

Criticare UK Ambulance Service Limited

# Criticare UK Ambulance Service

## Quality Report

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

## Ratings

### Overall rating for this ambulance location

Patient transport services (PTS)	
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# Summary of findings

## Letter from the Chief Inspector of Hospitals

Criticare UK Ambulance Service is an independent ambulance service. The service provides a patient transport service including high dependency transfers and transfer from events.

We carried out an unannounced focussed inspection on 29 August 2018. This inspection was conducted to assess compliance against a warning notice, which was issued to the provider on 12 January 2018. CQC generally follows up on warning notices within days of such notice coming to an end. The warning notice for this organisation expired on 12 March 2018. The warning notice follow up was delayed and we engaged with the provider until the follow up visit.

Our inspection targeted the key concerns identified in the warning notice.

At our inspection we found there were many areas where the provider had still not made any progress. For example, we found the following:

- There were no systems to make sure the vehicle was safely cleaned between patient journeys and reduce the risk of cross-infection.
- There were no established systems for quality assurance including overarching document which clarified expected targets and how these measured the service performance.
- The provider had limited processes to minimise risks and the impact of risks on patients, staff and others.
- There were no systems or processes for staff to follow to maintain a secure and accurate record for each patient about the care and treatment provided to and of decisions taken.
- Patient records were consistently not held securely and controls were not used to ensure only authorised personnel accessed them.
- There were no records to confirm that equipment on had been checked and properly maintained. We found the registered manager, who was not qualified to service equipment, undertook such tasks.
- Following this inspection, we told the provider that it must take some actions to comply with the regulations. We issued the provider with one warning notice and three requirement notices, which affected patient transport service. Details are at the end of the report.

**Dr Nigel Acheson**

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

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating Why have we given this rating?

Criticare UK Ambulance Service is an independent ambulance service based in Hampshire. The service primarily serves the communities of Hampshire, Dorset and Oxfordshire. The service provides a patient transport service including high dependency transfers and transfer from events. Services are staffed by trained paramedics, emergency care assistants, ambulance care assistants and emergency medical technicians.

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# Criticare UK Ambulance Service

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to Criticare UK Ambulance Service

Criticare Ambulance Service is operated by Criticare UK Ambulance Service Limited. The service was registered on 6 April 2011. It is an independent ambulance service in Southampton, Hampshire. The service primarily serves the communities of Hampshire, Dorset and Oxfordshire.

The service has had a registered manager in post since 27 January 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

The service provides pre-planned patient transport services, for all age groups including from birth, including high dependency transfers to private organisations and some NHS trusts. The ambulance crew are accompanied by a medical crew, who are provided by an air ambulance provider for all high dependency transfers. The service also provides medical cover for some events including a

small amount of transport other locations. In the last twelve months, there was evidence of five journeys from events to hospital. Services are staffed by Ambulance Care Assistants (ACA), Emergency Care Assistants (ECA) and Emergency Medical Technicians (EMT). The service also has access to two paramedics who are used when required for specific transfers or events.

Our previous unannounced inspection was undertaken on 13 December 2017 using our comprehensive methodology. We undertook a further unannounced visit to the service on 21 December 2017. We found significant concerns and issued the service with a warning notice which set out the improvements the provider must make and a timescale for improvement. We visited the service on 29 August 2018 to assess the providers' compliance against the warning notice and found that overall very little progress had been made. As a result of this inspection we have issued the provider with another warning notice.

## Our inspection team

The team inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in patient transport service. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

# Detailed findings

## Facts and data about Criticare UK Ambulance Service

At the time of our follow up inspection the service was registered to provide the following regulated activities:

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

During the follow up inspection, we visited the registered location. We spoke with three members of staff, including senior managers. We were unable to speak with any patients or relatives during our inspection. We reviewed five completed patient feedback cards and they were all complimentary of the service staff provided. We reviewed five sets of patient records and nine patient transport booking forms. We reviewed 13 staff files as well as vehicle registration and maintenance records.

During and following the inspection we were sent additional information by the provider. This included policies and procedures relating to the management of the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times, and the most recent inspection took place in December 2017, where we found the service was not meeting all standards of quality and safety.

Activity (December 2017 to August 2018)

- From December 2017 to August 2018 there were 1,089 patient transport journeys completed. This included non-urgent patient transport and pre-planned high dependency transport journeys.
- From December 2017 to August 2018 the service provided first aid provision at 81 events.

Two registered paramedics, five emergency medical technicians, six emergency care assistants and one ambulance care assistant worked at the service.

Track record on safety

- No Never events
- No patient safety incidents
- Incidents (the service measures incidents from negligible to high severity): No negligible severity, two low severity, no moderate harm, two significant severity and no high severity incidents.
- No serious injuries reported
- No complaints recorded

# Patient transport services (PTS)

Safe	
Effective	
Well-led	
Overall	

## Information about the service

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## Summary of findings

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- There were no established systems for quality assurance including overarching document which clarified expected targets and how these measured the service performance.
- The provider had limited processes to minimise risks and the impact of risks on patients, staff and others.
- There were no systems or processes for staff to follow to maintain a secure and accurate record for each patient about the care and treatment provided to and of decisions taken.
- Patient records were consistently not held securely and controls were not used to ensure only authorised personnel accessed them.

# Patient transport services (PTS)

## Are patient transport services safe?

### Incidents

- The service did not always record the management of safety incidents well enough. There were limited processes to report, review and learn from incidents. Incidents were not assessed and analysed and learning from incidents was not identified. At the last inspection in December 2017, we found there were inconsistencies in incident reporting. At this inspection, we found there were 13 incidents recorded for the period January to June 2018, and there were still inconsistencies in incident reporting. For example, staff were not aware what to report. Information was not available to demonstrate how learning was shared with staff to identify and minimise the likelihood of reoccurrence
- When things went wrong there was a policy to ensure staff apologised and gave patients honest information and suitable support. At the last inspection, we found the service had a policy for the duty of candour which was updated in September 2017. However, this did not outline the incidents which met the criteria for the duty or the timescales to implement actions under the regulations. The staff we spoke with were not always aware of duty of candour or policies about the need to be open and honest with patients if a mistake was made. At this inspection, we found improvements had been made. The service had a new policy for duty of candour which was updated in January 2018. The staff we spoke with were aware of duty and of the policies about the need to be open and honest with patients if a mistake was made. The duty of candour is a regulatory duty which relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

### Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The service carried out quality monitoring activities but these were not recorded in a way that made it possible to see how any required improvements were addressed. After the last inspection, the registered manager confirmed the service monitored safety and used the results to improve quality. They told us that operational

and clinical management staff undertook spot checks of vehicles and crews to ensure compliance with policies and procedures. Senior managers accompanied crews to monitor their performance. They stated that both spot checks and pre-planned monitoring were formally recorded. At this inspection, we found the operational and clinical management staff accompanied crews and undertook spot checks of vehicles and of staff. Staff confirmed they had been accompanied on journeys by the registered manager. .

### Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- At the last inspection, not all staff had training appropriate to their role. The overall compliance rate for all modules was 72%. At this inspection we found there was an improvement in this area. All staff had completed training appropriate to their role and met the provider target attendance of 95%.

### Safeguarding

- Staff had training that met national guidance on how to recognise and report abuse. At the last inspection, not all staff had safeguarding children training appropriate to their role. We found out of 14 staff, two members of staff held safeguarding children level 1 training, one member of staff held level 2 training and two members of staff held level 3 training. The service was not following the recommendation issued by the Safeguarding Children and Young People: roles and competencies for health care staff intercollegiate document (2014). At this inspection we found all staff had undertaken level 3 training. At this inspection, we found the revised policy referenced national guidelines and specified training requirements for staff.

### Cleanliness, infection control and hygiene

- The service did not always control infection risks. The registered manager could not be sure that staff cleaned vehicles between patient journeys, or were compliant with infection control policies, to prevent the risk of cross infection.
- At the last inspection, we found daily cleaning was not recorded and therefore there were no assurance that the vehicles were decontaminated after each patient. At this inspection, we found there were still no systems for



# Patient transport services (PTS)

staff to follow which ensured vehicles were appropriately and safely cleaned between patient journeys. For example, staff did not have a checklist or other format to follow and complete to record that operational vehicles had been cleaned to an appropriate standard.

- At the last inspection, the service did not carry out any infection prevention and control audits or hand hygiene audits. At this inspection, we found there had been no improvements in this area. There was no evidence to indicate infection prevention and control audits were undertaken, including hand hygiene audits.

## Environment and equipment

- The service had suitable equipment and tested it to ensure it was ready for use. However, there were no checks to ensure compliance. Maintenance of equipment was not carried out by qualified people. This meant medical devices were being used without being expertly checked and calibrated to ensure their accuracy. There was a risk that equipment used on patients may not give an accurate picture of their medical condition. This was highlighted to the registered manager at this inspection and they took immediate action.
- At the last inspection, there was a red and green checklist which staff completed. The red checks were those which were essential to the immediate safety of the staff and patients, for example, the defibrillator, and roadworthiness of the vehicle. Red checks had to be completed before the vehicle moved. The green checks were completed as soon as the crew were able and related to equipment, for example, oxygen therapy kit, suction unit. However, the green checks also included the patient stretcher which posed a risk if not checked for its working order prior to use. At this inspection, the service had changed the checklist and had included the stretcher as part of the red checks.
- At the last inspection, daily checks were not being completed on a vehicle on five occasions and another vehicle on eight occasions. As a result, the registered manager introduced an updated daily vehicle check form. However, they did not undertake an audit of this form to assess whether staff were conducting daily checks. This posed a risk that essential checks were not undertaken prior to transporting patients.

- We reviewed the asset register and found medical devices were checked by the registered manager who had no qualifications to do so. There were no records to confirm that medical devices on the register had been checked. There was no supporting evidence of verification from manufacturers or by individuals with qualifications to undertake the equipment checks. For example, we saw the following had not been safety checked and were beyond the given due dates:

- Meditronic LIFEPAK was due to be checked on 4 May 2018.
- Laerdal LSU was due to be checked on 29 April 2018.
- TRUE result Twist Glucose Monitor was due to be checked on 29 January 2018.

## Assessing and responding to patient risk

- Assessment of patients suitability for the service was carried out but not recorded. There was subsequent formal needs or risk assessment which posed a risk that staff would not be aware of the patients' needs be able to provide appropriate care.
- At the last inspection in December 2017, there was no evidence of formal assessment or triage of patients when booking. Information obtained by senior staff about patients' individual needs, which included whether they displayed aggressive behaviour at the point of booking, was not recorded. The action plan submitted by the provider after our last inspection included information that detailed how control staff would ask targeted questions to ensure they understood the condition and needs of the patients. At this inspection, we were provided with a set of questions that were asked at the time of booking although these were not recorded. There was no systems to carry out further needs or risk assessments.
- At the last inspection, we found the service transferred bariatric patients but did not have a robust assessment process to ensure patients were suitable for transport using the equipment available. At this inspection, the service had ceased the transportation of bariatric patients.

## Records

# Patient transport services (PTS)

- Staff did not keep appropriate records of patients' care and treatment. This meant patients' needs may not have been accurately recorded and shared with staff, and the provider had insufficient information to assess how the service was delivered.
- At the last inspection, there was no unified system for recording patient information. We reviewed nine patient booking forms. Of the nine booking forms, there were five different formats which included three different forms, two from other organisations, email and screenshots. This meant there was no consistency in the information gained for patient transport bookings. At this inspection, we found the service had made no progress on this concern. There were no reliable systems set up to maintain securely an accurate, complete and contemporaneous record in respect of each patient. This included a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. For example, there was no effective booking process. There was no oversight to check patients' required details were obtained and recorded.
- Not all confidential patient records were securely stored and there was a risk of loss of sensitive and personal data about patients. At the last inspection, staff and patient records were not stored securely. At this inspection, we observed patient records were not stored securely. While some records were stored securely at the registered location, other records were stored unsecured in locked ambulances and this could be for up to one week as ambulances were kept at home addresses of staff.
- At the last inspection, we told the provider they must ensure patient and staff records were securely stored at all times. At this inspection, staff records were securely stored in a locked drawer at the registered location.
- At the last inspection, the service did not carry out any audits on the quality of records and therefore could not be sure records were accurately completed. At this inspection, we found the service had made no progress on this concern. There remained a risk that the registered manager had no assurance record keeping was accurate and of high quality.

## Medicines

- The service prescribed, gave, recorded and stored medicines in line with legislation. At the last inspection, staff were administering medical gases without an appropriate prescription or protocol. At this inspection, all patients who had received medical gases had an appropriate prescription and a protocol of administration.

## Are patient transport services effective?

### Evidence-based care and treatment

- Staff could access current, national guidance and the provider's policies reflected these. However, there were no regular clinical audits to monitor adherence to guidelines and this meant that the service could not be sure they were compliant with the guidelines.
- At the last inspection, staff did not have up to date guidance available to them on how to complete their role effectively. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines were available on the staff portal which was accessed through the company's website. However, these were the 2013 clinical guidelines. At this inspection, we found staff had access to the 2016 updated guidelines and the 2017 supplement was available.
- At the last inspection, the service did not have policies or procedures for some key clinical interventions. For example, senior staff told us that staff followed JRCALC guidelines when administering oxygen. However, there was no policy for oxygen administration detailing how to administer training and competencies were required. At this inspection, there was a policy in place for oxygen administration. However, audits were not undertaken to ensure staff followed the policy and administered oxygen correctly.

### Response times / Patient outcomes

- There was no formal system to monitor performance and ensure the service were delivering an effective service. The service did not benchmark itself against other providers. At the last inspection, we found the service monitored pick up times, arrival times and site departure through the group chat on the electronic messaging application. The information was then transferred to a spreadsheet. At this inspection, we found there was no analysis of that data.

# Patient transport services (PTS)

## Competent staff

- There was a system to ensure staff competency, although this was not yet embedded. At the last inspection, there were no records of competencies for staff to demonstrate they were suitably trained to use equipment such as defibrillators, chairs or oxygen. Instead, the service relied on individual staff qualification. This meant the provider had no evidence that staff were suitably competent to use equipment or undertake duties safely. At this inspection, the registered manager told us a system of identifying staff competencies had been set up. We were shown documentation highlighting these competencies. However, staff had yet to be formally assessed against those competencies. The service had yet to identify actions they would take if staff did not meet those competencies.
- At this inspection, the registered manager confirmed that all staff had been through an induction programme. However, there were no written confirmation of the content that could provide assurances whether the induction programme was fit for purpose.
- Staff at this inspection informed us there was supervision and appraisal system and they had attended such meetings. However, there were no written records of these meetings to include action plans or decisions made. This meant there was no record that staff had opportunities to discuss areas for improvement and further development for staff and managers to refer to.
- At the last inspection, the provider did not obtain assurance for contracted staff's training, recruitment or professional qualifications prior to commencing work for the company. At this inspection, there were checks of all contracted staff's training, recruitment and professional qualification prior to commencing work for the company.
- At the last inspection, staff did not have training on how to restrain patients. At this inspection, the registered manager told us they had ceased the transportation of any patient who would require any form of mechanical restraint during a journey. We were shown documentation to confirm this.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- At the last inspection, there was no formal record of assessment of capacity for patients at the booking stage. Mental capacity describes the ability of an individual to understand their care in order to make informed decisions. At this inspection, there was information gathered on the capacity of patients at the booking stage. Staff knew about MCA and how to apply it. They had received training on MCA.

## Are patient transport services well-led?

### Leadership of service

- The leadership team lacked capacity to ensure changes were sustained. At the last inspection, we had highlighted significant concerns and we found the leadership team took actions immediately after the inspection with a detailed action plan and deadlines to resolve the issues. However, at this inspection, we found repeated non-compliance and little improvement had been made. For example, they had improved training of staff and had ensured all staff were trained to safeguarding level 3. They had revised their policy and referenced national guidelines and specified training requirements for staff. However, there was still no effective booking process. At this inspection, we found the leadership team were not assured that records were accurately completed.

### Governance

- The service ensured its staff were suitable for their role. At the last inspection, we found there was no robust recruitment process or checks for staff which posed a significant risk to patients. At this inspection, we found all staff had the required pre-employment recruitment checks such as references, identity checks and Disclosure and Barring Service (DBS) check.
- Governance of the service was insufficient, and lacked systematic approach to improve the quality of its services, manage risks and safeguard standards of care. At the last inspection, we found significant concerns relating to the governance of the service. There were no robust systems or processes to monitor the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found

# Patient transport services (PTS)

there had been no progress made on this concern. This meant the registered manager would not have been able to assure themselves or the regulator that they understood their role and responsibilities according to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, we found there were no systems to monitor the quality or safety of the service provided. The registered manager had not developed any clinical audit or similar arrangements to evaluate the safety and quality of the service and thus they had no assurances that the service was safe and effective. At this inspection, we found there had been no progress on this concern.
- There were no established systems for quality assurance such as an overarching document which included

measures of how the service performed. On inspection, the provider could not show in a planned and recorded format how the quality of the service was understood or managed.

## **Management of risk, issues and performance**

- At the last inspection there was no evidence of formal assessment or triage of patients. On this inspection, the provider could not demonstrate how callers who took those calls undertook any form of formal assessment or triage of patients. There was absence of written evidence of both.
- At the last inspection, the registered manager told us they completed spot checks on staff, documentation and equipment. However, there was no formal records of this. The service did not carry out audits on documentation, infection control and prevention or any other areas. At this inspection, we found there had been no progress on this concern.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital MUST take to improve

The provider must monitor the safety and quality of the service and keep adequate records of this.

The provider must check vehicles for roadworthiness and ensure equipment checks are carried out and recorded by staff on a daily basis.

The provider must formally record incidents and ensure lessons learned from are shared with staff.

The provider must ensure all patient records are stored securely at all times.

The provider must ensure all staff are competent to carry out their role and use equipment provided by the service.

The provider must ensure the needs of patients are assessed and recorded at the time of booking.

The provider must ensure all staff receive regular appraisal that is documented.

The provider must ensure all medical devices are serviced according to manufacturer's guidance.

## 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not always assess the risks to the health and safety of service users of receiving the care or treatment.</p> <p>The provider did not always do all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not always ensure that persons providing care or treatment to service users had the competence and skills and experience to do so safely.</p> <p>The provider did not always ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way.</p> <p>The provider did not always ensure that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and used in a safe way.</p> <p>Regulation 12 (2)(a)(b)(c)(d)(e)</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p><b>How the regulation was not being met:</b></p> <p>All premises and equipment used by the service provider was not always clean, suitable for the purpose for which they are being used,</p> <p>secure, properly used and properly maintained.</p> <p>Regulation 15 (1)(a)(b)(c)(d)(e)</p>

This section is primarily information for the provider

## Requirement notices

### 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

**How the regulation was not being met:**

The provider did not always maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity.

Regulation 17(2)(d)

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely  Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ol style="list-style-type: none"><li>1. The provider failed to monitor and record progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress was not achieved as expected.</li><li>2. The provider failed to have processes to minimise the likelihood of risks and to minimise the impact of risks on people who used the service.</li><li>3. There were no established systems or processes in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</li><li>4. The provider failed to have records relating to the management of the service.</li></ol> <p>Regulation 17 (1)(a)2(b)(c) (d)</p>