

Rapid Response Personnel Ltd

# Rapid Response Secure Ambulance

## Inspection report

Badger House  
Oldmixon Crescent  
Weston-super-mare  
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[www.rrsambulance.co.uk](http://www.rrsambulance.co.uk)

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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

We conducted this focussed follow-up inspection on 23 April 2021. The inspection was announced with one week's notice to ensure the registered manager and the team would be available. We did not inspect all key questions as defined within our methodology but focused on those areas highlighted in the warning notice as requiring significant improvement following the inspection on 25 February 2020.

The ratings were not reassessed as part of this inspection.

### **At this inspection we found:**

The provider had achieved progress in addressing our concerns and we judged that the requirements of the warning notice had been met.

Staff had training in key skills and understood how to protect patients from abuse. The service had systems for infection, prevention and control. Staff assessed risks to patients, acted on them and kept records to monitor actions taken.

The registered manager monitored the effectiveness of the service and made sure staff were competent.

The registered manager was in the process of developing systems to make it easier for people to give feedback.

The manager had introduced reliable information and monitoring systems and supported staff to develop their skills. Staff were clear about their roles and accountabilities. The manager and the team were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

Inspected but not rated



### Rating

### Summary of each main service

We did not inspect all key questions as outlined within our methodology but focused on those areas highlighted in the warning notice as requiring significant improvement following the inspection on 25 February 2020.

The ratings for key questions were not reassessed as part of this inspection.

#### **Mandatory training**

**The service provided mandatory training in key skills and made sure everyone completed it.**

The manager's expectations of mandatory training had improved and covered the scope of the service being provided.

A training matrix had been developed and training was delivered over two days to include Prevention and Management of Violence and Aggression (PMVA). Content included theories of challenging behaviour, practical breakaway techniques and approved physical intervention. There were also 21 modules covering a range of topics including: first aid basic life support; moving/manual handling; safeguarding adults; safeguarding children; dementia awareness; infection control; health and safety; Mental Capacity Act and DOLS; mental health awareness; risk assessments; equality and diversity; information governance. The manager said he wanted to ensure staff had the depth of knowledge required to carry out their roles and had introduced on-line training to supplement the mandatory training. A healthcare portal had been adopted which provided a suite of 48 on-line modules and courses which were assigned to individuals as appropriate.

The manager continued to assess the adequacy of the training and had decided to use a different training company for Prevention and Management of Violence and Aggression (PMVA). Content included theories of challenging behaviour, practical breakaway techniques and approved

# Summary of findings

physical intervention. The manager was also considering completing a train the trainer course to be able to deliver in-house PMVA training for staff.

All staff who joined the organisation since the last inspection had now received training for the specialist needs of children and adults living with a diagnosis of dementia. Ambulance driving and emergency response driving was also completed for selected crew only every six months. Covid-19 specific training had also been devised to raise awareness during the pandemic.

We spoke to two members of staff who told us the training available was comprehensive and equipped them with the knowledge and confidence to do their job.

Systems to monitor mandatory training compliance of staff had improved. Training compliance was audited monthly by the quality assurance lead.

Renewal/ refresher training was required every 12 months for both face-to-face training and on-line training.

The HR and recruitment lead confirmed all staff were up to date with training. A three-day training conference for all staff was scheduled for 2 to 4 June 2021. We saw records were maintained for all staff and we saw certificates of completion of training. The date of completion and the expiry date was shown and those nearing expiry dates were flagged on the data base and staff were alerted by email to complete the on-line training courses.

## **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 understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Safeguarding training met best practice guidelines. The manager and the quality

# Summary of findings

assurance lead had completed safeguarding level 4 training for children and adults and the manager was the named safeguarding lead. All other staff had completed level 3 training.

Staff we spoke with were clear how they would identify patients they felt were at risk of abuse and said they knew what to do if they had any safeguarding concerns.

**Cleanliness, infection control and hygiene**  
**The service controlled infection risk. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the vehicle visibly clean.**

The systems and processes to monitor the control of infection had improved and were in line with best practice. There was an infection prevention and control (IPC) lead. There was an IPC policy which outlined the responsibilities of staff before, during and after shifts. It outlined the requirements for daily and monthly cleaning, including interior and exterior cleaning.

The manager ensured all staff had read the IPC policy and had signed an electronic register to confirm this. We saw a list of 10 staff who had signed to say they had read and understood the policy. We spoke to two members of staff who also confirmed they had signed the register. Crews were made aware of specific infection and hygiene risks associated with individual patients. A new booking form and processes included specific questions about infection control issues or concerns.

There was also an added question on the booking form if the patient had been tested for Covid-19 in the last 24 hours and the outcome of the test. Each patient and staff member were checked for some Covid-19 symptoms prior to each journey. This checked: staff and patients did not have a temperature of more than 37.8 °C; a persistent cough; bringing up sputum; sounded hoarse; runny nose or congested; short of breath; wheezing; sneezing.

There were systems to ensure the cleanliness of the vehicle. There was a daily cleaning schedule completed after each patient transfer, and this was kept in the vehicle, along with a copy of the

# Summary of findings

IPC policy. This included daily tasks such as cleaning all hard surfaces (using disinfectant and wipes), cleaning all seats, including bases and rails using wipes; cleaning all seatbelts and latches; mopping floors using steriliser multipurpose cleaner; removing litter; and ensuring hand sanitiser was full.

There were systems to ensure the regular deep cleaning of vehicles. There was a weekly deep cleaning schedule which included all actions as part of the daily cleaning plus defogging the vehicle using an antiviral / anti-bacterial surface cleaner. It also included cleaning floors, door handles, and rubber mats. The seats were vacuumed cleaned and steam cleaned, and a multi-purpose cleaner was used on the cell walls/ doors.

The vehicle was power washed every month (or sooner if required). This had commenced from 2 October 2020.

Appropriate cleaning detergents were available that were suitable for commercial use and ambulance vehicle usage. Additional cleaning supplies were held in the office, inside a locked cupboard marked Infection Prevention and Control. All items in the cupboard were in date. These included cleaning wipes, hand sanitiser, masks, gloves and aprons, as well as cleaning equipment. There were also disposable mop heads for cleaning vehicles.

There was a regular stock take of cleaning supplies and consumables and supplies could be ordered and delivered the next day as required. There was a large yellow bin for waste. Due to the low number of journeys, this had not had to be emptied, but we were told that this could be done quickly, if required.

The service had one vehicle. We checked the vehicle's MOT and servicing record which were up to date. The MOT was valid until 6 August 2021. A second vehicle had been sold prior to the inspection as a result of reduced transport activity.

There was a daily checklist for staff to use to inspect the vehicle before the patient journey. All drivers were expected to complete safety vehicle checks before each journey and to tick the safety

# Summary of findings

checklist to signify completion. Staff checked the outside of the vehicle, including lamps, indicators and tyres. Any of note, including scratches or dents were noted on the vehicle defect report. We were informed that drivers who failed to comply would face disciplinary action.

We checked the 36 transport journey forms which related to journeys from June 2020, and all forms had been signed and dated, although there were two which had not been fully completed. These related to patient journeys on 10 Aug 2020 and 15 April 2021. There was a weekly audit of the check list and the two omissions had been highlighted on the audits for action.

We checked the vehicle on the date of the inspection. The vehicle was parked outside the provider's location. The vehicle had been used the day prior to the inspection (22 April 2021).

We found:

- The inside of the vehicle, including the cell at the back, and the cab were visibly clean.
- All seatbelts were in working order. There were no harnesses on the vehicle. There was safe disposal of clinical waste/sharps. There was a sharps bin kept in a locked cupboard at the back of the vehicle which could be used in the vehicle if necessary.
- Hand-cleansing gel was available. There was a mounted hand cleansing gel in the vehicle. There were also spare supplies held in cupboards.
- Decontamination wipes were available and easily accessible in a cupboard in the vehicle.
- The outside of the vehicle was visibly clean. The lights were working on the vehicle, and the doors were working.
- The only equipment on the vehicle was the fire extinguisher which was in date. No equipment required portable appliance testing (PAT).
- The provider did not hold its own medicines. However, there were occasions when patients' own medicines were transported. On these occasions the medicines were stored in a large lockable glove box at the front of the vehicle (in the cab).

# Summary of findings

- Patient notes were stored in a large lockable glove box at the front of the vehicle (in the cab).
- There were aids to assist communication with patients. There were picture cards which could be used to assist with communication (for example, a picture of someone who was too hot/cold, a picture of food/water etc).
- Information/leaflets were available in the front of the vehicle (in the cab). Staff had access to leaflets which they could give to patients or service users which gave details of how they could give feedback or make a complaint.
- A policy folder was kept in the vehicle. Staff said journeys often involved a lot of waiting around, as they picked up patients, took them to appointments, and then waited to take them home. Staff used this opportunity to read the policies in the folder.
- Other documentation on the vehicle included an accident log, a transport docket for staff to log journey details; a cleaning checklist; a staff and patient Covid-19 checklist and an infection control inspection checklist.

The service had introduced regular audits to monitor compliance. These included weekly audits of the vehicle cleaning register and monthly audits of the weekly deep cleaning and daily vehicle cleaning schedules. Discrepancies were highlighted and action plans devised.

We checked the cleaning records and this showed the forms had been completed fully for 34 out of 36 journeys. The two missing journeys were on 10 August and 16 September and these omissions were highlighted in the audit and actions taken to improve compliance.

The quality assurance lead was responsible for ensuring compliance. He also physically checked the vehicle to ensure compliance. Any issues were discussed with the manager. He told us he carried out a retrospective audit of forms from August and September 2020, which showed some levels of non-compliance. Staff were then updated about their responsibilities and expected compliance. From the data from subsequent monthly audits we saw an improved level of compliance every month.



# Summary of findings

## **Assessing and responding to patient risk Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.**

There were risk assessments for each patient. The level of information obtained at the booking stage had improved and included a risk management plan for each journey.

The team showed us the booking process and the decisions relating to the risk assessment and care plan, and number of staff required for the journey. They also described the handover to the crew and the debriefing after the journey. We spoke to two crew members who confirmed this to be the case. To book a patient journey, a phone call could be made to a remote service reception, or contact could be made through the booking form on the provider's website. A member of staff would then call back to take details about the patient journey. This enabled the team to capture all data and to safely risk assess every booking. If any information was missing or further clarification was required, the client was contacted.

The booking form contained information about the reason the patient was being transported; the date and time required; initials of the service user; date of birth; and NHS number. It also contained the name of the person who booked the journey, and the contact name and collection point for the patient, as well as destination details.

The form contained a 'current risk' category, which included; self-harm; absconsion risk; verbal aggression; sexually inappropriate; and if there were any gender or racial issues which would affect staffing requirements. The form also contained information about any medication, mobility issues, risk of restraint, any special requirements or needs and then a calculation of how many support staff would be required for the journey.

There was a risk management care plan for each journey. The plan was based on a Red, Amber, Green (RAG) rating process. The crew were identified and called together to receive a handover of the journey and to discuss the risks

# Summary of findings

and actions required in certain situations, for example, processes if they were forced to stop the vehicle. Any concerns were noted on the plan and filed for future reference.

There was an instruction card on the vehicle with all emergency telephone numbers to call in case of an emergency. Staff confirmed they knew what to do in an emergency.

All patient booking forms were stored securely in a locked cupboard in the office.

There was a monthly audit of the booking form including risk assessments, conveyance plans, areas of concern and level of completeness.

The transport dockets contained information collected on the day of the journey. It included vehicle details; patient information; pick up address and destination; and authorisation.

During the journey patient engagement and regular observations were noted at least every 15 minutes, this included noting signs of life; and any comments. We reviewed 36 dockets, and these had been fully completed on 34 occasions (with the exceptions noted previously on 10 August and 15 October).

## **Mechanical Restraint**

In relation to our previous concerns about the use of mechanical restraints, the manager confirmed the service did not use mechanical restraints and handcuffs had been removed from the vehicle and the office. The manager told us, if there were plans to use handcuffs in the future, training would be completed by all staff and protocols would be developed to ensure mechanical restraint was only used in a safe, proportionate, and monitored way.

## **Staffing**

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The manager reviewed staffing levels and skill mix, and gave all new staff a full induction.**

The manager was assured staff were competent for their roles. Checks were made through regular supervision and annual appraisal to ensure staff

# Summary of findings

were competent to meet the needs of patients transported by the service. Handover before the patient transport and debriefing afterwards complemented these processes.

The manager confirmed agency staff were no longer used to transport patients.

A recruitment campaign last year had ensured there was a pool of staff ready to work as trained ambulance crew. Currently there were 12 staff on zero hours contracts. The aim was to secure long-term contracts for as many staff as possible. An HR and recruitment lead had been employed to process all new applications. Staff would be selected in accordance with their experience and qualifications and appropriate checks were completed at recruitment. This included; obtaining two references, identification checks, disclosure and barring service (DBS) check and driving licence checks.

Personal files were available for each member of staff. They were kept securely in a locked filing cabinet in the office. We reviewed five staff members' files and all checks had been completed.

There was an induction process for new staff. We saw details of the induction training and the completion of an induction checklist. Induction training was delivered over two days and included the face-to-face and on-line modules outlined in the mandatory training section above. New staff were required to sign and confirm they had received an induction and understood their role and expectations as an ambulance crew member.

## **Records**

**Records were clear, up to date, stored securely and available to all staff providing care.**

In relation to the confidentiality of patient information, there were arrangements to ensure the integrity and confidentiality of identifiable data. The team were assured that information was received and kept securely and confidentiality was maintained.

Documentation was kept in a locked cabinet in the office. We heard about the journey which had taken place the night before the inspection where the documentation was filed and locked away when the crew returned at 11pm.

# Summary of findings

Information was kept securely on encrypted password protected computers. Anti-virus software was installed on all computers. Records were now kept on secure clouds and email systems were password protected. There was also a new secure website. The manager was also looking to move to a dedicated ambulance platform used by many ambulance services which would heighten security further. There were monthly audits to ensure the confidentiality of identifiable data.

## **Leadership**

**The manager demonstrated he understood how the service was performing and the areas where improvements were required.**

He had developed his leadership skills and had employed the services of a consultant to advise him about the required improvements and development of the service. He had also developed networks with other providers across the country and had joined the Independent Ambulance Association.

In terms of the future, the manager and all the team were keen to demonstrate the improvements made since the inspection in 2020 and, as a result, to develop the service and increase transport activity. They planned to bid for contracts with health providers and had been liaising with an NHS provider about the due diligence process required to meet their standards.

In anticipation of busier times ahead the manager had plans to develop staff surveys and to provide an alternative route for staff to speak up about any concerns to an individual other than the manager. He would explore incorporating the role of a freedom to speak up guardian.

Plans to move to bigger premises had recently been unsuccessful. The manager would continue to explore this option as part of the development of the business.

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

**The manager had introduced systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

# Summary of findings

The systems and processes to assess, monitor and improve the quality and safety of the service had improved.

A quality assurance lead had been appointed who was responsible for processes to improve the quality and safety of the service. He monitored processes through regular auditing of infection control processes, vehicle check lists, cleaning schedules and recruitment and patient feedback forms, Action plans were devised to address discrepancies.

There was a risk register to identify risks to the service provision. This had been created six months ago and was based on the concerns raised in the CQC report.

We saw the risk register which included the date raised and reviewed, the risk score and who was responsible for monitoring. The top four risks related to: financial risks to the business caused by the impact of the CQC report and loss of contracts, risks caused by the Covid-19 pandemic, lack of knowledge of risk management processes and lack of governance of the business.

The risk register was a regular item on the agenda for the management meetings. Actions were reviewed at the start of each meeting. Agenda items also included incident reports, IPC audits, training update, personnel issues, policies and procedures, audit schedule and Covid-19.

Meetings were currently held every three months and there were plans to increase their regularity to monthly as activity increased.

The manager said there had been a lot of progress in addressing the risks. However, he recognised there was more work to do to maintain and continue progress. As transport activity had reduced in the last year it had been difficult to test progress and provide evidence of improvements. He was confident this would be possible as activity increased in the future.

Policies had been rewritten and were specific to the service and had been circulated to all staff. Staff signed to say they had read and understood the policies, and this was kept on an electronic register. The manager was assured the policies

# Summary of findings

were current and fit for purpose. He confirmed they were constantly reviewed at regular management meetings to ensure they were updated when required.

Policies were kept in a folder in the office and included policies and protocols for infection prevention and control, waste management and medicines management. A COVID-19 policy was reviewed as required by government guidelines and included signs and symptoms; testing (when and how); deep cleaning; communication; staying at home; what to do; self-isolation; and forms to complete.

Other policies included health & safety, safeguarding, restraint, deteriorating patient. staff handbook, duty of candour, information governance, complaints, whistle blowing, driving and vehicles, and clinical supervision.

## **Public and staff engagement**

**The manager was continuing to look at ways of capturing client feedback and service user feedback.**

On-line feedback forms were available on the website for clients and service users. Paper forms were also on board the vehicle to gain service user's comments. There were also processes to make a complaint / comment on-line.

The manager was also planning to look at IT solutions to collect data, i.e. response times which would enable fine tuning and improvement of response times as activity increased.

# Summary of findings

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# Summary of this inspection

## Background to Rapid Response Secure Ambulance

Rapid Response Secure Ambulance is operated by Rapid Response Personnel Limited. It is an independent ambulance service based in Weston-super-Mare, North Somerset. The service primarily carries out journeys on behalf of private healthcare providers, within a three to four-hour radius of the office base.

The service has had a registered manager in post since April 2018. The registered manager was also the owner and manager of the company. Prior to opening the business, the manager worked as a mental health nurse and has continued to work in this capacity. This person is referred to as 'the manager' in this report.

The service offers patient transport for patients with a severe and enduring mental illness. The service is offered to both adults and children. According to the booking records available at the time of our inspection, the service had completed 36 journeys from June 2020 to March 2021, one of which was for an adolescent patient where escorts had been provided from the host provider.

The service is registered to provide the following regulated activities:

- Transport Services, triage and medical advice provided remotely
- Treatment of diseases, disorder or injury.

We inspected the service for the first time on 25 February 2020 and issued a warning notice issued under Section 29 of the Health and Social Care Act 2008. The failings to comply with regulations related to the following areas:

- The scope of mandatory training and the effectiveness of systems to monitor compliance.
- Safeguarding training.
- The systems and processes to monitor the control of infection.
- The procedures for maintaining the cleanliness of the vehicle.
- The procedures to check the vehicle to ensure it was safe for use.
- The competency of agency staff and the checks made about their previous employment experience.
- The needs of children and patients with a diagnosis of a dementia when selecting agency staff for journeys.
- The induction process for new staff.
- The use of mechanical restraints and the lack of guidance and protocol about their use, and the lack of governance systems to provide oversight of their potential use.
- Processes to formally document risks and risk management plans associated with the service.
- Systems and processes to assess, monitor and improve the quality and safety of the service provided.
- Collection of data to inform service delivery or make improvements.
- Feedback from patients, staff or external organisations.
- Confidentiality of patient information.

## How we carried out this inspection

During the inspection, we visited the service headquarters based at Badger House, Oldmixon

Crescent, Weston-super-Mare. During our visit we spoke with the registered manager, the quality assurance lead, the infection control lead, the HR and recruitment lead and two crew members.



# Summary of this inspection

As this was a focused inspection around aspects of the warning notice, we did not speak with people who use the service for their views.

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>.

## Outstanding practice

N/A

## Areas for improvement

N/A

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated

## Patient transport services

Safe	Inspected but not rated	
Effective	Inspected but not rated	
Caring	Inspected but not rated	
Responsive	Inspected but not rated	
Well-led	Inspected but not rated	