and emergency care activities since registration in November 2019.

The service had an incident reporting policy which was version controlled and in date. This detailed the system for reporting and investigating incidents. The on-call managers were responsible for following the organisations procedure when staff reported an incident.

The service had an online reporting system which we reviewed. We reviewed incidents that had occurred in other areas of the service which showed the incident, who had reported it, what severity the managers graded it at and what actions managers had taken.

The service shared learning from incidents with staff through an online app staff could access on their mobile phones. Managers sent out regular messages and reminders following an incident or referencing a medical alert. For example, managers reminded staff not to eat and drink in public view following a complaint.

The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.

The service had a duty of candour policy which was in date and referenced the relevant guidelines. However, the registered manager stated they had not had any incidents where this had been required.

The registered manager understood the need to be open and honest with the service users when a notifiable incident occurred. They understood the service users required a written report following investigation of an incident.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Not sufficient evidence to rate 

We did not have enough evidence at the time of inspection to rate effective.

Evidence-based care and treatment

Emergency and urgent care

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

We reviewed eight policies and found seven which were version controlled, referenced national guidance and evidence based practice and were up to date. However, the safeguarding policy did not reference national guidance.

Additionally, most policies and procedures had reference to best practice guidance outlined by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the National Institute for Clinical Excellence.

All staff had access to guidance from the JRCALC, which covered key topics such as the administration of medical gasses. The registered manager confirmed that staff had access to this on their mobile phones and would be able to access it when needed.

We saw all policies were available to staff on their electronic application which staff could access on their mobile phones, and managers maintained the application to ensure the content was up to date. We saw evidence that staff signed a sheet at the beginning of their induction to confirm they had read the policies which meant the provider could assure itself that staff assessed patients' needs against policies to provide good care.

Pain relief

The service had not attended any events where they had conveyed a patient off site nor had they completed any high dependency transfers since registration in November 2019.

Response times

The service had not attended any events where they had conveyed a patient off site nor had they completed any high dependency transfers since registration in November 2019.

Patient outcomes

The service had not attended any events where they had conveyed a patient off site nor had they completed any high dependency transfers since registration in November 2019.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

The service had newly introduced documentation to record clinical supervision which the service used for team leaders to assess staff competency to deliver patient care in the field. Managers planned to assess staff competencies monthly.

From discussions with the registered manager, we understood staff were qualified as first aiders, ambulance technicians or paramedics and we saw this when we reviewed the staff records.

The service had an induction programme that all new staff followed. Records indicated that all staff had completed the induction programme at the start of their employment as part of the compliance process before they were booked for any shifts. This included a review of clinical qualifications and references as well as completion of all mandatory training.

An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. The service provided evidence that all staff employed for the event side of the business had received an up to date appraisal. The service did not appraise staff who were self-employed although did monitor their professional qualification was still valid twice a year.

Managers reported they used the assistance of an external human resources company for management of poor staff performance. This ensured the service was able to seek advice regarding the correct disciplinary processes to take.

The service conducted Driver and Vehicle Licensing Agency (DVLA) checks at the start of employment and thereafter reviewed this yearly. If a staff member received points against their licence for driving offences, the service would require the member of staff to complete an external advanced driving test before allowing them to drive an ambulance. The service allowed staff six points on their licence before their driving required reassessment.

Each ambulance included a fully integrated satellite navigation system which recorded any faults within the vehicle, driving standards such as speed, harsh braking and acceleration. The managers monitored driving

Emergency and urgent care

standards and reported they regularly fed back to staff if they had gone above speed limits or questioned why they braked hard or left the vehicle idling. This ensured the service had an oversight of the safety of their staff's driving.

Multidisciplinary working

The service had not attended any events where they had conveyed a patient off site nor had they completed any high dependency transfers since registration in November 2019.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The service had a version control and up to date policy for consent including the capacity to consent including Gillick competence awareness. This was important as the service were able to transport children. Gillick is a term used if a child under 16 years of age can consent to their own medical treatment without the need for parental permission or knowledge.

The service covered the Mental Capacity Act 2005 during the induction session to ensure all staff were aware of its implications when caring for patients with reduced capacity for making decisions. The annual e-learning also included a module on the mental health legislation which included definition of a mental disorder, what is and is not covered under the Mental Health Act 2005, definition of deprivation of liberty amongst other relevant topics.

The service's safeguarding policy included the key principles of the Mental Capacity Act (MCA) 2005). This included reference to the Deprivation of Liberty Safeguards (DoLS). These safeguards were introduced to ensure that people receive treatment without infringing on their liberty.

Staff received training to assess the capacity of patients to consent and to act in the best interests of the patient. Staff recorded whether they had received a patient consent on the patient record form (PRF).

Are emergency and urgent care services caring?

Not sufficient evidence to rate 

We were unable to speak with patients due to the service not having carried out any regulated activity which resulted in us not having enough evidence to rate caring.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Good 

We rated it as **good**.

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.

Managers planned and organised services well to provide safe transport to hospital or other providers' if needed at events they covered that required it and for high dependency transfers.

The service accepted event work with the possibility of transferring off the event, following a risk assessment. The service accepted event and high dependency transfer work only if they were sure they had enough vehicles and personnel to provide safe cover.

The service had not cancelled any bookings for events or high dependency transfers as the provider had not provided staff for any events since registration in November 2019.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.

Emergency and urgent care

The service considered people who spoke different languages and staff had access to a laminated language card which translated key words. Staff would also use an online translation service if required.

Visual aids were also available on the ambulances for patients who may have difficulties with communication.

Vehicles had different points of entry, which included a sliding door and tailgate so patients who were mobile or in wheelchairs could enter the vehicle safely.

The registered manager told us staff encouraged a family member or carer to accompany the patient if possible as this could reduce patient's anxiety. For example, staff encouraged carers or family members of patients living with dementia to accompany them in the ambulance.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

The services' internet page described clearly how to make bookings and enquiries. Service users could make bookings through the website, by email or telephone call.

The service was potentially available seven days a week depending on the requirement of the event or high dependency transfer.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

The service had a complaints policy which outlined staff responsibilities when managing complaints. Managers could tell us about how they managed complaints.

The services own timescale for acknowledging a complaint was two working days, with a response time of 28 days. The policy also referenced the service could refer complainants to the CQC for individual investigation which is the incorrect procedure as the CQC do not have the legal power to investigate individual complaints.

We found the complaints policy did not have reference to the Independent Sector Complaints Adjudication Service or the Independent Health Complaints Advocacy. These are independent bodies that can make final decisions on complaints that the provider has investigated and have not been resolved to the complainant's satisfaction. This

did not assure us staff could direct patients to the appropriate complaints body. The provider was not a member of an independent complaints body which is against best practice.

The provider reported no complaints had been made since the urgent and emergency care service was registered in November 2019. This was because there had been no activity. However, we were confident in the providers complaint and investigation process and were assured by the registered manager that complaints were investigated, and learning was shared with staff.

The registered manager reported staff would be asking patients to complete an online questionnaire regarding the care they received on an online application. There were also large laminated signs on the ambulances for patients to be aware of how to complain to the service. The website also had an area where patients could contact the service.

Are emergency and urgent care services well-led?

Requires improvement 

We rated it as **requires improvement**.

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for staff.

The registered manager was the director and owner of the service. The operations manager and compliance lead supported the registered manager and oversaw the team leaders who supported staff attending events and high dependency transfers.

At the time of inspection there had been no urgent and emergency care activity undertaken by the service since registration in November 2019. However, the registered manager reported there were staff available including one paramedic and first aiders that could convey patients off events and complete high dependency transfers if required. The service employed a paramedic who was the clinical lead for events.

Emergency and urgent care

The registered manager worked two to three shifts a week for an NHS trust as an ambulance technician. They reported this helped to keep their clinical skills up to date and helped financially to grow the service. When asked if they felt they had oversight of the business they advised they achieved oversight through having daily contact with the operations manager.

The operations manager had undertaken leadership training in previous roles. The leadership training received was important as the managers were responsible for undertaking all aspects of management, including risk management, as well as developing policies and procedures.

Vision and strategy

The service had a vision for what it wanted to achieve and but did not have a strategy to turn it into action.

The service had a vision “to deliver excellence, both in the eyes of our customers, and those of you – our staff.” The service’s core values were innovation, care, respect, compassion and responsibility.

The service had a mission statement “to provide the very best in patient centred care to the private health sector, whilst investing in the continued development of the staff that make our brand unique, together in a socially responsible and sustainable manner.”

The service did not have a documented strategy, but the registered manager reported they wanted to grow the service with an aim of contracted patient transport work, increase event attendance, to be able to offer training and complete high dependency transfers. However, the registered manager did not have timeframes for this strategy.

Culture

The service had an open culture where patients, their families and staff could raise concerns without fear.

The service used an external company for staff to access if they required help with mental health and wellbeing issues. We saw this information displayed in their staff rest area.

The service provided patients and their families with clear information on their websites and within their ambulances on how to raise concerns.

The medical director reported the registered manager was responsive to recommendations and a pleasure to work with.

The one member of staff we spoke with during inspection reported they enjoyed working for the service which had an open culture of reporting.

Governance

The service had a governance process, however areas of the process required strengthening. There was a lack of systems to bring information together. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

We did not see evidence of an effective governance framework to support the delivery of the services vision. Therefore, it was unclear how the provider gained assurance they were providing a quality service where risks were well managed.

The service held minuted monthly governance meetings with the management team and discussed items such as staff team days, vehicles, and appraisals. However, there was no fixed agenda to the meetings which meant important issues such as complaints and learning from incidents and audits were missed. Additionally, there were no action plans or allocated actions to specific persons following the meetings.

The service held monthly team meetings which staff could attend or call in to by telephone. We reviewed three months of minutes and information discussed included training updates, safeguarding, incident reporting and fleet issues.

Additionally, the services quality policy which was version controlled and in date documented that quality should be a standing agenda item and include learning and actions from complaints and therefore incidents, within the managers and team meetings. We did not see evidence of this within the monthly governance meetings.

Emergency and urgent care

The service's governance policy was version controlled and in date but did not document how the service would share learning and actions from complaints or incidents. This did not assure us the service was using the governance policy to underpin the quality of the service.

The provider had a lack of systems used to monitor quality and outcomes, which meant the provider did not analyse or use information collected in a way to ensure good quality care was provided. However, the provider was in the early stages of developing systems to monitor quality and outcomes therefore we were unable to assess their effectiveness during this inspection.

Management of risks, issues and performance

The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

The service had a risk register in place which we reviewed and saw included fourteen risks regarding the business, organisation, clinical and staff risks. All risks we identified apart from the comprehensiveness of policies matched the risks detailed on the risk register.

The registered manager reported they reviewed the risk register every time they added a new risk, however there was no evidence of this review or a compliance date detailed on the risk register. Therefore, the service did not have assurance all risks were current, relevant or effectively managed.

We saw the service had risk assessed all areas of the service including vehicles, the base, manual handling risks and medical gasses. We saw evidence these had been reviewed, risk rated, actions required or taken and had a date of next review.

The service had a current version-controlled continuity policy which detailed actions for staff to take in the circumstance of a major incident where there was a loss of premises, information technology or severe weather for example. The policy detailed action and response action templates which would assure the service they were fully prepared for any unexpected major incidents. For example, if there was a fire at the base, the service could use an alternative location to store ambulances and equipment relevant to the service provided.

Information management

The service collected reliable data and analysed it. However, the service did not analyse the information collected to understand performance, make decisions and improvements. The information systems were integrated and secure.

The registered manager undertook audits to look for improvements to the quality of care provided, including medicines, infection control, staff one to one's, patient report forms, drivers audit and spot checking of staff behaviour. However, managers did not discuss audits at the governance meetings and there was no evidence of improvements to the service from the outcome of the audits.

The service held most information electronically such as training records and personnel files to make monitoring more effective. For example, the service held the recruitment system and audits files electronically.

Access to electronically held records and information was password protected. This meant only authorised members of staff had access to the information. We saw that staff locked computers when left unattended.

The service used secure cloud storage for their records. The service had a contract with a cloud service that was in line with national guidance for the storage of clinical records.

Due to the inactivity from registration in November 2019 the service had not been required to notify an external bodies of any issues. Therefore, there was no information for us to review, however the registered manager was able to report what occurrences needed to be reported to external bodies such as the CQC.

The service used the data collected from audits to improve the service provided. For example, the service was able to review driving styles from onboard technology – which managers fed back to individual members of staff to improve the safety of their driving.

Public and staff engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

Emergency and urgent care

The service had a comments box for staff in the staff rest area to leave recommendations for the service. We were unable to see any examples as there had been no staff working for the service since registration in November 2019.

The registered manager reported the service arranged regular nights out to maintain staff morale and encourage team bonding as not all staff worked regular shifts for the service.

The registered manager reported staff would receive regular emails and messages on their mobile telephone application which provided updates on both internal and external matters about the service. This ensured the service kept staff up to date with regards to any policy and service changes.






The service had an easily accessible website where the public were able to leave feedback and contact the service. This demonstrated patients were able to engage with the service online and verbally.

Innovation, improvement and sustainability

At the time of the inspection, the service did not have a formal approach to identify any innovation or improvement work towards improving the quality of care provided.

The registered manager told us the service was committed to providing a caring and safe service to their patients and the company's success and sustainability was measured by being recommissioned by NHS Trusts for their patient transport side of the business and private bookings for their event and high dependency work.

Patient transport services

Safe	Requires improvement 
Effective	Requires improvement 
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Information about the service

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 focused inspection on 14 January 2020, we visited Local Medical Services at Quainton. We spoke with three staff including a registered paramedic (who were part of the management team), the registered manager and the medical director (via telephone).

There were 30 members of staff including registered paramedics, paramedic technicians and ambulance care assistants who worked at the service mostly on a self-employed basis to cover both the events and patient transport service. However, five of the 30 staff had substantive part time contracts.

Summary of findings

We previously carried out a comprehensive inspection of Local Medical Services patient transport service in June 2019. Following that inspection, we issued the provider with a warning notice under Section 29A of the Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvement was required, these were:

- The recruitment records did not provide assurance that all staff had the required employment checks before they commenced work.
- Not all policies were relevant to the service and some referred to members of staff that did not work for the service. The service did not have assurance staff had read the policies.
- There was no assurance that there was a booking process in place for when a request came from a contractor to provide a service for a patient.

At this focused inspection we found the provider was now compliant with the above issues.

Patient transport services

Are patient transport services safe?

Requires improvement 

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

During our last inspection in June 2019 we found the service did not document risk assessments of patients at the booking process. During this inspection we saw evidence the service had developed a comprehensive on line booking process which included a risk assessment of each patient. The service asked, for example, if patients were mobile, on oxygen and if there were any other medical concerns. The service shared this information with staff using their satellite navigation system where managers could input specific patient information to share with staff.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

During our last inspection in June 2019 we found the recruitment records did not provide assurance that all staff had the required employment check completed before they commenced work. This was due to the lack of systems within the services recruitment processes to monitor staff compliances which led to the service having a lack of oversight of the skills of their staff.

During this inspection we reviewed the recruitment records of five members of staff and the systems the service had developed to maintain a good recruitment process. We found the recruitment files were comprehensive and included all relevant information required.

The provider had produced a paper file for all members of staff with checklists to ensure all staff had the correct recruitment documents in place, for example, references. The registered manager would perform a second check to ensure staff were compliant. The provider also had two

online spreadsheets which tracked staff who were in the recruitment process and staff who were compliant. We saw evidence of all staff who were working for the service were compliant with the recruitment processes.

Are patient transport services effective? (for example, treatment is effective)

Requires improvement 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

During our last inspection in June 2019 we found that not all policies were relevant to the service and some referred to members of staff that did not work for the service. We reviewed 15 policies and of those, five policies either referenced names of people that did not work for the service, the wrong provider or were not fully completed. The contents of the paper copies of the service's policies held in the provider's office which staff could access, did not match the content of online policies. This meant that there was risk staff would not know who to contact or whether it was the correct policy to follow.

During this inspection we reviewed eight policies which all referenced the correct names of people that worked for the service, the correct provider and were complete. The service no longer held paper copies of the policies and staff could access all policies on the electronic application on their mobile phones or on the computer in the office.

At the inspection in June 2019 we saw the service did not have assurance staff had read the policies. At this inspection we found all staff had signed an agreement at the start of their employment to say they had read and reviewed all the policies and protocols. Staff were unable to work until they had signed the sheet.

Are patient transport services caring?

Good 

We did not inspect Caring as part of the focused inspection

Patient transport services

Are patient transport services responsive to people's needs?
(for example, to feedback?)

Good 

We did not inspect Responsive as part of the focused inspection

Are patient transport services well-led?

Requires improvement 

We did not inspect Well Led as part of the focused inspection

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The providers safeguarding policy should contain references to the intercollegiate document – “Safeguarding Children and Young People: roles and competencies for healthcare staff and detail to what level their staff should be trained.
- The provider should consider a set agenda for their governance meetings.
- The provider should update all policies to reference and reflect up to date legislation and national guidance.
- The provider should have a governance process in place that provides assurance for the safe running of the service. This must include a full oversight of the audit processes and key performance indicators to improve practice and patient outcomes.
- The provider should have regular oversight of risks and regularly monitor them.
- The provider should monitor the medicines storage area temperature.