Mr Howell

Ambulance UK t/a St Bridget's Ambulance Service

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 know to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Mr Anthony Howell is the provider who owns and manages Ambulance UK trading as St Bridget's Ambulance Service. The service is registered to provide transport services triage and medical advice provided remotely. From February 2016 to January 2017 there were 67 patient transport journeys undertaken. They do not provide a service for children.

Prior to this unannounced inspection on 13 June 2017, we carried out a planned comprehensive inspection of Ambulance UK trading as St Bridget's Ambulance Service on 15 February 2017, along with a routine unannounced inspection on 8 March 2017. During that inspection, we found the provider was failing to provide safe care and governance arrangements were inadequate. We found that safe working practices were not followed while providing the service that included poor infection control, inadequate assessments and management of risks. Quality assurance processes were not fully developed in order to identify or mitigate safety risks. We issued the provider with two warning notices under Section 29 of the Health and Social Care Act, 2008, on 16 March 2017 stating they needed to be compliant by 2 May 2017.

Following the inspection in February and March 2017, the provider wrote to the CQC and agreed to a voluntary suspension of the service. This was to allow them to review the service and make the necessary changes following the warning notices in order to become compliant. The service remains non-operational at the time of this report.

The purpose of the unannounced inspection in June 2017 was to follow up on the warning notices and report on progress that had been taken to provide safe care and treatment and ensure governance arrangements were adequate. Following the unannounced inspection in June 2017, we requested further information from the provider, as they had not met fully met the warning notices. We also met with the provider and new manager on 1 August 2017 to clarify some of the information received. This report was focused on reporting on our findings in respect of the breaches as described in the warning notices served.

Services we do not rate

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

At our unannounced inspection in June 2017 and our meeting 1 August 2017, we found the provider had not taken actions to fully meet the warning notices. Progress was limited, and there was still risk of patients not receiving safe care.

- Overall, the provider had made some improvements in the safety of the service. However, the improvements had been driven by directives from the CQC and we were not assured that the provider had the knowledge or the skills to sustain a safe service if the service were to resume and without close scrutiny and clear instructions from CQC.
- Whilst the provider and the appointed manager were keen to comply with the Health and Social Care Act, we were not assured that they had the depth of knowledge or skills to drive improvements within the service independently. For example, where we highlighted missing policies, the provider would devise a policy as requested but the quality and information within the policy was not always clinically accurate or relevant to the service. Similarly, the provider had completed safeguarding training as this was highlighted in our previous inspection as required but through discussions they were unable to demonstrate a sufficient understanding of safeguarding and associated processes.
- Governance processes had not been developed. An updated risk register was provided but did not include all hazards in relation to the day to day delivery of the service, for example possibility of equipment failure or staff sickness. The risk register did not include a full description of risks, all mitigation in place, or a plan for review of risks.
- Policies and procedures were not effective and did not support the day to day operation of the service. Policies did not always relate to the service and did not provide evidence that the provider had really considered best practice guidance or the requirements of the service. There was a risk of patients receiving care not based on best practice and guidance.

Summary of findings

- The Department of Health publishes a Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance (herein The Code). The Code sets out the basic steps that are required to ensure the essential criteria for compliance with the cleanliness and infection control requirements under the Health and Social Care Act 2008 and its associated regulations are being met. Criterion 1 of the Code gives guidance about managing and monitoring the prevention and control of infection and the use of risk assessments to prevent infections in susceptible patients using the service. Through discussion with the provider, it was apparent they had no knowledge of the Code of Practice and, as such, we were not assured the provider was meeting the guidance or had anything similar or better in place.
- The newly created control of infection policy did not relate to the service. The providers cleaning protocol contained items not on the vehicles, so this was confusing to read and could lead to error.
- The policy for managing body fluids including blood that may be contaminated, did not comply with best practice, and advised staff to dispose of infected materials into a 'plastic waste sack' rather than designated colour coded bags.
- There was no process in place for the segregation of clean and dirty equipment on the vehicles which presented a risk of cross infection.
- There was no medicines policy in place for ordering, receipt and storage of medical gases as identified at the last inspection. There was no signage and information available to advise the emergency services attending an incident or accident that the vehicle was carrying flammable gases such as oxygen and nitrous oxide (an inhaled gas used as a pain medication). There was also no safety data sheet relating to these products as recommended. Following this inspection, the provider took steps to mitigate these risks. The medical gases were returned to British Oxygen Company on 4 August 2017, as there were no standard operating procedures to manage them safely. However, we were not assured that the provider would no longer transport patients requiring medical gases in the future.
- The provider was unclear whether they would or would not be providing storage for patients' own medicines during journeys in the future. We were not assured that if the service was reinstated they would safely store or manage patients' medicines through each journey.
- The patient booking form had been updated. However, whilst there was a booking form there was no guidance in place to support staff to complete the clinical aspects of the booking form such as assessing, managing or mitigating patient risks.
- Whilst a medical equipment checklist had been put in place, there was no associated procedure to ensure this was routinely completed.
- The provider had no record keeping policy in place.
- There was no clear written guidance on how the minimum number of staff on a patient transport journey would be risk assessed. We were not assured through discussions with the provider that the service would provide the correct number of staff for each patient journey.
- There was no audit plan in place. We were not assured that the provider planned to audit the effectiveness of the service.

We found the following actions had been taken:

- Though not in use at the time of our inspection, the three vehicles were clean and maintained appropriately.
- A review of equipment had been completed and a checklist developed. Though the equipment was not in use at the time of our inspection, a random check showed that equipment was within the use by date on the packaging.
- The 'evac chair' had been replaced, and staff had received training on how to use the 'evac chair' safely.
- The new manager and two staff supporting the service had now received safeguarding training at the appropriate level. The new manager had received training at level 3 and the two staff supporting the service at level 2.

Summary of findings

- The provider had appointed a manager who would be responsible for the overall management of the service.

Following this inspection, the provider agreed to continue the voluntary suspension of the service.

Full information about our regulatory response to the concerns we have described in this report will be added to a final version of this report we will publish in due course.

Professor Edward Baker
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Patient transport service was the main activity carried out by Ambulance UK trading as St Bridget's Ambulance Service This service had not been provided as voluntarily suspended 13 March 2017 after the last inspection. The provider also provided a repatriation service and had voluntarily also agreed to suspend this service until further notice. Systems and procedures were not in place to effectively and safely deliver this service and needed to be developed. We regulate independent ambulance services but we do not currently have a legal duty to rate them.

Ambulance UK t/a St Bridget's Ambulance Service

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Detailed findings

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Background to Ambulance UK t/a St Bridget's Ambulance Service

Mr Anthony Howell is the provider who owns and manages Ambulance UK trading as St Bridget's Ambulance Service. The service re-registered with the Care Quality Commission (CQC) in 2010. It is an independent ambulance service in Bournemouth, Dorset. The service primarily serves the communities in the Bournemouth area.

Ambulance UK has three vehicles and the service primarily consists of patient transport service (PTS). Following the last inspection in February and March 2017, the provider has voluntarily suspended the service in order to make the necessary improvements following two warning notices.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector,and another CQC inspector. Emma Bekefi, Inspection Manager, oversaw the inspection team.

How we carried out this inspection

We undertook the unannounced inspection in June 2017 to follow up on two Section 29 warning notices that were issued in March 2017 and to monitor if the provider had made the necessary improvements as required from the Warning Notices. We also met with the provider on 1 August 2017 to clarify some of the information received. At our unannounced inspection in June 2017 and our meeting 1 August 2017, we found the provider had not taken actions to fully meet the warning notices. Progress was limited, and there was still risk of patients not receiving safe care.

We spoke with the provider and two other staff members; we reviewed some policies and procedures. We were unable to look at patients' assessments and records as the provider had voluntarily suspended the service since the last inspection. Currently the provider is not providing a service while the necessary improvements were taking place.

Facts and data about Ambulance UK t/a St Bridget's Ambulance Service

The service has not provided any regulated activities as the provider had agreed on voluntary suspension following our last inspection in February 2017 and March 2017. The service had three vehicles that included a

Detailed findings

vehicle with wheelchair facilities, a stretcher ambulance and a small minibus. The minibus was mainly used for transporting residents from care homes also managed by the same provider. The service also provided a medical repatriation service. Activity under travel insurance is exempt from regulation by the care quality commission.

The provider did not know if the patients for whom they had provided medical repatriation did have travel insurance. The service undertook two medical repatriations from February 2016 to January 2017.

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

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- Overall, the provider had made some improvements in the safety of the service. However, the improvements had been driven by directives from the CQC and we were not assured that the provider had the knowledge or the skills to sustain a safe service if the service were to resume and without close scrutiny and clear instructions from CQC.
- Whilst the provider and the appointed manager were keen to comply with the Health and Social Care Act, we were not assured that they had the depth of knowledge or skills to drive improvements within the service independently. For example, where we highlighted missing policies, the provider would devise a policy as requested but the quality and information within the policy was not always clinically accurate or relevant to the service. Similarly, the provider had completed safeguarding training as this was highlighted in our previous inspection as required but through discussions they were unable to demonstrate a sufficient understanding of safeguarding and associated processes.
- Governance processes had not been developed. An updated risk register was provided but did not include all hazards in relation to the day to day delivery of the service, for example possibility of equipment failure or staff sickness. The risk register did not include a full description of risks, all mitigation in place, or a plan for review of risks.
- Policies and procedures were not effective and did not support the day to day operation of the service. Policies did not always relate to the service and did not provide evidence that the provider had really

Patient transport services (PTS)

considered best practice guidance or the requirements of the service. There was a risk of patients receiving care not based on best practice and guidance.

- The Department of Health publishes a Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance (herein The Code). The Code sets out the basic steps that are required to ensure the essential criteria for compliance with the cleanliness and infection control requirements under the Health and Social Care Act 2008 and its associated regulations are being met. Criterion 1 of the Code gives guidance about managing and monitoring the prevention and control of infection and the use of risk assessments to prevent infections in susceptible patients using the service. Through discussion with the provider, it was apparent they had no knowledge of the Code of Practice and, as such, we were not assured the provider was meeting the guidance or had anything similar or better in place.
- The newly created control of infection policy did not relate to the service. The providers cleaning protocol contained items not on the vehicles, so this was confusing to read and could lead to error.
- The policy for managing body fluids including blood that may be contaminated, did not comply with best practice, and advised staff to dispose of infected materials into a 'plastic waste sack' rather than designated colour coded bags.
- There was no process in place for the segregation of clean and dirty equipment on the vehicles which presented a risk of cross infection.
- There was no medicines policy in place for ordering, receipt and storage of medical gases as identified at the last inspection. There was no signage and information available to advise the emergency services attending an incident or accident that the vehicle was carrying flammable gases such as oxygen and nitrous oxide (an inhaled gas used as a pain medication). There was also no safety data sheet relating to these products as recommended. Following this inspection, the provider took steps to mitigate these risks. The medical gases were returned to British Oxygen Company on 4 August 2017, as there were no standard operating procedures to manage them safely. However, we were not assured that the provider would no longer transport patients requiring medical gases in the future.
- The provider was unclear whether they would or would not be providing storage for patient's own medicines during journeys in the future. We were not assured that if the service was reinstated they would safely store or manage patients' medicines through each journey.
- The patient booking form had been updated. However, whilst there was a booking form there was no guidance in place to support staff to complete the clinical aspects of the booking form such as assessing, managing or mitigating patient risks.
- Whilst a medical equipment checklist had been put in place, there was no associated procedure to ensure this was routinely completed.
- The provider had no record keeping policy in place.
- There was no clear written guidance on how the minimum number of staff on a patient transport journey would be risk assessed. We were not assured through discussions with the provider that the service would provide the correct number of staff for each patient journey.
- There was no audit plan in place. We were not assured that the provider planned to audit the effectiveness of the service.

We found the following actions had been taken:

- Though not in use at the time of our inspection, the three vehicles were clean and maintained appropriately.
- A review of equipment had been completed and a checklist developed. Though the equipment was not in use at the time of our inspection, a random check showed that equipment was within the use by date on the packaging.
- The 'evac chair' had been replaced, and staff had received training on how to use the 'evac chair' safely.
- The provider had appointed a manager who would be responsible for the overall management of the service.

Patient transport services (PTS)

- The new manager and two staff supporting the service had now received safeguarding training at the appropriate level. The new manager had received training at level 3 and the two staff supporting the service at level 2.

Are patient transport services safe?

Safe means the services protect you from abuse and avoidable harm.

Incidents

- The provider had developed a policy to inform staff's practices in incident reporting. However, as at the planned inspection in February 2017 and unannounced inspection in March 2017, there was no system to evidence how incidents would be investigated or learning from incidents would be shared with the staff in order to improve practices. The provider's service was also commissioned by external agencies including a local NHS trust. There was no assurance to show how joint investigations and learning would be initiated with external providers. We were assured that the provider understood the necessity for staff to report incidents but were not assured that they understood the need to learn and improve practices following an incident.
- The duty of candour states that providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. The duty of candour policy submitted post inspection did not provide sufficient detail regarding the process of engagement with patients or their relatives during or after investigation of an incident of avoidable harm to a patient. The provider did not provide duty of candour training for staff.

Cleanliness, infection control and hygiene

- The provider was not compliant with key policies at the planned inspection in February 2017 and unannounced inspection in March 2017, such as hand hygiene as these were not aligned to facilities in the vehicles and ambulance service. This had not improved at this inspection. The policies related to practices within the providers other services, namely a care home and a domiciliary care agency. The provider, following our meeting on 1 August 2017, provided an updated infection control policy. The updated provider policy was not effective, for example, it did not include a policy statement, description of the scope of the policy, who was responsible, staff training, implementation or

monitoring information. Information that was given did not include all necessary information, for example, what staff should do if a sharps injury or exposure to blood borne viruses occurred.

- The policy for managing body fluids including blood that may be contaminated, did not comply with best practice, and advised staff to dispose of infected materials into a 'plastic waste sack'. This does not follow guidance regarding disposal of infected clinical waste, as clinical waste must go into designated colour coded bags.
- At the planned inspection in February 2017 and an unannounced inspection in March 2017, the provider did not have any evidence of internal audits for hand hygiene. At the unannounced inspection in June 2017, there was no evidence at this inspection of how the provider would assure themselves that infection control measures were followed. The new manager at our meeting on 1 August 2017 showed us a hand hygiene audit on their mobile telephone, and was not ready for use.
- At the planned inspection in February 2017 and unannounced inspection in March 2017, the provider did not have any information and was not aware of the Department of Health (DoH) code of practice. The Code sets out the basic steps that are required to ensure the essential criteria for compliance with the cleanliness and infection control requirements under the Health and Social Care Act 2008 and its associated regulations are being met. This relates to the prevention and control of infection. At this unannounced inspection in June 2017, the provider was not able to demonstrate how they could meet this standard and related guidance in a different or better way as described in the code.
- Although cleaning equipment had been reviewed, including colour coded mops, the process for storage of clean and dirty equipment had not been developed to ensure effective infection control practice was being followed. This put patients at risk of cross infection.
- At the planned inspection in February 2017 followed by an unannounced inspection in March 2017, we issued the provider with a warning notice as infection control policies, practices put people at risk of harm to their health, and safety as this was not detailed. At this inspection, we found all the three vehicles we inspected were clean and a cleaning schedule had been developed. The cleaning protocols identified what needed cleaning after every patient use, for example, the stretcher. The cleaning protocols also contained items not used by the service, for example, pen torch, blood pressure cuff. A senior member of staff told us the cleaning protocols would be further reviewed.
- A senior member of staff had removed the protective cover on the transfer slide, which was in poor condition at the last inspection, so this no longer posed an infection control risk.
- A senior staff member told us that they had also contracted out the cleaning service and "fogging" which was a system used for decontamination of the vehicles. 'Fogging' the vehicles would be suitable for deep cleaning the hard surfaces in the ambulance vehicles, as well as the carpeted areas. This was a six months contract and staff told us this will be reviewed before the contract ended.
- Personal protective equipment (PPE) was available and included different glove sizes that were not available at the last inspection. Hand gels and spillage kits were available on all three vehicles during this inspection.
- We were items such as bedding were stored in clear vacuum sealed bags, ensuring they were clean.

Environment and equipment

- At the planned inspection in February 2017 followed by an announced inspection in March 2017, we issued the provider with a warning notice as processes and procedures were not in place to manage equipment and the environment safely.
- Policy and procedures for reporting and management of faulty equipment had not been developed as required from the last inspection. Patients could be at risk of equipment being used that not fit for purpose. Staff may not recognise the need to report faulty equipment.
- There were no data sheets for cleaning agents that were in use as required by standards for control of substances hazardous to health (COSHH). Patients and staff may be put at risk, in the event of an accident or spillage of hazardous substances.
- At the unannounced inspection in March 2017, we found that the stretcher ambulance was left running, with the key in the ignition and was unattended for up to twenty minutes. This posed serious risks of equipment and/or the vehicle being stolen. At our unannounced inspection on 13 June 2017, a senior staff member told us that they had taken action. This included a working rule that keys to the vehicles would not be left on site. A senior staff member told us that the vehicle would be

attended at all times when charging the stretcher. This risk of ambulance left unattended had not been mitigated, as there was no procedure for staff to follow when charging the stretcher on the ambulance. Although, the provider had assured us that a risk assessment and procedure would be developed at the last inspection but this had not happened.

- The new manager at our meeting on 1 August 2017 showed us batteries and a charging unit they had purchased to enable the stretcher to be charged in their office. There was no standard operating procedure to support this process. This may put patients at risk, as the stretcher may not be fully charged when required.
- On one of the vehicles, a senior staff member confirmed that the vehicle they will carry two types of medical gases. There was no signage and information available to advise the emergency services attending an incident or accident that the vehicle was carrying flammable gases such as oxygen and nitrous oxide (an inhaled gas used as a pain medication). There was also no safety data sheet relating to these products as recommended.
- At the planned inspection in February 2017 and unannounced inspection in March 2017, there was disposable suction equipment on the vehicle used on the stretcher 'blue light' vehicle (this was used only for repatriation of patients and not as an emergency service).The new manager on 4 August 2017, sent an update stating the 'blue light' had been removed from the stretcher vehicle. The suction equipment was not adequate because it was too small for the potential volume of body fluids it may need to suction. This may impact on the safe transport of patients and meet their needs in the event that suction was required. During this inspection in June 2017, the suction equipment had been removed and no decision for its replacement had been made.
- At the planned inspection in February 2017, announced inspection in March 2017 and this inspection in June 2017, there was a fire extinguisher on each of the three vehicles. There was no evidence to show that these fire extinguishers had been serviced or were fit for purpose. A senior staff member confirmed they were not aware of this. This had not been picked as part of their equipment checks. At our meeting on 1 August 2017, we saw that the three fire extinguishers had been replaced. A second fire extinguisher was due to be placed on the 15 seater minibus on 8 August 2017.
- At the planned inspection in February 2017, unannounced inspection in March 2017 and unannounced inspection in June 2017, we raised our concerns regarding the safety of the 'evac chair'. This put patients safety at risk because did not have safe working load limit. On the 1 August 2017, this was still at the service and could potentially be used. We raised it again with the provider and this was removed.
- At the unannounced inspection on 13 June 2017, we saw that the new manager had developed a process regarding storage of equipment, and an equipment checklist. We were not able to see how this worked in practice, as the patient transport service was voluntarily suspended at that time.
- The provider had undertaken a check of medical emergency equipment and we carried out a random check of these; we found that the wound dressings and oxygen masks were all in date.
- The transfer slide in the stretcher ambulance had been secured which mitigated the risk of this moving when in transit for the safety of patients.
- At the planned inspection in February 2017 and unannounced inspection in March 2017, there was a defibrillator on board the stretcher 'blue light 'vehicle. A senior staff member told us that the stretcher ambulance would no longer carry a defibrillator.
- The provider at our meeting 1 August 2017, showed us a new 'evac chair' the service had brought, which was also marked with a safe working limit of 150kg.

Medicines

- At the planned inspection in February 2017 followed by an unannounced inspection in March 2017, we issued a warning notice to the provider as we had concerns about the safe management of medical gases. At the unannounced inspection in June 2017, there were two types of medical gases, oxygen and nitrous oxide (an inhaled gas used as a pain medication) and these were stored in a locked room. However, there was no rack to ensure that these were stored safely and as per recommendation by British Oxygen Company (BOC). There was no signage to alert people using the service that flammable medical gases were stored in that area.
- We also raised with the provider our concerns regarding the administration of medical gases as not all staff had completed this training. There was no policy and procedure for staff to follow at the time of our meeting on 1 August 2017.

Patient transport services (PTS)

- At the planned inspection in February 2017 and unannounced inspection in March 2017, there was no medicines policy in place for ordering, receipt and storage of medical gases as identified at the last inspection. This was still not in place when we met with the provider on 1 August 2017. On the 4 August 2017 the provider confirmed the medical gases had been returned to BOC. However, we were not assured that the provider would not transport patients requiring medical gases in the future.
- At the planned inspection in February 2017 and unannounced inspection in March 2017, staff told us they would not be handling patients' medicines. During this inspection, a senior staff discussed having a box on the vehicles for the storage of patients' own medicines that may include controlled drugs. There was no policy and procedure for the handling and storage of patients' own medicines in the vehicles. The risks had not been considered. This meant some risks such as mishandling or loss of patient's medicines were not mitigated. The new manager at our meeting on 1 August 2017 showed us the stretcher ambulance and the box planned for the storage of patients own medicines had now been abandoned.

Records

- Following the planned inspection in February 2017 followed by unannounced inspection in March 2017, we issued a warning notice, as the completion of the vehicle checking forms and patient booking forms were incomplete.
- At the planned inspection in February 2017 and unannounced inspection in March 2017 we found that the ambulance service 'vehicle checklist and conditions of use' forms were not fully completed in 23 out of 27 records we reviewed. This included vehicle's details, mileage, fluids, tyres, steering, lights, wipers, breaks and horn. The provider had not provided a service since the last inspection and we were unable to review these documents as these would be completed pre and post activity. A senior staff member told us the vehicles checked were carried out ad hoc. A procedure had not been developed to inform staff practice to ensure that vehicle checks were undertaken in a consistent manner.
- The new manager at the meeting on 1 August 2017 told us that they were undertaking the vehicle checks Monday to Friday but not at weekends at that time. The checklist had not been signed for 31 July 17 as expected, although the new manager said they had undertaken the vehicle checks.
- Patients' records were not managed effectively at the planned inspection in February 2017 and unannounced inspection in March 2017. We found that records were incomplete and some were illegible. The filing system was chaotic and hard to follow. We were unable to assess patients' records during this visit as no care had been provided since the last inspection.
- A medical equipment checklist had been developed which was seen on the vehicles. Staff confirmed there was no procedure and this needed to be developed to inform practices.
- At our meeting on 1 August 2017, we asked for a record keeping policy to support the accurate completion of records but this has not been provided.

Safeguarding

- At the planned inspection in February 2017 followed by an unannounced inspection in March 2017 we issued the provider with a warning notice as there was no effective procedures and processes in pace to safeguard people from the risk of avoidable harm or abuse. The provider's understanding of safeguarding was not in accordance with the regulations or national guidelines. The registered manager who is also the provider confirmed that they were the safeguarding lead for service. They had not undertaken any safeguarding training at the appropriate level in order to fulfil this role. The provider told us they would be taking action to complete level 3 safeguarding training to support and guide the staff and protect people who may be in a vulnerable situation. We received confirmation on 14 July 2017 that the new manager had now completed this training. However, in discussions with the provider it was evident that did not have sufficient depth or understanding of safeguarding and associated processes.
- At the unannounced inspection in June 2017, we found the provider had taken no action to undertake this training in order to comply with the warning notice. They told us they would source this training for two other senior staff members.

- There were no effective systems to allow frontline ambulance staff to report safeguarding incidents. Training records showed that staff had received basic awareness training on safeguarding adults. This was a concern as it was not reflective of national guidelines for safeguarding, specifically the Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016).
- At the engagement meeting 1 August 2017 the new manager told us the two staff allocated to work for the service had undertaken level 2 training in safeguarding adults, as part of their National Vocational Qualification (NVQ) training. There was no procedure for communication and protocols for safeguarding referrals with the local authority adult safeguarding team. There was a risk that staff who are not undertaking an NVQ would not receive safeguarding training, that gave them the appropriate knowledge and skills.
- The provider's adult protection procedure that had not been updated since 2010 described the use of physical restraint of patients. Staff had not received training in the use of physical restraint, which may pose risks of injury to both patients and staff. The policy was not aligned to ambulance service such an ambulance which may be moving and the potential risks to staff, patients and other road users. It was not clear how this would be managed in practice and did not include de- escalation process and restraint use as a last resort for example.
- An adult safeguarding multi- agency procedure had been introduced in June 2017, but a plan not in place about how the procedure was going to cascaded to staff. The new manager sent a safeguarding alert form for staff to use through to us on 11 August 2017.

Mandatory training

- At the planned inspection February 2017 followed by an unannounced inspection in March 2017, we served a warning notice as we could find no evidence that ambulance staff had completed the necessary training such as first aid training, vehicle awareness or safety training. A senior member of staff told us that staff working on the ambulance did receive first aid training; however, they were unable to provide any evidence of this when we requested to see the records. One staff member told us they last undertook first aid training about three years ago. This put patients at risk of receiving unsafe care due to outdated practices.
- The provider who was responsible for the service had still not completed any mandatory training at our meeting 1 August 2017.
- At the unannounced inspection in June 2017 we found no progress had been made regarding staff training. A senior staff member confirmed that the provider was in the process of sourcing training for the ambulance staff.
- The provider had given written assurance to the care quality commission (CQC) that this service will remain suspended until appropriate training were put in place, and all other improvements in place.
- Some staff undertook transfers of patients and used the emergency 'blue light' in the stretcher ambulance prior to the previous inspection. The provider told us these staff had not undertaken any additional training to drive the emergency vehicle as recommended by the institute of health and care development .They might not have had the skills to handle the vehicle safely including at high speed that may impact on safety of staff and patients. At this inspection, the provider confirmed that staff training for the stretcher ambulance which included 'blue light' was still under discussion and review. The new manager sent an update on 4 August 2017 informing us the 'blue light' had been removed from the stretcher vehicle.
- Following the unannounced inspection in June 2017 the provider had sent evidence of training which staff completed on the 11 July 2017 and included equipment on board and safe usage, infection prevention and control. Training on the safe use of the 'evac chair' had been included. We asked for more detail on the content of the 'evac chair' training and this was provided 14 August 2017.

Assessing and responding patient risk

- At the planned inspection February 2017 followed by an unannounced inspection in March 2017 we served a warning notice because patient risks were not being sufficiently assessed. The updated patient booking form did include an assessment of patient risks. The new manager had not produced guidance to support staff completing the form, or an example of a completed patient booking form. We were unable to assess if patient risks were being assessed and managed, as the service was voluntarily suspended.

Staffing

Patient transport services (PTS)

- At the planned inspection February 2017 followed by an unannounced inspection in March 2017, we served a warning notice as we found the provider was failing to adhere to their own policy on the safe transport of patients such as two men crew for all journeys. Records showed that for four of the 27 patient journeys we reviewed, there was only one crew member listed. This meant there was a driver, but not a crew member with the patient. This put patients at risk, as there may not be a staff member able to observe and support the patient. This was of particular concern as we were not assured that patients risks were being assessed robustly either.
- We were unable to review actual staffing as the provider had voluntary suspended the service. A senior staff member told us all patients' journeys would have two staff members with the patient in the future.
- During this inspection, the provider had in place a safe driving policy, which was developed in May 2017. However, the policy did not include any information about the minimum number of staff that should undertake a patient transport journey or action to take if a patient should become confused or distressed. The new manager submitted a document entitled 'St Bridget's Ambulance Service Working Hours' 14 August 2017. This read in 'most cases' the crew will consist of two drivers. There was no clarity as to when a journey would require two staff, and when only one would be provided. The new manager in a telephone call 15 August 2017 said the number of staff would be risk assessed, but no recorded process about how this risk assessment would take place. Staff working within the provider's care home service also provided staffing cover for the ambulance service, as needed. The provider told us they did not use any bank or agency for the ambulance service. There was no system in place to show how the staff's skill mix was assessed and competencies maintained. This put patients at risk of receiving unsafe care from staff who may not be competent working on the ambulance.
- At the planned inspection February 2017 followed by an unannounced inspection in March 2017, we found a new staff member had started work prior to all checks including disclosure and barring checks (DBS). This may put patients at risk of abuse, as not all necessary checks had been completed. We were unable to assess this as no new staff had been employed at the time of this inspection. The provider did not adhere to their own recruitment policy.

Are patient transport services effective?

Not inspected as this was a focused inspection.

Are patient transport services caring?

Not inspected as this was a focused inspection.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Not inspected as this was a focused inspection.

Are patient transport services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Leadership / culture of service related to this core service

- At the planned inspection in February 2017 followed by an unannounced inspection in March 2017 we served a warning notice, as there was no provision when the provider, who also operated and managed the business, was on holiday. Staff told us they would contact the provider for advice and support.
- The provider confirmed they had not undertaken any training and refresher courses to maintain their skills and may not be able to support staff with current guidelines and up to date practice.
- The provider was unable to demonstrate they had appropriate knowledge of applicable legislation including the Health and Social Care Act.
- During our planned inspection in February 2017 and unannounced inspection in March 2017 the provider had failed to deliver a safe or quality service in a number of key areas, and recognised they did not have the required knowledge to manage the operations of the service on a day to day basis. The provider had appointed a manager to take responsibility of the day to

day management of the service on 2 May 2017. The manager said they were in the process of submitting an application to the care quality commission (CQC) to become the registered manager. The new manager told us at our meeting on 1 August 2017 that they had submitted a registered manager application to the CQC on the 30 July 2017.

- Whilst the provider and the appointed manager were keen to comply with the Health and Social Care Act, we were not assured that they had the depth of knowledge or skills to drive improvements within the service independently. For example, where we highlighted missing policies, the provider would devise a policy as requested but the quality and information within the policy was not always clinically accurate or relevant to the service.

Vision and strategy for this this core service

- At the planned inspection in February 2017 and unannounced inspection in March 2017, the provider's articulated vision for the service was 'to maintain a good service by not taking on too much'. The provider also told us there was 'no development plan – no strategy' to develop the service.
- During the inspection in June 2017, the provider was re assessing the viability of providing a repatriation service longer term that they have agreed to voluntarily suspend indefinitely.

Governance, risk management and quality measurement (and service overall if this is the main service

- At the planned inspection in February 2017 followed by an unannounced inspection in March 2017, we issued the provider with a warning notice as there was no system to demonstrate that policies in place for the operation of the service and where policies were in place they were not reviewed or updated to reflect current practice. We reviewed five policies for Ambulance UK trading as St Bridget's Ambulance Service. None of the policies had a date when first produced, which version number was now in use, or date for next review. There was no assurance that staff were working with the most up to date information. When we highlighted this, the new manager submitted polices on the 14 July 2017 that did have a date when first produced, version number and date for next review.
- A number of policies we looked at such as hand hygiene and no smoking were not aligned to the ambulance service. For example, the hand washing policy discussed hand washing with soap and water, which may not have been possible in patients homes. For example, patients' homes may not have liquid soap and appropriate hand drying towels for the ambulance staff to use to effectively clean their hands.
- The new manager provided a control of infection policy on the 11 August 2017. This new policy did not contain a policy statement, description of the scope of the document, who was responsible, training for staff, implementation or monitoring of the policy. The content was also missing information and detail. For example, management of sharps injury or exposure to blood borne viruses did not follow current Department of Health guidance in order to prevent transmission of infection.
- The provider was not assessing and monitoring the safety of service provision. We looked at the safer driving policy where risks to service users were not considered or assessed. For example, there was no documented risk assessment for establishing how many staff should support a patient journey. A 'Driver assessment – Driver check sheet dated May 2017 was provided, however' there was no documented process to ensure driver assessment was managed effectively.
- The restraint policy was dated 2010 with no evidence of review and contained information which may be detrimental to people's safety.
- A safeguarding adult policy and procedure had been developed. However, this did not include a safeguarding alert form for staff to use to raise an alert at the time of this inspection. When we highlighted this through discussion at our meeting on the 1 August 2017, the provider submitted a safeguarding alert form on 11 August 2017. We were not assured the provider recognised the need for clear process in relation to safeguarding without our involvement.
- The provider was not assessing and monitoring risks effectively. At the planned inspection in February 2017 and unannounced inspection in March 2017, there was no formal process for identifying risks. There was no provider's risk register or an alternative method to record risks identified, including patients, staff or the business. There was no assurance the provider was

effectively monitoring and mitigating the risks related to the health, safety and welfare of people using the service and others who may be at risk, which arise from the carrying on the regulated activity.

- At the meeting on 1 August 2017, the provider showed us their newly developed risk register. The risk register focused on risks to the business but not risks to the people who use the service. The risk register provided did not clearly identify risks, how they were going to be managed, rate the risk in terms of severity and likelihood, or identify the risk owner. The new manager submitted an updated risk register on the 14 August 2017. This risk register did not identify potential hazards focused of the day to day delivery of the service, for example, possibility of equipment failure and staff sickness.
- The provider had no quality assurance and audit systems. At the last inspection, we noted there no internal audit process to look at cleanliness, infection control and record keeping. There were risks to staff and patient safety through lack of observation and monitoring of performance. At the unannounced inspection in June 2017 a senior staff told us they would need to consider this. At our meeting 1 August 2017, the new manager showed us a hand hygiene audit they had begun to develop.
- The new manager told us at our engagement meeting 1 August 2017, they were planning to have weekly meetings with staff when the service was operational.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- There was no innovation, plans in place to improve or sustain the service. The provider and the operational manager were focused on satisfying the CQC with a view to resuming their patient transport service in the future. The provider was unsure whether their long term plans for the service, included repatriation patient journeys.