Alpha Care Ambulance Service Limited

Alpha Care Ambulance Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as required improvement because:

- The governance and leadership of the service did not fully protect the safety of the patients. There was no oversight of mandatory training compliance rates. Staff did not always have or had not completed all the relevant training. Governance meetings and supervisions were not held and safety information was not collected in order to improve the service. Policies and procedures were not evidenced as being understood by staff.
- Governance and leadership of the service did not effectively manage performance. The service did not have a system to effectively manage risks or audit the quality of the service. Data was not used to make decisions and improvements. Leadership did not use monitoring of the service to support ongoing improvements which could potentially put patients at risk of avoidable harm.

However:

- The service had enough staff to care for patients. The service-controlled infection risk well. People could access the service when they needed it.
- Staff provided good care and treatment. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	Our rating of this service stayed the same. We rated it as requires improvement because: • Equipment checks and documentation were not always fully completed effectively as we found a number of out-of-date items. • The organisation did not always have clear governance structures in place to ensure oversight of services, training was not always up-to-date. • There was a lack of assurance that performance was being monitored effectively. • There was no official documentation of supervision. • There was no date for when a risk was added to the risk register. However: • The service had enough staff for the current workload 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, acted on them and kept good care records. • Staff provided good care and treatment. Managers made sure staff were competent. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. • The service planned care to meet the needs of local people and made it easy for people to give feedback. • Leaders ran services well using reliable information systems and supported staff to develop their skills.
Emergency and urgent care	Requires Improvement 	We rated it as requires improvement because:

Summary of findings

- Equipment checks and documentation were not always fully completed effectively as we found a number of out of date items.
- The organisation did not always have clear governance structures in place to ensure oversight of services, training was not always up-to-date.
- There was a lack of assurance that performance was being monitored effectively.
- There was no official documentation of supervision.
- There was no date for when a risk was added to the risk register.

However:

- The service had enough staff for the current workload 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, acted on them and kept good care records.
- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.

The provider was registered with CQC to carry out the regulated activity treatment of disease, disorder or injury so they could provide the core service emergency and urgent care. At the time of the inspection they had not delivered any emergency and urgent care. However, as the service had registered to carry out the regulated activity treatment of disease, disorder or injury in order to provide an emergency an urgent care service, it was expected that processes should be in place to be followed by staff to enable this service to be carried out safely.

Summary of findings

Urgent and emergency care is a small proportion of the services activity. The main service was Patient Transport Services. Where arrangements were the same, we have reported findings in the Patient Transport Services section.

Summary of findings

Contents

Summary of this inspection

Background to Alpha Care Ambulance Service

Alpha Care Ambulance Service is operated by Alpha care Ambulance Service Limited. The service opened in 2001 and is an independent ambulance service based in Moulsford, Oxfordshire.

The service primarily serves the communities of the Oxfordshire and Berkshire.

The service has 12 vehicles and runs from 7am to 10pm seven days a week. The main service provided is Patient transport services (PTS) and medical cover to events at private organisations. This includes non-emergency patient transport to NHS trusts, local social services and school transport for children with special needs.

Alpha Care has had a registered manager in post since July 2011 and is registered to provide the following regulated activities;

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

The service has not carried out any emergency service transfers within the last 18 months. As the service is still registered to provide this service, this will be included within the report.

The service was last inspected in December 2019 following a compressive inspection in March 2019 in which the service was given a S29 Warning notice. The December 2019 inspection was not rated, however the warning notice was removed.

How we carried out this inspection

We carried out a short notice comprehensive inspection. We spoke with eight people; including managers, administration, ambulance technicians and providers using the service. We reviewed three complaints, five incident forms, twelve staff training files, three staff files, three feedback forms, eight policies/procedures and patient records.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Patient transport Services

Actions the service MUST take to improve:

Summary of this inspection

- The service must ensure a robust governance system is in place and understood by all staff. This must include a full oversight of audit processes, including management of risks and key performance indicators, to improve practice and patient outcomes. (Regulation 17 (1)).
- The provider must review the documentation of supervision. (Regulation 18 (2)).
- The service must ensure that medicines, including medical gases, are stored safety and within their recommended temperature ranges and that they are consistently available for staff when on duty. (Regulation 12 (1)).

Action the service SHOULD take to improve:

- The service should ensure that training is in line with the intercollegiate document, to correctly identify the competencies required for all healthcare staff. The service was unclear what level safeguarding staff had completed. (Regulation 13).
- The service should ensure that all staff complete and are up to date with the three- yearly the mandatory requirement to complete the care certificate standards which included; dementia and cognitive issues, disability awareness and mental health awareness training. (Regulation 12 (1)).
- The service should consider how they monitor for changes in national guidance and the steps taken to ensure polices procedures and guidelines are kept current and have been read and understood by staff.
- The service should review how mandatory training is monitored and the compliance rates.
- The service should provide staff training on the storage and usage of oxygen to all relevant staff.
- The service should review the vehicle check forms to include restocking of vehicles to ensure that the equipment has been checked, is ready to use and in date.

Urgent and Emergency Services

Actions the service MUST take to improve:

- The service must ensure a robust governance system is in place and understood by all staff. This must include a full oversight of audit processes, including risks and key performance indicators, to improve practice and patient outcomes. (Regulation 17 (1)).
- The provider must review the documentation of supervision (Regulation 18 (2)).
- The service must ensure that medicines, including medical gases, are stored safety and within their recommended temperature ranges and consistently available for staff when on duty. (Regulation 12 (1)).

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- The service should provide staff training on the storage and usage of oxygen to all relevant staff.
- The service should review the vehicle check forms to include restocking of vehicles to ensure that the equipment has been checked, is ready to use and in date.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Emergency and urgent care	Requires Improvement	Requires Improvement	Insufficient evidence to rate	Insufficient evidence to rate	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Patient transport services

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

Are Patient transport services safe?

Requires Improvement

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

Mandatory training

The service did not make sure everyone completed mandatory training in key skills.

Not all staff kept up-to-date with their mandatory training. Records showed only half of the staff had completed all the required mandatory training. This posed a risk staff may not be up-to-date with essential knowledge and training. Not all new starters had completed their mandatory training, and two members of staff had not completed all of their mandatory training including the registered manager.

However, the mandatory training provided was comprehensive and met the needs of patients and staff. Staff felt that their training needs were met and that they were given the time and opportunity to develop their skills and knowledge. There were no formal meetings to discuss training needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. However, there was no recorded follow up to make sure that staff completed the training.

The training was predominantly online. Topics included: dignity, privacy and respect awareness, equality and diversity, infection control awareness, mental capacity act and Deprivation of Liberty Safeguarding awareness and safeguarding adults and children.

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.

Staff received training specific for their role on how to recognise and report abuse. This was in the form of e-learning, covering Safeguarding children and adult awareness. All staff had completed this training. Managers were unaware what the level of safeguarding training was, we could not be assured that any staff held up to date safeguarding training at the required level. The nominated safeguarding lead had completed Designated Safeguarding Lead training at level 4.

Requires Improvement

Patient transport services

Staff could give examples of safeguarding, and how they would protect patients from harassment and discrimination, how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were aware of how to make a safeguarding referral and who to inform if they had concerns.

There was also further safeguarding training available to staff such as; child safeguarding advanced, Attention Deficit Hyperactivity Disorder awareness, Female Genital Mutilation awareness, forced marriage awareness, lone working, peer on peer abuse, and raising awareness of honour-based abuse.

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 and the premises visibly clean. Staff did not record that they had cleaned vehicles.

The vehicles were clean well-maintained. The service generally performed well for cleanliness. Cleaning equipment was safely stored and clearly labelled.

Staff told us they cleaned the vehicle and equipment after use, which was in line with the standard operating procedure. However, there was no documented evidence to support this. When we raised this with the manager, they immediately added this to the vehicle check list. Vehicles were deep cleaned at least once every two weeks.

Staff followed infection control principles including the use of personal protective equipment (PPE), such as gloves and face masks which were readily available. Staff were bare below the elbows. Staff were provided with COVID-19 Lateral flow test kits and encouraged to test every four days. At the time of inspection, nine out of 12 staff's infection control awareness and additional Coronavirus awareness infection control training were in date.

Staff cleaned and stored equipment on site with use of equipment decontamination checklists and green clean stickers on equipment.

Environment and equipment

The design, maintenance, equipment and use of vehicles kept people safe. Equipment was not always available and staff did not always manage clinical waste well.

All vehicles were stored securely at the registered location and keys were held in a key safe within a locked office and building. The service had 12 vehicles, we checked three vehicles which were ready for use, these could be used for event or patient journey's and were kept fully equipped.

Staff carried out daily safety checks of vehicles which looked at the outside of the vehicle and equipment inside the vehicle. These vehicle checks did not always accurately capture information. One of the vehicles blue lights was not working and this had not been identified.

The service did not always have enough suitable equipment on board to support staff to safely care for patients. We looked at the vehicle inventory records, these were not completed consistently as detailed within the services Equipment & Consumables on Vehicles Policy.

There was no oversight of equipment on board vehicles. During the inspection out-of-date equipment was found, this was removed immediately. Vehicles did not contain spillage kits or defibrillator pads for children. We were informed that these were on order.

Clinical waste was separated by infected and non-infected waste with clearly labelled instructions and disposed of on site. During inspection we found clinical waste left on board a vehicle overnight.

All vehicles were appropriate for use with in date MOT, tax, service history and insurance. Electronic devices were within date, and vehicles checked were clean and in good condition. We reviewed a folder which contained evidence of twice weekly tyre pressure checks. All vehicles had completed paperwork and up-to-date checks. Those vehicles which were off road were clearly identified as vehicle off road (VOR).

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient, including discharges and home assessments. Each child who received specialised patient transport had an individual travel pack containing clinical information and medicines.

Staff knew about and dealt with specific risk issues. For example, regular users of the service had risk assessments which identified how to manage and how to escalate any risk such as tracheostomy use and seizures. Staff told us that in the event of patient's condition deteriorating the crew would stop the journey and call for assistance from the emergency service.

Staff shared key information to keep patients safe when handing over their care to others. The service provided a transport from hospital to patients' homes. Staff would ensure that other services had a handover, and where possible would record a handover in the patients' notes. Staff would also ensure that the patient had appropriate measures in place for their comfort and wellbeing; food, heating, and personal care.

Staff explained how they would escalate their concerns, contact their mangers, ambulance services or the hospital for further support where needed.

Staffing

The service had enough staff for the current workload, with the right qualifications, skills, 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.

The service had enough support staff to keep patients safe. The service directly employed twelve members of staff which included the registered manager and the director of operations, both of which were the services senior paramedics. Other staffing roles included ambulance care assistants, technicians, and an administrator. All staff had an enhanced Disclosure and Barring Service (DBS) check.

The manager could adjust staffing levels according to the needs of patients. This was communicated and organised with staff via an online platform rota scheduling group. The rota was sent out in advance to staff and displayed within the office.

The service had recently employed three new starters and generally had low turnover rates. The service did not use bank or agency staff services. This was important to the service and the relationships they had with their clients and the patients they provided care for.

Requires Improvement

Patient transport services

Records

Staff kept detailed records of patients' care and treatment. Records were stored securely and available to all staff providing care through a sign out system.

Records were stored securely in a locked cupboard in the office on site and their use was tracked through a sign in and out system. Patient notes were comprehensive, collaborative, and all staff could access them easily.

Each child who received specialised patient transport had an individual travel pack. In the packs were a personalised kit identifying information about the child including care and treatment. We reviewed one information pack which contained 'all about me' booklets which identified likes/ dislikes, care plans risk assessments and GP information.

Medicines

The service did not always use systems and processes to safely administer, record and store medicines. Systems were not always efficient enough to demonstrate full oversight of the service.

Staff did not always follow systems and processes to prescribe and administer medicines safely. Whilst all staff were authorised to administer oxygen, the training records indicated that not all staff had been trained in the use of oxygen in the previous four years. Therefore, we were not assured that staff were trained and competent to administer oxygen.

The services policies and procedures were not always followed. For example, the service's Medicines Management Policy identified a standard operating procedure (SOP) that outlined which medicines staff could administer. The Alpha Care Ambulance Service Protocols & Doctors Directions stated that it should be signed annually. This was last signed in 2019.

Staff did not always store and manage all medicines and prescribing documents safely. Medicines were stored securely. However, medical oxygen cylinders not segregated from non-medical gas cylinders. This was resolved when we raised our concerns with staff. Medicines storage temperatures were not monitored. Therefore, the service was not assured that medicines were stored within their recommended temperature range and remain effective. Keys were held by the paramedic and a CCTV system was installed for observation

Medicines expiry date and stock checking had not been carried out as frequently as described in the service procedures. Staff told us this was due to lack of medicine use and using real time management process due to the pandemic. We carried out a sample check of the medicines. Medicines sampled were in date and appropriately stored, logged out recorded, and disposed of correctly. One member of staff managed medicines. If they were not available alternative arrangements were not in place.

Staff did not always ensure emergency medicines were safe. Alpha Cares medicines policy stated that medicine bags were checked and secured at the beginning of each shift. The one primary response medicine bag we reviewed was not sealed and did not contain the baseline medicine or a packing list to identify missing items. We were told that bags are currently not sealed due to an issue with the sealant tags. The service were in the process of finding a solution.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. The service was commissioned to transport children to school. For those children who may require a medicine administered in case of seizure, then the patient's specific medicine was prescribed. Prior to the journey their travel pack (containing their medicine and care plan) would be signed out of a locked cupboard and would accompany the child on the journey.

Requires Improvement

Patient transport services

Staff were aware or their roles and responsibilities and staff were made available for specific journeys which required administrations of certain medications dependent on their role. Staff were aware that certain medicines could only be administered by paramedics and that in an emergency, patient's own medicines could be administered by staff following the care plan.

Staff learned from safety alerts and incidents to improve practice. The service had systems to ensure staff knew about safety alerts and incidents. Information was communicated via a social media group, use of notes within the medicines room, and occasionally via email.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the team.

Staff knew what incidents to report and how to report them, this was usually escalated to and completed by managers. All incidents were tracked in 'incident records' folder with signalised index numbering.

We reviewed the last five incidents. These were clearly labelled, accident record forms completed where appropriate, photocopies stored on file and the originals were kept locked elsewhere. Medicine management incidents were identified within the services incident management process in accordance with the incident policy.

Investigation reports and summaries on incidents had recently been introduced for better learning and to influence better practice.

Are Patient transport services effective?

Requires Improvement

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice, however there were no systems in place to ensure staff had read and understood guidance.

There were no systems in place for the service to gain assurances that staff had read and understood the policies. Therefore, it was not clear if staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers explained a new system was being implemented to better manage this but was not able to evidence if staff had read policies. Staff said that they would call the office and speak directly to managers about any queries they had.

Folders contained organisational and clinical polices, and were stored at the base, these included the staff handbook, whistleblowing policy, incident reporting, medicines management and bullying and harassment. Policies were in date.

Policies and standard operating procedures were reviewed by the registered manager. There was no formal monitoring process for updates to nationally available guidance in place, changes were made as and when management received information. These were then approved and signed by the medical director.

Requires Improvement

Patient transport services

Patient outcomes and response times

There was a system in place which monitored the effectiveness of care and treatment. This did not always give a full picture of the service.

The service had key performance dashboards in place which monitored patient journeys and outcomes, including lateness, and total journeys for each location. This did not capture how long each journey took and how much time was spent with patients. If the service was late, they would inform the client and where suitable, send out another vehicle.

Times were recorded on the individual pick up sheets, but this was not collected and monitored in order to capture effectiveness and response times of the service. There was no assurance of how the service was performing.

Competent staff

The service made sure staff were competent for their roles. However, managers did not always appraise staff's work performance. Formal clinical supervision meetings were not completed with staff to provide support and monitor the effectiveness of the service.

The service made sure staff were competent for their roles. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We checked four staff files, they all had enhanced DBS checks and DVLA checks where required.

We reviewed one new starter's file who was coming to the end of their three-month probation period. This included a completed induction checklist covering, first aid training, health and safety, infection control, incident reporting, risk assessments, medications, and confidentiality.

Managers gave all new staff a full induction tailored to their role. Staff underwent an effective induction which addressed specific training required for the post, staff development, policies and a personal development plan.

Induction included a checklist covering mandatory training, health and safety, staff development and ensuring that staff understood the service. However, managers did not always make sure all staff had a full induction within the first three months of employment.

We spoke with two members of staff, both felt that the training and information provided were adequate and met their needs. They also felt supported and valued as part of the team. Staff knew their roles and responsibilities, and where to gain further support and guidance when required.

The service did not have formal supervisions with staff to provide support and monitor the effectiveness of the service. Managers appraised staff's work performance verbally. Staff felt that they had the opportunity to discuss training needs with their line manager when needed.

Managers did not always appraise staff's work performance. Staff appraisals were to be completed yearly and at the time of our inspection we saw two completed appraisals for new starters. Within the individual staff training record sheet it identified when staff's annual appraisal dates were. We were told that all appraisals had been carried out, however, these were handwritten and were not available at the time of inspection. The staff we spoke with were unsure of when their appraisals were due but knew they were yearly.

Patient transport services

The service provided an e-learning platform which give staff the opportunity to not only comply with their mandatory requirements but provide courses to help develop staff portfolios and specific professional interest. Topics included; Coronavirus awareness and infection control, autism awareness, medication advanced, paediatric first aid pressure sore awareness and dementia awareness. The majority of staff had completed this additional training.

The registered manager facilitated tracheostomy care training for staff. However, their accredited training certificates were out of date. We were told that they were unable to find the most recent certificates. This posed a risk that staff may not have up-to-date knowledge and skills in clinical interventions.

Multidisciplinary working

Staff working for the service worked with other healthcare professionals and supported them to provide good care and communicated effectively with other agencies.

Staff attended multidisciplinary discharge/bed meetings to discuss patients and improve their care, ensuring safe transfers home or to hospital. We spoke with three agencies who have used Alpha Care, all spoke highly of the service for being reliable and supportive.

The staff worked well with local schools where they provided transport for children with specialist needs. Handovers would be given prior to every trip and then this information would be relayed to the child's parents.

Staff worked across health care disciplines and with other agencies when required to care for patients. When patients were discharged home from hospitals or services, Alpha Care contacted other care agencies to ensure that support would be in place for individuals where necessary and to update them on their arrival home. Staff knew how to escalate this concern if other agencies were not in place.

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. Agencies specifically commented on the effectiveness of Alpha Care and how they benefitted patients and the service.

Health Promotion

Staff did not give patients practical support or advice to lead healthier lives.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care, training was not always up to date.

Staff we spoke with had knowledge of the mental capacity act although only seven out of 12 were up-to-date with the mandatory training. The service did not undertake secure mental health patient transfers.

Alpha Care did not carry out formal capacity assessments. We were told the hospital booking the service completed their own mental capacity assessments. This is documented and recorded prior to the transfer. Staff were given the relevant information before attending. Staff explained that if there was a concern that the person did not appear to understand information, they would contact the relevant support. Services reported that Alpha Care staff took extra care and time in making sure patients consented to treatment based on all the information available.

Requires Improvement

Patient transport services

The service had a Mental Capacity Act and Deprivation of Liberty (DoLS) policy which was in-date and version controlled. This included the key principles of the Mental Capacity Act 2005.

Are Patient transport services caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness and respected their privacy and dignity.

We spoke with three different services/agencies who used Alpha Cares service. Staff were described as being very responsive when caring for patients. We were told staff took time to interact with patients and those close to them in a respectful and considerate way.

Staff had training in duty of care, equality and diversity and understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff were described as being thoughtful and considerate, taking extra blankets to hospital discharges when it's cold, in order to keep the individuals comfortable and respect their privacy and dignity.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients, emotional support and advice when they needed it. Families of those using the service said that they trust the service, adding that the staff are caring and friendly.

We also reviewed electronic feedback from those who have used the service. Feedback was positive and spoke highly of the staff and the level of care the service provided.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them and took extra time to ensure that people were safe and comfortable often going out of their way to provide that care.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Services told us that staff took into consideration the individual's needs, treating patients with kindness, taking extra time to explain things to patients who have limited capacity, and always ensuring they explain who they were and what their role was to all patients.

Staff talked to patients in a way they could understand, using communication aids where necessary.

Requires Improvement

Patient transport services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were sent out electronically, a system was in place to monitor who had received feedback forms.

The feedback from the agencies using Alpha Care services and those using the service was positive.

Are Patient transport services responsive?

Good

Our rating of this service stayed the same. We rated it as good because:

Service delivery to meet the needs of local people

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

Alpha Care provided a patient transport service and minimal urgent transport services for specific hospital transfers. The service worked on an occasional basis for local authorities or NHS providers.

Managers planned and organised services, so they met the needs of the local population. This was dependent on the booking information and what staff/equipment was needed.

We spoke with other providers using Alpha Care who described the service as being very responsive, safe and accommodating. Staff worked flexibly to meet the challenges posed by the variability of work allocated to them by other providers.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

Staff had access to communication aids to help patients become partners in their care and treatment. The service used communication sheets for patients who had difficulties in communicating and they told us when possible they would request for a relative/friend to travel with the patient to avoid any unnecessary stress.

The service took account of the needs of patients living with dementia, mental health or a learning disability. Staff had a mandatory requirement to complete the care certificate standards which included, dementia and cognitive issues, mental health awareness, there was a three-yearly requirement for staff to complete disability awareness training. Information provided by Alpha care demonstrated that only five out of 12 members of staff were up-to-date with this training at the time of inspection. This posed a risk staff may not be up to date with essential knowledge and training.

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

Access and flow

People could access the service when they needed it.

Requires Improvement

Patient transport services

Alpha Care ambulance service provided primarily a patient transport service between the hours of 7.30am to 10pm, seven days a week.

The staff supported hospital discharges, school runs, and transfers between services. Bookings were managed by the service through an online booking form and members of the public could book the service directly.

The majority of patient transport bookings were made in advance therefore the resource requirement and capacity could be arranged in advance.

Managers planned and monitored patient transfers and waiting times and made sure patients could access services when needed.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

Patient feedback forms were available in vehicles. The service had recently introduced an online feedback form, to collect patient experience in a more responsive way.

The service investigated and treated concerns and complaints seriously. However, managers did not always share lessons learned with all staff, due to how information was communicated and the absence of supervisions or staff meetings.

The service had an in-date complaints and compliments policy and procedure. This detailed how complaints would be investigated, actions that needed to be taken to prevent re-occurrence and how these would be considered on a regular basis to improve and develop the service.

Are Patient transport services well-led?

Requires Improvement

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership of service

While the managers ran the service safely, they did not always have the right skills and abilities to monitor the effectiveness of the services they delivered. Staff reported that they were visible and approachable in the service for patients and staff.

The registered manager and director were both senior paramedics and worked as part of the team during the day to day running of the service. The service was supported by an ambulance care assistant who also provided administrative support.

The service was owned and managed by a registered manager and a director of operations. The managers training was not always complete and training certificates were out-of-date. Since the last inspection, the registered manager had

changed their working practices and was now on site for one out of four weeks a month. This posed a risk that they may not always have full oversight to manage and prioritise the issues the service faced. When speaking with the registered manager, they were not always aware of service concerns or service specifics. For example, they were not aware of how often vehicles were or should be replenished, or how service information was recorded or monitored.

Leaders were described as being visible and approachable and operational staff spoke very highly of them and said they would often work alongside their staff to deliver a responsive service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The service had a vision to provide a “high quality, cost effective service that was patient centred with dignity and respect, by a skilled, compassionate workforce who are open and honest and work as a team.”

To achieve these goals, the service aimed to support and develop their staff by ensuring staff had the knowledge, vehicles and equipment to fulfil their roles to the highest of standards. Whilst this was being achieved in part, with safe vehicles and equipment, not all training had been completed.

There was no monitoring of progress in place to monitor the vision and strategy.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Staff told us the service had an “inclusive, family like culture". Staff also said us senior managers were supportive. There was no formal way to identify issues with culture or collect this information in the way of staff surveys, supervision, or team meetings.

Managers explained that staff were praised, compliments were printed and shared with staff. Staff were focused on the needs of patients receiving care, and we were given examples of the care staff provided which was positive.

Staff told us they were frequently reminded that ‘no question was a stupid question’ and felt they could approach and ask the senior team anything.

Governance

Leaders did not always operate effective governance processes, throughout the service.

The registered manager informed us that the service did not hold any clinical governance meetings, quality of care or staff meetings. After the inspection, we were forwarded one set of minutes for a clinical governance meeting minutes from September 2021. It was not always clear how lessons learnt were effectively communicated to all staff.

There were no meetings to discuss the quality, safety and development of the service. There was no evidence of governance meetings. Staff were unable to measure the services effectiveness. The registered manager told us as it was a small business, these conversations were held informally during the working day discussing issues on a day to day basis. These discussions were not documented officially or captured regularly.

Requires Improvement

Patient transport services

The service had policies and procedures in place. The policies we reviewed were in date and had been personalised for the service.

Management of risk, issues and performance

Leaders used systems to record risks. Staff contributed to decision-making to help the service. The service identified relevant risks and issues and identified actions to reduce their impact, however these were not always managed efficiently.

During our inspection we reviewed the service risk register. We saw this included business, organisational, clinical and staff related risks and mitigation actions. However, the record was incomplete. There were no dates to indicate when the risk had been entered onto the risk register, and limited understanding of the importance of a risk register.

While identified risk had been acknowledged and recorded there was no assurance these risks were identified in a timely manner or were monitored and effectively managed.

Audits of medicine storage were being completed but this was not always consistent and did not always coincide with the policy as audits were not always carried out in the time frame stated in the Medicines Management Policy.

Staff did not complete checklists and paperwork to evidence when they had completed tasks. Cleaning records, medicine stock checklists and the medicine bag records were incomplete. Managers had not identified these risks through any quality monitoring system. Managers could not be assured of the effectiveness of the systems to monitor the completion of tasks and provide assurance of a safe service, as there was no quality monitoring system in place.

Managers told us that staff experience and ideas were sought, in order to identify risk and continually improve the service. There was no evidence, of how this information was collected. We were given an example of changes made to administration systems in order to improve financial robustness and increase staff capacity/time.

Information Management

The service collected data. Staff could find the data they needed, in easily accessible formats. The information systems were secure.

Staff were expected to complete handling information training as part of the care certificate standards. Ten out of twelve staff had completed this training.

Information for bookings were collected online and over the phone. Staff used this information to risk assess and ensure that they were able to provide staff with the level of skill required. A booking form was generated and given to staff prior to transport so they could access and record the relevant data.

All patient records and individual packs were locked in a secure cupboard on site. These were then signed out and signed back in again.

We noticed on the vehicles we inspected that there was CCTV in the rear saloon which auto records. There was a sign that informed passengers that CCTV was in operation. This was not readable by a patient on a trolley and there no other notification process evidenced to advise patients of CCTV.

Requires Improvement

Patient transport services

Engagement

Leaders and staff actively and openly engaged with patients, staff. They collaborated with partner organisations to help improve services for patients.

The service engaged with other organisations to plan and manage patient transfers effectively, within hospital meetings or discussions with families/organisations. The registered manager would call each day when they were not on site, in order to engage with staff. There was no formal process in place to gather feedback from staff.

Those using the service applauded Alpha Care for their engagement. Alpha Care provide in-depth rational when they are not able to assist with a discharge due to the risk it may pose and if they did not have the relevant experience required for the transfer. Agencies using the service commended Alpha Care for their openness and willingness to help where they could, supporting the NHS in an effective and passionate way.

The service sought feedback from patients and used a printed form to do so. The service found that often they did not receive feedback. They have since encouraged service users to access social media in order to collect feedback. This was now in place and was reported to be much more successful.

Learning, continuous improvement and innovation

The leadership team expressed a commitment to learning and improving the service provided by Alpha care, but there was limited evidence they were proactively looking at ways to improve the service. Governance processes did not enable identification of areas for improvement.

Requires Improvement

Emergency and urgent care

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Insufficient evidence to rate
Responsive	Insufficient evidence to rate
Well-led	Requires Improvement

Are Emergency and urgent care safe?

Requires Improvement

We rated it as requires improvement.

Mandatory training

The service did not make sure everyone completed mandatory training in key skills.

The processes for managing mandatory training were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about mandatory training, please see the patient transport section of this report.

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 processes for safeguarding patients from abuse and improper treatment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about safeguarding, please see the patient transport section of this report.

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 and the premises visibly clean. Staff did not record that they had cleaned vehicles.

The processes for managing cleanliness, infection control and hygiene were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about cleanliness, infection control and hygiene, please see the patient transport section of this report.

Environment and equipment

The design, maintenance, equipment and use of vehicles kept people safe. Equipment was not always available and staff did not always manage clinical waste well.

Requires Improvement

Emergency and urgent care

The processes for managing the environment and equipment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about the environment and equipment, please see the patient transport section of this report.

Assessing and responding to patient risk

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

Risk assessments were carried out prior to people using the service and prior to services provided at events. This was done through the completion of an online form or going through a form with administration over the phone. At events Alpha Care would escalate any concerns using appropriate services.

Staffing

The service had enough staff for the current workload, 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.

The processes for managing staffing were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about staffing, please see the patient transport section of this report.

Records

Staff kept detailed records of patients' care and treatment. Records were stored securely and available to all staff providing care through a sign out system.

The processes for managing patient records could not be fully assessed as the service had not carried out an emergency and urgent care service within the last 18 months. The service had registered with the Care Quality Commission for the regulated activity treatment of disease and disorder, so they could deliver an emergency and urgent care service.

Medicines

The service did not always use systems and processes to safely administer, record and store medicines. Systems were not always efficient enough to demonstrate full oversight of the service

The processes for managing medicines were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about staffing, please see the patient transport section of this report.

The service had a medicines management policy to support staff with the management of medicines. At the time of inspection, medicines were held at the property including oxygen. Oxygen was not stored in accordance with national guidelines, this was rectified immediately.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the team.

Processes for managing patient safety incidents were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about incidents, please see the patient transport section of this report.

Requires Improvement

Emergency and urgent care

Are Emergency and urgent care effective?

Requires Improvement

We rated it as requires improvement.

Evidence-based care and treatment

Processes for ensuring patients received evidenced-based care and treatment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about evidenced-based care and treatment, please see the patient transport section of this report.

Pain relief

There was a system in place which monitored the effectiveness of care and treatment. This did not always give a full picture of the service.

The process for managing patients' pain could not be fully assessed because the service had not yet carried out an emergency and urgent care service.

Patient outcomes and response times

There was a system in place which monitored the effectiveness of care and treatment. This did not always give a full picture of the service.

Processes for monitoring response times were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about evidenced-based care and treatment, please see the patient transport section of this report.

As the emergency and urgent care service was not currently being delivered, there were no processes currently in place for monitoring patient outcomes for the emergency and urgent care service.

Competent staff

The service made sure staff were competent for their roles. However, managers did not always appraise staff's work performance. Formal clinical supervision meetings were not completed with staff to provide support and monitor the effectiveness of the service.

Processes for ensuring staff were competent for their role were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about competent staff, please see the patient transport section of this report.

Multidisciplinary working

Staff working for the service worked with other healthcare professionals and supported them to provide good care and communicated effectively with other agencies.

Processes for supporting multidisciplinary working were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about multidisciplinary working, please see the patient transport section of this report.

Requires Improvement

Emergency and urgent care

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care, training was not always up to date.

Processes for ensuring staff had access to guidance about consent and the Mental Capacity Act 2005 were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about Consent, Mental Capacity Act and Deprivation of Liberty Safeguards, please see the patient transport section of this report.

Are Emergency and urgent care caring?

Insufficient evidence to rate

We had insufficient evidence to rate caring.

Compassionate care

As the service had not carried out any emergency and urgent care and the feedback from clients gathered by the service was specific to the patient transport service, we were not able to make a judgement about compassionate care.

Emotional support

As the service had not carried out any emergency and urgent care and the feedback from clients gathered by the service was specific to the patient transport service, we were not able to make a judgement about emotional support.

Understanding and involvement of patients and those close to them

As the service had not carried out any emergency and urgent care and the feedback from clients gathered by the service was specific to the patient transport service, we were not able to make a judgement about understanding and involvement of patients and those close to them.

Are Emergency and urgent care responsive?

Insufficient evidence to rate

We had insufficient evidence to rate responsive.

Service delivery to meet the needs of local people

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

The service was not commissioned to provide an emergency and urgent care service and they did not have contracts with any organisation. This service would be provided as part of the services events work. However, as no emergency and urgent care service had been provided in last 18 months we were not able to assess whether the emergency and urgent care service was delivered to meet the needs of the local people.

Requires Improvement

Emergency and urgent care

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

Processes for meeting people's individual needs were the same for both the patient transport service and the emergency and urgent care service. For detailed meeting individual needs, please see the patient transport section of this report.

Access and flow

We did not have enough information about access and flow for Urgent and Emergency care as this service has not been provided within the last 18 months.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

Processes for learning from complaints and concerns were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about learning from complaints and concerns, please see the patient transport section of this report.

Are Emergency and urgent care well-led?

Requires Improvement

We rated it as requires improvement.

Leadership

While the managers ran the service safely, they did not always have the right skills and abilities to monitor the effectiveness of the services they delivered. Staff reported that they were visible and approachable in the service for patients and staff.

Leadership of the service was the same for both the patient transport service and the emergency and urgent care service. For detailed findings about leadership, please see the patient transport section of this report.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

Vison and strategy was the same for both the patient transport service and the emergency and urgent care service. For detailed findings about the vision and strategy, please see the patient transport section of this report.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Culture was the same for both the patient transport service and the emergency and urgent care service. For detailed findings about the culture, please see the patient transport section of this report.

Requires Improvement

Emergency and urgent care

Governance

Leaders did not always operate effective governance processes, throughout the service

The governance process was the same for both the patient transport service and the emergency and urgent care service. For detailed findings about governance, please see the patient transport section of this report.

Management of risk, issues and performance

Leaders used systems to record risks. Staff contributed to decision-making to help the service. The service identified relevant risks and issues and identified actions to reduce their impact, however these were not always managed efficiently.

Processes for management of risk, issues and performance were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about management of risk, issues and performance, please see the patient transport section of this report.

Information Management

The service collected data. Staff could find the data they needed, in easily accessible formats. The information systems were secure.

Processes for management of information were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about information management, please see the patient transport section of this report.

Engagement

Leaders and staff actively and openly engaged with patients, staff. They collaborated with partner organisations to help improve services for patients.

Processes for engaging with people were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about engagement, please see the patient transport section of this report.

Learning, continuous improvement and innovation

Processes for continuous improvement were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about learning, continuous improvement and innovation, please see the patient transport section of this report.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must ensure a robust governance system is in place and understood by all staff. This must include a full oversight of audit processes, including management of risks and key performance indicators, to improve practice and patient outcomes. (Regulation 17 (1)).

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider must review the documentation of supervision. (Regulation 18 (2)).

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that medicines including medical gases are stored safety and within their recommended temperature ranges and that they are consistently available for staff when on duty. (Regulation 12 (1)).