

# North West Ambulance Base

## Quality Report

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

## Overall summary

North West Ambulance Base is operated by Ambulance Training and Staffing Solutions Ltd. The service provides emergency and urgent care and patient transport service.

We inspected this service using our focused inspection methodology. We carried out the short-announced inspection on 27 August 2020. We focused on infection prevention and control procedures.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was patient transport services. The service also provided emergency and urgent care services, mainly for a local NHS ambulance trust. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services core service.

We did not rate the service as this was a focussed responsive inspection.

- The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did not always keep the premises visibly clean.
- The storage of equipment did not always keep people safe.
- The service did not always manage clinical waste well.
- The design, maintenance and use of facilities, premises and vehicles did not always keep people safe
- There was no evidence that important equipment was highlighted on vehicle inventories, such as filtering facepiece (FFP3) masks or other equipment that would be used for aerosol generating procedures (AGPs).
- Leaders did not operate effective governance processes, throughout the service. Staff at all levels were not always clear about their roles and accountabilities.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate risks and issues or identify actions to reduce their impact.

# Summary of findings

However, we found the following areas of good practice:

- They had plans to cope with unexpected events.
- Equipment and vehicles in use during the inspection were visibly clean.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the

service improve. We also issued the provider with two requirement notice(s) that affected patient transport services and emergency and urgent care. Details are at the end of the report.

## **Ann Ford**

Deputy Chief Inspector of Hospitals North, on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care

### Rating

### Summary of each main service

Emergency and urgent care was a small proportion of activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport services section.

We did not rate the service because this was a focused responsive inspection.

#### Patient transport services

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# Summary of findings

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# Summary of this inspection

## Background to North West Ambulance Base

North West Ambulance Base also known as Manone Medical, is operated by Ambulance Training and Staffing Solutions Ltd. The service opened in January 2015. It is an independent ambulance service with its main base in Ellesmere Port, Cheshire. The service primarily serves the communities of the North West of England.

The service has had a registered manager in post since January 2015.

A significant proportion of the business was patient transfers, for example, the discharge of elderly patients to their home or hospital transfers, as well as providing urgent care services, mainly for a local NHS ambulance trust.

The service received bookings for first aid cover at events, however as these services are not required to be registered with CQC they were not looked at during the inspection

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and an inspection manager. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

## Information about North West Ambulance Base

The service is registered to provide the following regulated activities:

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

During the inspection, we visited Wallasey ambulance station and Altrincham ambulance station and spoke to staff by teleconference calls. We spoke with 13 staff including; registered paramedics, patient transport drivers and the management team. We reviewed important documentation that was provided before, during and after our inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

We have inspected this service three times. The most recent inspection was February and March 2020.

Activity (August 2019 to August 2020)

- In the reporting period August 2019 to August 2020 there were 4417 emergency and urgent care patient journeys undertaken.
- There were 9277 patient transport journeys undertaken.

Six registered paramedics, 14 urgent care assistants, 31 patient transport drivers worked at the service, which also had a bank of temporary staff that it could use.

Track record on safety

- No reported Never events
- Reported clinical incidents one no harm, two low harm, two moderate harm, no severe harm, no death
- No reported serious injuries
- One complaint

# Emergency and urgent care

Safe

Well-led

## Information about the service

The main service provided by this ambulance service was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services section.

## Summary of findings

We found the following issues that the service provider needs to improve:

- The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did not always keep the premises visibly clean.
- The storage of equipment did not always keep people safe.
- The service did not always manage clinical waste well.
- The design, maintenance and use of facilities, premises and vehicles did not always keep people safe
- There was no evidence that important equipment was highlighted on vehicle inventories, such as filtering facepiece (FFP3) masks or other equipment that would be used for aerosol generating procedures (AGPs).
- Leaders did not operate effective governance processes, throughout the service. Staff at all levels were not always clear about their roles and accountabilities.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate risks and issues or identify actions to reduce their impact.

However, we found the following areas of good practice:

- They had plans to cope with unexpected events.
- Equipment and vehicles in use during the inspection were visibly clean.

# Emergency and urgent care

## Are emergency and urgent care services safe?

We did not rate safe for the service as this was a focussed responsive inspection. However, we found the following;

### Cleanliness, infection control and hygiene

See patient transport services section for main findings.

We reviewed the vehicle daily audit staff fill out before their shift. This indicated that equipment such as gloves and aprons were available. However, there was no evidence that other important equipment was highlighted on vehicle inventories, such as filtering facepiece (FFP3) masks or other equipment that would be used for aerosol generating procedures (AGPs). This was important as there was a risk that AGPs would be undertaken without the correct equipment. Since our inspection the service provided their vehicle equipment policy and procedure which states that there should be two FFP3 masks on patient transport vehicles and four FFP3 masks on emergency and urgent care vehicles. The number of FFP3 masks observed during the inspection did not match this. A vehicle we were told was going out on an emergency and urgent care shift had two FFP3 masks in single use packaging and one FFP3 mask not in any packaging. Two vehicles we were told were going out on patient transport shifts did not have any FFP3 masks on board. One vehicle we were told was going out on a patient transport shift had seven FFP3 masks on board, none were sealed.

Some filtering facepiece (FFP3) masks stored on the ambulance vehicles and in the stock cupboards on the base were not sealed. This could be an infection risk due to potential damage to the mask and rendering it ineffective.

The provider reported that a member of the management team was responsible for filtering facepiece (FFP3) mask fit testing, however, staff gave contradictory information about who was responsible and who had carried out their fit testing.

During our inspection we spoke to staff with facial hair. They informed us they had been fit tested for filtering facepiece (FFP3) masks. Guidance from the Health and Safety Executive (HSE) states 'You should be clean-shaven around the face seal to achieve an effective fit when using disposable respirators. Beards and stubble will stop the disposable respirator sealing to your face and protecting you properly'. When conducting fit tests, it had been documented that staff with facial hair had been told of the risks associated with not trimming or shaving off the facial hair. The consequence of not shaving off facial hair would mean the mask would be ineffective.

### Environment and equipment

See patient transport services section for main findings.

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

We did not rate well-led for the service as this was a focussed responsive inspection. However, we found the following;

### Governance

See patient transport services section for main findings.

Systems and processes for filtering facepiece FFP3 masks fit testing were not robust. There was a lack of clarity around who would conduct fit testing and completeness of the fit testing.

### Management of risks, issues and performance

See patient transport services section for main findings.

# Patient transport services

Safe

Well-led

## Information about the service

The main service provided by this ambulance service was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services section.

## Summary of findings

We found the following issues that the service provider needs to improve:

- The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did not always keep the premises visibly clean.
- The storage of equipment did not always keep people safe.
- The service did not always manage clinical waste well.
- The design, maintenance and use of facilities, premises and vehicles did not always keep people safe
- Leaders did not operate effective governance processes, throughout the service. Staff at all levels were not always clear about their roles and accountabilities.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate risks and issues or identify actions to reduce their impact.

However, we found the following areas of good practice:

- They had plans to cope with unexpected events.
- Equipment and vehicles in use during the inspection were visibly clean.



# Patient transport services

## Are patient transport services safe?

We did not rate safe for the service as this was a focussed responsive inspection. However, we found the following;

### Cleanliness, infection control and hygiene

**The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did not always keep the premises visibly clean. However, equipment and vehicles in use during the inspection were visibly clean.**

The service made sure vehicles and equipment were appropriately and safely cleaned and ready for use by using cleaning contractors to deep clean the vehicles and equipment. We asked for evidence that this was effectively monitored. The service provided a service level agreement, this did not detail the supply of consumable cleaning equipment or cleaning schedules.

The service conducted ad-hoc unannounced vehicle cleanliness spot checks on one vehicle in May, one vehicle in June and two vehicles in August 2020. All the vehicles failed for cleanliness. An action plan was put in place for each individual vehicle that failed the spot check. The action plan detailed the reasons the vehicle failed, and actions taken to bring the vehicle up to standard. This was shared with the crew responsible.

Since our inspection the service told us they had completed an average of 13 unannounced vehicle infection prevention control spot check audits per month, but they did not provide evidence of this.

We inspected five ambulance vehicles which were used for patient transport services. We found there was personal protective equipment (PPE) provided on all the vehicles. We reviewed the vehicle daily audit staff filled out before their shift. This indicated that equipment such as gloves and aprons were available however, it did not advise what quantities of PPE, including masks, should be on the vehicle. Staff told us of an incident where they had ran out of filtering facepiece (FFP3) masks during their shift and the NHS ambulance trust restocked them.

Staff told us they were made aware of specific infection and hygiene risks associated with individual patients. Staff asked additional COVID-19 screening questions when accepting a patient for transfer.

Staff told us they used decontamination wipes or cleaning solution to maintain the cleanliness of their vehicle during their shift. We saw there were supplies of cleaning solution on the vehicles.

Staff explained to us that when the vehicles were seriously contaminated, they would clean them on site and then return to the ambulance base to clean the ambulance before transferring another patient.

We visited two ambulance bases during our inspection. There were no hand cleaning facilities readily available in the garage area of either base. Staff carried antibacterial hand gel for personal use. Antibacterial hand gel has limited use and in some infections, such as clostridioides difficile (C. Diff) it acts as a fixing agent to hands. The service should have hand washing facilities to support good hand hygiene practice.

Staff underwent infection prevention and control training during their induction and were required to refresh this training each year.

We found dirty linen on the stretcher on one ambulance during our inspection. We raised this with the crew who removed the linen.

The service used single use disposable mop heads, however, at the Altrincham site we found only nine unused clinical mop heads which was not enough to last for the planned activity over the following few days. We raised this with the registered manager who provided evidence that 100 disposable mop heads had been delivered the day after our inspection. However, we were not assured there was a system in place to identify when new mop heads were needed and re-stocked in a timely way.

### Environment and equipment

**The design, maintenance and use of facilities, premises and vehicles did not always keep people safe. The storage of equipment did not always keep people safe. The service did not always manage clinical waste well.**

# Patient transport services

We inspected five ambulance vehicles which are used for patient transport services. On two of the ambulances we inspected, equipment fell out of overhead storage when opened. This poses a risk of injury to patients or staff. We raised this with crew members during the inspection.

The service did not have compressed gas warning signs on the outside of the garage at either base we inspected. This is important to alert firefighting staff who may attend the site that there is a compressed gas danger in the building. We raised this concern during the inspection and the service provided evidence that signs had been put up after we left the site.

The service provided a guidance document that stated that sharps bins must be labelled and dated at first use. None of the sharps bins we looked at were labelled and dated and all had been used. It also stated they must be labelled with date and vehicle registration at point of closure. We did not see any full bins so could not see whether this was completed.

At the Altrincham site the clinical waste bins were overflowing due to not being collected. We raised this with the registered manager who provided evidence that the clinical waste had been collected after our inspection. However, we were not assured there was a system in place to ensure timely collection of clinical waste.

Equipment was not stored in the same place on each ambulance. We heard crew members asking where items were on the ambulance vehicle and on the base. Staff could work at both Altrincham and Wallasey ambulance bases. There is a risk that in an urgent situation crew members may not be able to locate equipment in a timely way.

On one vehicle we inspected there was a tear in the stretcher mattress. This is an infection risk. We raised this with the crew during the inspection.

One patient transport vehicle had a closed, used sharps bin which was not dated. This should not be on a patient transport vehicle as no clinical treatment should take place on a patient transport vehicle. We raised this with staff during the inspection.

We inspected the mental health transfer vehicle. This was not suitable to be used for patient transport. The vehicle was visibly dirty with food wrappers and litter in the back of the vehicle where patients would sit and in the driving cab.

The passenger door handle had been broken off and the back loading door hinge was broken. The cage was rusty on the sliding door and framework on the cage. We found a full oxygen tank not securely stored in the back of the vehicle on the rear-facing seats, this was a safety risk. Service managers told us the vehicle was last used for patient transport on 10 August 2020 and was subsequently decommissioned. However, there was no vehicle off road sign on the vehicle and it was being deep cleaned on the day of inspection. We asked the service to provide written confirmation that the vehicle was no longer in use. This was provided after our inspection.

## Are patient transport services well-led?

We did not rate well-led for the service as this was a focussed responsive inspection. However, we found the following;

### Governance

**Leaders did not operate effective governance processes, throughout the service. Staff at all levels were not always clear about their roles and accountabilities.**

We were not assured that all levels of governance and management functioned effectively and interacted with each other appropriately. For example, when we asked managers about infection prevention and control responsibility, we were given contradictory answers. The service had recently recruited to two of the three senior management roles and recently contracted an external contractor to support with governance arrangements. During our inspection senior managers told us that the service was going through a management restructure.

The service does not currently have a staff member responsible for infection prevention and control. In the PPE uniform policy provided it stated that the infection prevention and control lead was the operations manager, the registered manager confirmed that there was no one in this role. When asked which member of staff was responsible for infection prevention and control, we were given differing answers by staff. The registered manager told us that responsibility for infection prevention and control was theirs with plans to deputise the role in the

# Patient transport services

future. Staff told us they could go to the registered manager or senior staff for advice and support regarding infection control matters. This means that staff may not be given consistent advice and guidance.

We were not assured that the service had governance procedures for managing and monitoring the service level agreement with the cleaning contractors. At the Altrincham site we found nine disposable clinical mop heads which would not be enough for the planned activity over the following days. We raised this with the registered manager who provided evidence that 100 disposable mop heads had been delivered the day after our inspection. We requested evidence from the provider detailing supply of consumable cleaning equipment and cleaning schedule. This was not provided, and we were not assured there was a system in place to ensure timely provision.

We requested the minutes for the last three management meetings. The provider gave us minutes for one meeting in June and two meetings in August, one of which took place after our inspection. We were therefore not assured that the provider held management meetings at the frequency they had indicated.

In the June 2020 management meeting minutes the person responsible and target date for actions is mostly not completed. It is not clear who will take actions forward and by when. The service did not recognise their own infection prevention and control (IPC) risks around sharps and clinical waste. The minutes state that the risk register needed to be reviewed and updated but there was no person responsible or allocated date documented.

In the August 2020 management meeting minutes it stated there were no previous meeting minutes to review. This is not accurate as there were minutes from June 2020 that would need to be reviewed. This meant the service was not assured that ongoing actions were followed up. Since our inspection the service has stated that this was the first meeting using a new governance framework and standing agenda. The service told us that the previous meeting minutes were reviewed in a different format, however, evidence of this was not supplied.

The August 2020 management meeting minutes state 'the following new risks were added to the risk register' but no risks are listed, and no person is allocated to action this. The minutes identify what should be done for infection prevention control audits but does not allocate

responsibility or time frame. Since our inspection the service clarified which risks had been added during this meeting as this was not documented in the minutes. We saw that the added risks had an allocated responsible person.

In June 2020 the service planned to standardise the store layout in each station and standardise the station layout for infection prevention and control measures. The target date for the standardisation was 31 August 2020. During our inspection we did not find evidence that the layout of the Altrincham station or storage had been standardised or organised.

We requested the medical gases audit quoted in the June 2020 management meeting minutes. This audit was an internal audit that identified the quantity and expiry dates for medical gases in the service.

All policies and procedures were available for staff to access electronically. During our inspection, we reviewed nine policies and procedures, including those covering topics such as infection prevention and control, personal protective equipment (PPE), clinical waste disposal, pandemic policy and coronavirus policy.

We found that some of the policies and procedures were not fit for purpose and did not fully reflect the service that was being delivered. Some policies had gaps and contradictions within them. Most policies provided referenced Med Rescue Group (MRG), the parent company rather than North West Ambulance Base or Manone Medical. This is important as it meant the policies were not specific to this registered location/ service. This concern was reflected in the service's risk register; however, no actions had been taken to address it at the time of inspection.

The policies and procedures were written and reviewed by an external organisation. All policies and procedures that we reviewed had review dates as well as references to relevant legislation and best practice guidance.

## Management of risks, issues and performance

**Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate risks and issues or identify actions to reduce their impact. They had plans to cope with unexpected events.**

# Patient transport services

The registered manager was able to identify strategic risks facing the service including incident learning, recruitment, staff appraisals and the supply chain for personal protective equipment.

When we reviewed the risk register, it stated that the service would stop using their current incident reporting system due to delays but did not detail what system would be used instead. Since our inspection, the service told us that they reverted to the previous incident reporting system and that they had an increase in reporting since the change; although no evidence of this was supplied.

We identified issues and risks on the inspection that had not been identified through the services risk management processes. The service did not recognise their own infection prevention and control (IPC) risks around sharps and clinical waste. However, the risk register detailed that infection prevention and control processes required strengthening at a strategic level, this reflected our findings on the inspection. The risk register detailed the principle risk and mitigations. Each risk had evidence that it had been reviewed and had a risk owner assigned.

We were not assured that the service conducted or actioned infection prevention and control (IPC) audits. In the management meeting minutes provided it stated that IPC audits were being done daily and the crews reported these to control. When the IPC audit data was provided, we found it was a checklist for cleanliness on the vehicle, there was no monitoring of quality, analysis or identification of any actions to be taken from this data. The management meeting minutes dated 12 August 2020 stated that weekly audits were planned to be established with a manager and senior manager sign off and would be reviewed 31 August 2020. These audits were not in place at the time of inspection.

The registered manager told us the service reviewed the cleaning audits provided by the cleaning contractor at monthly governance meetings. We did not see evidence of this discussion in the meeting minutes we reviewed.

The service provided evidence that ad-hoc unannounced vehicle spot checks were being conducted. We saw evidence of two checks in May, one check in June and two checks in August 2020. The vehicles failed for cleanliness at each check. An action plan was put in place for each individual vehicle that failed the spot check. The action

plan detailed the reasons the vehicle failed, and actions taken to bring the vehicle up to standard. This was shared with the crew responsible. Since our inspection the service told us they had completed an average of 13 unannounced vehicle infection prevention control spot check audits per month, but they did not provide evidence of this. There was no evidence of an improvement in cleanliness or evidence that learning from these spot checks was used to improve the service.

The provider reported that they had not planned to transport COVID-19 positive patients and that their commissioners were aware of this. After our inspection the service explained that whilst they did not intend to convey COVID-19 positive patients at the start of the pandemic, as the numbers of COVID-19 positive patients increased, their commissioner changed the requirements so that they were obligated to do so. Standard questions had been built into the booking phase of each journey to help staff assess any potential risks. We asked staff if they had transported a COVID-19 positive patient and they informed us they had.

The service provided a copy of the pandemic policy and procedure. This policy was last reviewed 30 July 2020 and had references to relevant legislation and best practice guidance. The policy stated that 'MRG has an infection control lead who is passionate about their role and dedicated to providing a high level of cleanliness. They keep up-to-date records detailing spot checks, cleaning rotas and hand hygiene audits. They regularly meet with the staff team to discuss a range of issues, from the prevention of common seasonal viruses to good hand hygiene etc.' However, the service does not currently have a staff member responsible for infection prevention and control. In the PPE uniform policy provided it stated that the infection prevention and control lead was the operations manager, the registered manager confirmed that there was no one in this role. When asked which member of staff was responsible for infection prevention and control, we were given differing answers by staff. The registered manager told us that responsibility for infection prevention and control was theirs with plans to deputise the role in the future. Staff told us they could go to the registered manager or senior staff for advice and support regarding infection control matters. This means that staff may not be given consistent advice and guidance.

# Outstanding practice and areas for improvement

## Outstanding practice

- The contracted cleaning company completed swab tests of key points of contact in the ambulance vehicle before and after deep cleaning. This data was recorded and monitored by the contracted cleaners. This helped prove the quality of the deep clean and

meant the service could feedback to the provider if certain contact points were consistently scoring high before the deep clean, showing that cleaning improvements may be needed.

## Areas for improvement

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

- The provider must ensure that the service is monitored effectively and that improvements are made in a timely manner when needed. Regulation 17(2)(a).
- The provider must ensure that policies and procedures are relevant to the service provided. Regulation 17(2)(d)
- The provider must ensure that their audit and governance systems are effective. Regulation 17(2)(f).
- The provider must ensure that equipment is stored securely on the vehicles. Regulation 15(1)(f).
- The provider must ensure that clinical and sharps waste are managed in line with current legislation and guidance. Regulation 15(1)(a).

- The provider must have processes that assure compliance with statutory requirements, national guidance and safety alerts, such as compressed gas warning signs outside their premises. Regulation 12(2)(e)

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

- The provider should consider using vehicle spot check data to inform wider action plans for improving the service.
- The provider should continue to do unannounced vehicle spot checks to improve standards.
- The provider should consider using the cleaning data provided by the cleaning contractor to improve the service, and document how it was used.
- The provider should review details about the quantity of personal protective equipment required on ambulances.
- The provider should consider standardising their equipment storage on the vehicles.

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

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**Regulation 12 (2)(d)(e)**

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  
**Regulation 15 (1)(a)(f)**

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**Regulation 17 (2)(a)(d)(f)**