

South West Specialist Medics Limited

South West Specialist Medics Ltd

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

South West Specialist Medics is operated by Southwest Specialist Medics Ltd. The service provides a patient transport service, as well as an emergency and urgent care service at events. Event only work is currently outside our scope of registration; therefore, we did not inspect this area of the provider's service.

We inspected this service using our focused inspection methodology. We carried out an inspection on 28 July 2017 with 24 hours' notice given to the provider to follow up on concerns we had received. We attempted to revisit the service and inspect further on 8th August 2017, but were unable to get a response when we arrived.

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? We did not inspect caring or responsive as part of this inspection, and due to significant concerns being found in the safe, effective and well-led domains we were unable to inspect these domains in their entirety.

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

Services we do not rate

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

We are currently undertaking enforcement action against this provider and will publish the details of this once the processes have concluded. Following the inspection, a letter of concern was sent to the provider, detailing key concerns.

During this inspection we found:

- Incidents that affected the health, safety and welfare of people using services were not investigated and actions were not taken to prevent recurrences.
- There was no record keeping for medicines being kept by the registered manager.
- Medicines were not stored securely.
- We found some consumables were out of date, including testing strips for blood glucose machines.
- There were no procedures or processes in place to make sure people were protected from abuse. There was no scrutiny or oversight of safeguarding.
- Although there was a safeguarding policy it was not fit for purpose. There was no evidence staff had read the policy or had received training in safeguarding.
- The ambulance was not kept clean. There was physical dirt and dust in the vehicle and in some areas there was rust.
- Equipment in the ambulances did not have service stickers on them and we could not get assurance from the provider that they were safe to use.
- There were no cleaning schedules or evidence that cleaning had taken place in any of the ambulances.
- There were no systems and processes in place for the provider to monitor the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were no systems or processes in place such as regular audits of the service to assess, monitor, and improve the quality and safety of the service.
- There were limited processes in place to seek feedback from people who used the services. When feedback was received there was no processes in place to share the feedback with staff or make improvements to the service.
- There were no policies and procedures for obtaining consent to care and treatment. There was no documentation, for example a patient care record, to confirm consent had been gained for care or treatment.
- The registered manager was unable to demonstrate they had the appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

- The registered manager could not provide any assurance that the Health and Social Care Act was being adhered to.
- Some policies and procedures used by the organisation were copied from other organisations and had not been adapted to make them fit for purpose for the provider. These included the medicines management policy, the medicines competency assessments, and the risk register.

Professor Edward Baker
Chief Inspector 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?

This was a focused inspection and therefore we did not inspect all domains. We inspected the safe and well-led domains, and also covered some aspects of the effective domain. We did not inspect the caring or responsive domains.

We found:

- Incidents that affected the health, safety and welfare of people using services were not investigated and actions were not taken to prevent recurrences.
- There was no record keeping for medicines being kept by the registered manager. We could not be provided with receipts or stock documents saying what he had or what was out with the ambulances.
- We were told all medicines were locked away in the cupboard in the registered manager's office. When we inspected the ambulance we found there were packets of paracetamol in the cab doors. There were saline and glucose drips in a cupboard in the ambulance and the registered manager's medical bag was also being stored there. The registered manager then left the medical bag, including the medicines, with a member of the public during the afternoon of the inspection.
- We found some consumables were out of date, including testing strips for blood glucose machines. We also found that alcohol wipes were used with the glucose machine, which could interfere with the results.
- There were no procedures or processes in place to make sure people were protected from abuse. There was no scrutiny or oversight of safeguarding.
- Although there was a safeguarding policy it was not fit for purpose. It described the process of reporting concerns or alerts to the police, but not the local authority. There was also nowhere identified for the recording of safeguarding incidents or any subsequent reporting and investigation.
- The safeguarding policy had a signatory sheet for all staff to confirm they had read and understood it. When asked, the registered manager said staff kept

Summary of findings

a copy of this and he could not provide assurance that all staff had read or understood the policy. The registered manager went on to say that safeguarding was covered in the staff handbook. There was no reference to safeguarding in this handbook at all.

- The ambulance was not kept clean. There was physical dirt and dust in the vehicle and in some areas there was rust. There were sweets on the floor and empty drinks bottles under the patient chairs. The ambulance looked physically dirty inside. There were no cleaning schedules or evidence that cleaning had taken place in any of the ambulances. This meant there was no way to identify shortfalls in infection control and take action as necessary.
- Although there was evidence that the vehicle we saw had equipment checks completed, they were not done to a high standard. The checklist stated the suction unit, defibrillator and heart monitor had been checked. However, when we looked at these items we found they did not have service stickers on them and could not get assurance from the provider that they were safe to use.
- There were no systems and processes in place for the provider to monitor the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As there were no monitoring processes in place there was nothing to enable the provider to identify if safety and quality was being maintained.
- There were no systems or processes in place such as regular audits of the service to assess, monitor, and improve the quality and safety of the service. This was despite various policies identifying audits were required. The systems and processes were not continually reviewed to ensure they were fit for purpose.
- There were limited processes in place to seek feedback from people who used the service. The provider had no intention to review how feedback was collected or to use any feedback that was received to improve the service.
- There were no policies and procedures for obtaining consent to care and treatment. There were no policies or procedures that referred to patient consent and staff had no training in relation

Summary of findings

to consent, or the Mental Capacity Act 2005. There was no documentation, for example a patient care record, to confirm consent had been gained for care or treatment.

- The registered manager was unable to demonstrate they had the appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or understood the consequences of failing to take action on set requirements.
 - We asked the registered manager how he was assured he was fulfilling the requirements of the Health and Social Care Act but he was unable to answer the question or provide us with any assurances.
 - Some policies and procedures used by the organisation were copied from other organisations and had not been adapted to make them fit for purpose for the provider. These included the medicines management policy, the medicines competency assessments, and the risk register.
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South West Specialist Medics Ltd

Detailed findings

Services we looked at

Patient transport services (PTS);

Detailed findings

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Detailed findings from this inspection

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Background to South West Specialist Medics Ltd

South West Specialist Medics provide a private ambulance service for patient transport in the UK. They collect patients from inbound flights to Bristol, Cardiff, London and Oxford airports, taking them on to their final destination. Southwest Specialist Medics also provide services to transport patients between UK destinations, such as care homes and hospitals. They provide ambulances and staff for these journeys.

Southwest specialist medics are registered with the Care Quality Commission to provide the following regulated activities:

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

South West Specialist Medics is operated by Southwest Specialist Medics Ltd. The service was registered with CQC in September 2016. It is an independent ambulance service operating from its base in Bristol. The registered manager for the service is Mr Stephen Wakeham who has been in post since September 2016. This was the first time the service had been inspected since its registration.

Summary

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- Although there was a safeguarding policy it was not fit for purpose. It described the process of reporting concerns or alerts to the police, but not the local authority. There was also nowhere identified for the recording of safeguarding incidents or any subsequent reporting and investigation.
- The safeguarding policy had a signatory sheet for all staff to confirm they had read and understood it. When asked, the registered manager said staff kept a copy of this and he could not provide assurance that all staff

Detailed findings

had read or understood the policy. The registered manager went on to say that safeguarding was covered in the staff handbook. There was no reference to safeguarding in this handbook at all.

- The ambulance was not kept clean. There was physical dirt and dust in the vehicle and in some areas there was rust. There were sweets on the floor and empty drinks bottles under the patient chairs. The ambulance looked physically dirty inside. There were no cleaning schedules or evidence that cleaning had taken place in any of the ambulances. This meant there was no way to identify shortfalls in infection control and take action as necessary.
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- There were no systems and processes in place for the provider to monitor the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As there were no monitoring processes in place there was nothing to enable the provider to identify if safety and quality was being maintained.
- There were no systems or processes in place such as regular audits of the service to assess, monitor, and improve the quality and safety of the service. This was despite various policies identifying audits were required. The systems and processes were not continually reviewed to ensure they were fit for purpose.
- There were limited processes in place to seek feedback from people who used the service. The provider had no intention to review how feedback was collected or to use any feedback that was received to improve the service.
- There were no policies and procedures for obtaining consent to care and treatment. There were no policies or procedures that referred to patient consent and staff had no training in relation to consent, or the Mental Capacity Act 2005. There was no documentation, for example a patient care record, to confirm consent had been gained for care or treatment.
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Our inspection team

The team that inspected the service comprised a CQC lead inspector, Carl Crouch, and two other CQC inspectors. The inspection team was overseen by Daniel Thorogood, Inspection Manager, and Mary Cridge, Head of Hospital Inspections.

Facts and data about South West Specialist Medics Ltd

The service has been registered to provide the following regulated activities since 2016:

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

Detailed findings

Patient transport services were arranged by on-the-spot purchase in a sub-contracting capacity. This meant that South West Specialist Medics provided services for a variety of clients ranging from NHS trusts, to individually funded transfers. Business was arranged on an ad-hoc basis. The service primarily served the communities of the Bristol area. However, it also provided patient transport services throughout the country.

During the inspection we visited the service base which was a residential property with ambulances parked in the driveway. We spoke with the registered manager who was

responsible for the five staff employed by the service. We did not speak with any staff or patients during this inspection. We reviewed policies and information held about patients.

At the service base we inspected two of the three ambulances used by the service. The provider also had an ambulance car, but this was at an event during our inspection so we did not see this vehicle.

The registered manager was a trained ambulance technician and five patient transport drivers worked at the service.

We were not provided with any activity data by the provider.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

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Patient transport services (PTS)

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Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service did not record safety incidents, concerns or near misses as there was no incident reporting process in place. When things went wrong, reviews and investigations were not carried out. This meant opportunities to identify learning from incidents was missed which did not mitigate the risks of incidents occurring in the future. The service did not have an incident reporting policy. Therefore, staff employed by the service did not have the opportunity to report untoward incidents.
- As a result of safety incidents, concerns and near misses not being recorded, the service was unable to provide evidence demonstrating safety performance over time or show how the safety of the service compared with other similar organisations.
- The registered manager told us they were investigating an incident where one of the service's ambulances had caught fire. However, there was a lack of evidence to support that any investigation had taken place. Inspectors only saw an email from the driver. Furthermore, when discussed with the registered manager, the concern appeared to lie more with the implications for their insurance rather than patient safety.
- There were no staff present during the inspection. Therefore, inspectors were unable to ascertain if they had an understanding of the importance of reporting incidents to the registered manager.
- Following the inspection, we sent a letter of concern to the registered manager raising concerns about the lack of an incident reporting process, amongst other concerns. Inspectors were provided with an online incident reporting form which had been set up in response to this letter. However, this online incident form did not promote compliance with the duty of candour (a regulatory duty which relates to openness and transparency) and a request for feedback was optional. We did not receive a policy to support this form, or an action plan on how the incident process would be implemented, monitored or shared with staff. We were therefore not assured that incident reporting processes would be improved following the actions taken by the registered manager.

- 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. We were not assured that the registered manager understood his duty with regards to the duty of candour. When discussing the ambulance fire, the registered manager told us that it wasn't his responsibility to be open and transparent with the patient or their family as they were not the patient of South West Specialist Medics Ltd.
- The registered manager did not provide inspectors with evidence they sought assurance from the contractor that they followed the duty of candour. Following the ambulance fire, inspectors were not provided with an account of what happened to the patient, how they were informed of the investigation, shown a written record that the duty of candour had been followed, or shown an apology to the patient for the event occurring.
- There were no staff present during the inspection. Therefore, inspectors were unable to ascertain whether they had an understanding of the duty of candour.

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

- We were not provided with any evidence that the service monitored safety or implemented changes as a result. There was no clinical quality dashboard for us to inspect.

Cleanliness, infection control and hygiene

- There were no reliable systems in place to prevent and protect people from a healthcare-associated infection. We did not see an infection, prevention and control policy. There were no risk assessments completed to consider the susceptibility of service users or for the environments around infection control. The registered manager told us that after an infectious patient had been on board, the ambulance would go to a garage for a steam clean. There was no documented evidence that this had taken place.
- We found that the service failed to meet the standards set out in 'The Health and Social Care Act 2008: code of Practice of the prevention and control of infections, and related guidance' (2015)
- The registered manager told inspectors that twice a month all ambulances went to a garage for a steam

Patient transport services (PTS)

clean. There was no documented evidence that this had taken place. We were also told that all ambulances were cleaned at the end of every shift. There was no documented evidence that this had taken place.

- There were no systems in place to ensure all care workers (including those from other services) were aware of, and met, their responsibilities in the process of preventing and controlling infection. Only one member of staff had received training in infection control.
- There were no audits completed to ensure that staff were following guidance. We were told the registered manager carried out random checks of the ambulances, but there was no documented evidence that this had ever taken place.
- We looked in one ambulance and found it to be dirty. There were sweets, drinks bottles and wrappers on the floor of the ambulance and the floor was visibly dirty. A patient chair had tape covering frayed edges and exposed foam, but the tape was loose which meant the chair would not be able to be cleaned effectively.
- The registered manager told inspectors he would normally use disposable linen for each patient. However, as they had run out they were using normal linen. The manager told us he would boil clean the linen himself. There was no documented evidence that this had ever taken place.
- The registered manager told inspectors there was alcohol gel and appropriate personal protective equipment on board the ambulances. We found there was no hand gel and although there were gloves and eye protectors, there were no aprons.

Environment and equipment

- We could not be assured that the maintenance and use of equipment, including ambulances and the equipment within them, kept people safe.
- The service had three ambulances and one ambulance car. 50% of the fleet of this provider was out of service at the time of our inspection. Two of the ambulances had been taken off the road (one had been in a fire; the other had flat tyres and needed a new gearbox). We were told the third ambulance had only been owned by South West Specialist Medics Ltd for one week prior to the inspection. However, there were job records showing that it had been in use during the three weeks prior to the inspection. We were not provided with service

histories for any of the vehicles. We only saw an MOT certificate for the ambulance car. Therefore inspectors could not be assured the vehicles were roadworthy and regularly maintained.

- We asked to see the records of the ambulances being checked prior to starting a shift. We were given three examples of this to look at. We saw partly completed checklists; however, the state of the vehicles did not demonstrate the checklist had been accurately completed or that the registered manager checked the quality of the checks.
- The ambulance we checked contained multiple stretchers and chairs, none of which had an in date service sticker on them. There was also tubing which had not been serviced which was attached to oxygen cylinders. The most recent service sticker for this was 2013 and there was no servicing expiry date on it. There was rust on the buckles of the wheelchair. The ambulance also had other equipment, including a defibrillator and a heart monitor. Neither of these had service stickers on them. There were no servicing logs, or receipts for the equipment or oxygen either.
- There was a large selection of consumable equipment on the ambulance. There was a box of consumables labelled 'bandages' on board. Within this box were numerous items that were out-of-date, some by over ten years. This included sterile dressings which went out-of-date in 2005, other dressings which went out of date in 2008, gauze which went out of date in 2013, wound dressings which went out of date in 2014 and four bandages which went out of date in March 2017. In other areas of the ambulance, we found sterile consumables where the packaging was not intact as the bag was ripped. This meant they were no longer safe to be used and we were not assured the service effectively managed the replenishment of vehicles, equipment and supplies both at bases and between calls.
- The registered manager had a kit bag which he took with him on all transport jobs. We inspected the kit bag and found there were blood glucose testing strips which were out-of-date. We also found there were alcohol wipes in the kit for the intention of cleaning the monitors, which if used could alter the results of the test. Solution for the blood testing kit was also out-of-date. Within the front of the kit bag there were three sets of metal tweezers, three pairs of scissors and one pair of artery forceps. None of these were kept sterile. There was one pair of single use tweezers in a

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sterile bag. However, we found the bag to be broken. Therefore, inspectors could not be assured they were appropriately cleaned or should be used at all if they were single use.

Medicines

- Inspectors found that policies and procedures relating to the management of medicines were not fit for purpose and were not being followed. Inspectors also found that the medicines management policy had been copied from another organisation and not adapted to be relevant to this service. Although some sections had been removed, the policy referred to the original organisation. It also referred to job roles, such as registered paramedics and clinical team leaders, and to practices such as patient group directions which were not relevant to this organisation. A patient group direction (PGD) is signed by a doctor and agreed by a pharmacist, which means that a nurse or paramedic can supply and/or administer prescription-only medicines. As the service did not employ any paramedics or nurses this was not relevant.
- The 'Use of Medicines by Staff' policy sent to us prior to the inspection identified that "a daily sample of 5% of packs will be audited by the Directors, or a designated member of staff" and that "a further 5% sample audit of packs held will be carried out on a quarterly basis, by an outside agency appointed by South West Specialist Medics Ltd. The results of these audits will also be recorded". During the inspection, inspectors were told that audits were performed weekly but there was no evidence to support this and we were not given any documentation to show audits were being completed. The registered manager stated: "I don't record auditing of meds as I do it myself". This meant there was no assurance that potential risks to the care and treatment of patients were being identified, or that the quality of these audits was recorded.
- Inspectors found that medicines were not stored securely. There was a packet of Paracetamol and a packet of Ibuprofen in the ambulance cab doors. We also found one intravenous bag of glucose and one intravenous bag of saline stored in the ambulance in an unlocked cupboard.
- Inspectors also found a technician's bag stored on the ambulance. This contained various over the counter medicines and prescription only medicines, including adrenaline, GTN, Glucagon, Adrenaline, Naloxone, Hydrocortisone. Some of which required a paramedic with a patient group direction to administer. The service did not employ paramedics or have any patient group directions for staff to follow. Therefore, the provider had medicines which they should not store or administer to patients.
- The above issue was raised with the registered manager in a letter of concern. In the provider's response they included a revised policy and procedure. However, we found this policy was also not fit for purpose. The policy stated "Any drug or fluid must be stored in a locked cupboard in a room/ area/ vehicle to which access is denied to persons not having reasonable cause to enter that room/area." The permanent storage of medicines in vehicles was not appropriate in the case of South West Specialist Medics Ltd. This was because medicines stored in the ambulances could be exposed to temperature variations, sunlight and motion which may compromise the medicines. There were no temperature control mechanisms within the ambulances. There was also an increased risk that medicines could be stolen or used by someone without permission to do so because there was no secure storage on the ambulances.
- We were not assured the registered manager's kit bag was consistently stored in a safe place. During our inspection, it was left with a person who was not employed by South West Specialist Medics Ltd. The registered manager stated that this was ok as: "I trust her and she works for a [NHS] trust". This was not appropriate and did not ensure the security of medicines.
- This was raised as a serious concern in the letter of concern we issued. In the response from the registered manager he stated: "the person in question who had the kit bag was in fact a colleague". This contradicts what inspectors were told by both the registered manager and the person during the inspection. We were provided with no additional evidence that the member of public was a staff member or was contracted by the service. The response also stated: "I am in receipt of her DBS and satisfactory references".
- There was no documentation that demonstrated how medicines were being procured, stored or used by South West Specialist Medics Ltd. The 'Policy and Procedure for the Use of Medicines by Staff' in use during the time of the inspection stated that "all drugs must be traceable by batch number to allow: recall of

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medicines and / or identification of patients potentially affected by a recall notice issued by a manufacturer or the MHRA. Reporting of adverse drug reactions to the MHRA and / or to the manufacturer". During the inspection inspectors found there was no documentation to gain assurance that batch numbers were being recorded. There was also no documentation which identified how or when the registered manager procured these medicines, or monitored their use.

- This was raised as a serious concern in the letter of concern. The response from the manager stated: "We have now begun a record of drugs held by SWS medics and will be holding a central stock register to record all batch numbers and expiry dates as well as an individual stock sheet for each drug pack on each vehicle these drugs are and will be stored in a locked cupboards both in the office and on the vehicles." However, processes to ensure this was done were not documented within the policy and procedure for the 'Use of Medicines By Staff', nor were CQC provided with any documentation or an action plan on how this would be implemented, monitored or shared with staff.
- Inspectors found there were no competency assessments in place for medicines which were held by South West Specialist Medics Limited. As part of the registered manager's response to the letter of concern he stated that "competency assessments will be completed, example form attached, for each member of staff". We were not provided with an action plan stating how this would be implemented, shared with staff, or what mitigations would be put into place until the assessments were completed.
- As part of the letter of concern response, the registered manager provided CQC with a competency assessment form which was not fit for purpose. The competency assessment stated in three places the use of a patient record form as part of the medicines administration process. However, the patient record form supplied to CQC had been designed to be completed after the patient transport had been completed and did not include space for the administration of medicines to be recorded. The competency assessment form also asked "Did the member of staff check that there was sufficient medication at the person's home for at least one week?" The process of checking medicines in a patient's home was not described in the medicines policy, nor was there any evidence that staff had the required skills or scope within their role to complete this task.

- Inspectors found the competency assessment form for medicines was a direct copy from another organisation and had not been amended to make it relevant to this provider. This included the instructions on using the tool, as well as the content of the tool itself as it was designed for domiciliary care services.
- We were not assured that the registered manager had been trained to complete medicines competency assessments and no evidence that the registered manager had undertaken training to administer the medicines himself. This meant that patients may be exposed to the risk of being administered medicines incorrectly.

Records

- The service did not keep patient records but had booking forms which were printed from the online booking service found on the provider's website. The booking forms did not have a section to record treatment and care decisions. There was very limited information on 'special notes' to alert staff to patients with pre-existing conditions or safety risks. There was no evidence that contemporaneous records relating to care were ever added to booking forms.
- When a booking form was received with a special note there was no process in place to gather more information about the patient. There was nowhere to make staff aware of allergies, do not attempt resuscitation orders or Mental Capacity Act requirements. If a member of staff provided a treatment, such as the administration of oxygen or providing Paracetamol, this was not recorded as there was no space on the form to record it.

Safeguarding

- There were limited systems, processes or practices that were essential to keep patients safe from abuse. The safeguarding policy was not fit for purpose. It described the processes involved with reporting concerns to the police, but no processes for internal escalation or reporting, or reporting to the local authority.
- We asked the registered manager what their understanding of safeguarding was and they were unable to clearly describe what safeguarding was or their own responsibilities to raise concerns. When asked

Patient transport services (PTS)

if the service had had any safeguarding referrals the registered manager responded: "I think we have had two". However, we were not provided with any paperwork to support this.

- We asked the registered manager to provide evidence to show that all staff had undergone training for safeguarding adults and children. We were told this information was in the staff files; however there was nothing related to safeguarding in any staff files we looked at. The registered manager also informed inspectors that the safeguarding competency was in the staff handbook. However, there was nothing relating to safeguarding in the staff handbook.
- The organisation's safeguarding policy had a signing sheet for all staff to complete. However, we were not shown any completed copies of this. Therefore, inspectors were not assured staff had read or understood the policy. The registered manager could not provide inspectors with any assurance that staff were identifying safeguarding concerns and reporting them appropriately.
- As there were no staff to talk with at the inspection, we were unable to ask staff about understanding of their responsibilities to adhere to safeguarding processes and procedures.

Mandatory training

- Inspectors were not assured that staff had received effective mandatory training in safety systems, processes and practices. Inspectors reviewed six staff records (including the registered manager's staff file) and found there was limited evidence of training being completed.
- The staff handbook contained initial induction training on manual handling and basic airway management. However, only two of the five staff had completed this. One member of staff had separate manual handling training which had been completed outside of the formal induction process. Another member of staff did not have their staff handbook signed by the registered manager so inspectors could not be assured it had been completed. In one staff file there was no evidence that manual handling training had been delivered and there was no staff handbook.

- The provider could not evidence that all staff employed by South West Specialist Medics Limited were suitably competent, skilled and experienced to make sure that patients' care and treatment was safe at all times.
- In response to our letter of concern, the registered manager stated "we hold a record of qualifications [staff] hold and that the certificates have been seen and the date on which they take any additional training particularly around safeguarding, medicines and infection control." During the inspection, we found that none of the five staff had completed safeguarding training. The registered manager told inspectors that the staff kept safeguarding certificates themselves from training. However, inspectors were not provided with evidence that safeguarding training had been completed. In addition, none of the staff records had any recorded training in relation to the management of medicines and only one staff record contained training on infection control.
- Staff were not sufficiently trained to carry out driving duties safely. The registered manager told inspectors that all staff spent a week driving supervised during the induction period to ensure competency. There was no evidence provided to the inspectors that this had been completed for any of the staff employed by the service.
- The registered manager told inspectors that two of their staff had received training in the use of blue lights when transporting patients. This would allow them to have sufficient understanding of the exemptions of the Road Traffic Regulation Act 1984. However, we found no evidence in the staff files that any training had been completed.
- We also found that out of the five staff employed by the service, only one had a copy of their full UK driving licence in the staff file and one only had a provisional UK driving licence. Therefore, inspectors could not be assured the provider had completed sufficient checks to ensure all the drivers were legally able and suitably trained to safely drive the ambulances.
- As there were no staff to talk with at the inspection, we were unable to ask staff if they thought the training they received was effective in relation to systems, processes and practices.
- Following the inspection we sent a letter of concern to the registered manager raising concerns about the lack of sufficient evidence or assurance of mandatory training. Inspectors were told that an employment

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record had been created for each member of staff detailing qualifications and training. However, we received no evidence to corroborate this, and no policy to support this.

Assessing and responding to patient risk

- The service did not complete comprehensive risk assessments or risk management plans for people who used the service. The service used a booking form which only contained demographic data and an area for a 'special note'. This allowed the transport booker to provide a small amount of information on a patient. If a special note was completed the service took no action to contact the booker to request more information.
- There were no policies or procedures in place to manage disturbed or challenging behaviour. Staff were not trained to deal with violent or aggressive patients. This increased the risk of harm to both patients and staff. Additionally, there was no escalation process for deteriorating or seriously ill patients.
- However, as a result of the letter of concern a patient record form was created which contained information on behaviour, manual handling concerns, medications, and actions taken during the journey. There was no policy to support this form or an action plan on how this process would be rolled out to staff.

Staffing

- Inspectors could not be assured that staff employed by the service for the purpose of carrying on a regulated activity were of good character. We looked through all staff records kept by the service and found that only the registered manager and one member of staff had an Enhanced Disclosure and Barring Service check completed. One record had a check last completed in 2010, two only had application forms dated 2014, and one had nothing in relation to these checks.
- Despite being asked throughout the inspection, the registered manager was unable to produce evidence that the Disclosure and Barring Service checks, or reference checks had been completed or that he had checked the certificates.
- We raised this as a serious concern in the letter of concern. The response indicated that a system had been put in place for each staff member to have their Disclosure and Barring Service checked. However, we were provided with no additional evidence that showed

staff employed had completed checks. Therefore, we could not be assured that staff employed by the service were of good character and we were concerned patients could be placed at risk.

- The provider did not have a systematic approach to determine the number of staff and range of skills needed in order to meet the needs of people using the service and keep them safe at all times.
- The provider did not perform risk assessments for any patients to determine how many staff should be on each job or what skills those staff would need. We were not provided with any additional evidence when this issue was raised in the letter of concern. This increased the risk of patient harm due to potentially inappropriately trained staff managing patients.

Response to major incidents

- We were not provided with any evidence that the provider had a policy or process to respond to major incidents.

Are patient transport services effective?

Evidence-based care and treatment

- The inspection team asked to see evidence of audits being carried out by the service. No audits were provided; therefore there were no assurances that the provider was auditing patient transport services. Audits can help service leads better understand their own working systems and identify where improvements are required. They can also be used to assess practices against national guidance and legislation. We were therefore not assured people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice.
- We saw no evidence that people had their care needs assessed or delivered in line with evidence based guidance.
- We saw no evidence of how the pain of an individual person was assessed and managed.

Assessment and planning of care

- There was a lack of evidence for us to inspect this key line of enquiry.

Response times and patient outcomes

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- There was a lack of evidence for us to inspect this key line of enquiry.

Competent staff

- We did not see any evidence that staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, or took on new responsibilities and on a continual basis.
- The provider had an appraisal policy, but we saw no evidence that appraisals were being completed. The policy stated that all staff, including directors and managers, required an appraisal six months after starting employment with the service. We found no evidence that appraisals had been completed for any staff. This meant there was no evidence of staff having discussions about their competency or development needs, or that opportunities for development were being made available to staff.
- The provider did not ensure there was an appropriate induction programme that prepared staff for their role. We were told that all staff had a two week induction, which included one week office based learning and one week on the job learning. We asked for information but we were not provided with any evidence that indicated this had been completed for any of the staff.

Coordination with other providers and multi-disciplinary working

- There was a lack of evidence for us to inspect this key line of enquiry.

Access to information

- There was a lack of evidence for us to inspect this key line of enquiry.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service did not have any policies and procedures regarding obtaining consent to care and treatment and staff had no training in relation to consent, or the Mental Capacity Act 2005. Therefore we were not assured people's consent to care and treatment was always sought in line with legislation and guidance.
- As no staff were present during our inspection we could not determine whether staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005

- The patient booking forms did not have anywhere on them to record whether or not a patient consented to care or treatment. We were therefore not assured practices reflected the requirements of the Mental Capacity Act 2005.

Are patient transport services caring?

We did not inspect the caring domain.

Are patient transport services responsive to people's needs?

We did not inspect the responsive domain.

Are patient transport services well-led?

Leadership / culture of service related to this core service

- The registered manager did not have the appropriate skills, knowledge, experience or integrity required to manage the regulated activities of the service.
- There were multiple documents which the registered manager claimed as his own which had been copied directly from other organisations. During the inspection, we asked the registered manager if he wrote the policies. He replied that he had helped to make them. At no point did the registered manager tell inspectors that they were taken from other organisations. There were three plagiarised documents provided as part of the response to a letter of concern. At no point did the registered manager tell inspectors that these were taken from other organisations. The documents concerned included: the medicines competency assessment, the medicines management policy and the risk register. The deliberate decision not to inform inspectors of this cast doubt on the registered manager's character. Furthermore, the failure to adapt these documents to ensure they were relevant to the service suggested the registered manager did not have the relevant skills, knowledge, experience and integrity to manage the service.
- On multiple occasions during the inspection, the registered manager provided information which was subsequently found not to be true. For example, inspectors were told that one ambulance was owned by

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the provider and was off the road as it required a new gear box. This ambulance was then found to have patient identifiable information inside and when challenged about this the registered manager stated the provider did not own the ambulance. In another example, the registered manager told inspectors that safeguarding information was in the staff handbook which was also found to be untrue.

- We were not assured that the culture within the service, encouraged candour, openness and honesty.

Vision and strategy for this this core service

- We were not informed of a vision or strategy for this service. South West Specialist Medic's website states that it is "The South West's Premier Event Medic and Private Ambulance Service." However, we did not see any evidence of how this statement was embedded into the work of the provider.

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

- There was no assurance that systems were in place to monitor safety or quality within the service. There were no systems in place for the registered manager to monitor the service against the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This meant that opportunities to improve the safety and quality of the service were missed and that compliance with the regulations could not be demonstrated.
- The service did not have an effective governance framework to support the delivery of the strategy and good quality care. The provider did not undertake any audits of the service, nor did they use any other method to assess, monitor or improve the quality and safety of the service. We were told that there were ad-hoc medicines checks and cleaning checks, however there were no records to evidence that these were done.
- Serious concerns around the lack of assurance systems was raised in a feedback letter and a letter of concern. In their response, the registered manager stated "We now have a patient or contractor/relative feedback form in place" and "we are also in the process of having these put on paper format for those who are not able to use the online form." Although we were provided with this feedback form this was not sufficient evidence to demonstrate compliance with the Health and Social Care Act 2008. The form supplied only partly provided assurance against one of the regulations in the act. Therefore, we had not received enough assurance that the provider was monitoring the service against the Health and Social Care Act 2008.
- Many company policies did not have version control or a date of issuing or review. When we questioned the registered manager about these policies, he informed inspectors that they all required updating.
- The registered manager said "I would like to think the service is safe, effective, responsive, caring and well led" but had no assurance himself that safety and quality were maintained.
- As part of the response to a letter of concern, inspectors received the risk register from the registered manager. The risk register was a direct copy from another organisation and had minimal changes made to make it relevant to this provider. It included risks and actions that were dated four years before the provider was founded. This included the risk descriptions, the risk scores (which had no changes made) and the actions (which had words removed).
- This risk register contained four items. None of the items had a date for when the risk items were put on the register. The risk register in its entirety was dated April 2017. However, three of the actions had completion dates of 31 March 2010, four years before the organisation was founded. There had also been no updates on progress for any actions in the risk register.
- One risk described an active control as an "efficiency programme and efficiency review". Another risk identified the development of an operational plan. Inspectors were not provided with any evidence either of these actions had been started. The provider could not demonstrate they had robust arrangements for identifying, recording and managing risks, issues and mitigating actions.
- The service maintained a risk assessment for the manual handling arrangements for staff. There were actions on this risk assessment which included making a risk assessment before transporting a patient. There were no risk assessments completed and no forms had been created to allow this process to be done.
- When we asked the registered manager what the risks to the organisation were he could not provide any. The

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registered manager was unable to provide explanations of how risks to staff and patients were identified or assessed or demonstrate any knowledge or understanding of the risks.

- A registered manager should have a good understanding of the Health and Social Care Act 2008. However, when asked about his understanding, the registered manager did not know what the act was about and stated he was not sure how the Health and Social Care Act affects his service. When specifically asked about the regulations he could not describe any of the regulations within the act.
- The registered manager could not demonstrate how they were assured he was meeting the requirements of the Health and Social Care Act. Inspectors had to direct him to the 'Guidance for Providers on meeting the regulations', which he had not looked at before.

- Despite this, the registered manager understood that if he was found to be breaching the regulations he could lose his registration. He also understood what regulated activities he was registered to carry out and in what circumstances registration applied.

Public and staff engagement

- We did not see any evidence that public or staff engagement was used within the service, and so were unable to inspect this key line of enquiry.

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

- We did not see any evidence of this key line of enquiry during our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The registered manager must demonstrate that he has the appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) and understands the consequences of failing to take action on set requirements.
- The registered manager must assure himself that the policies, procedures and other documents used in the carrying out of his business are fit for purpose.
- The registered manager must ensure there are policies and procedures for obtaining consent to care and treatment that reflect current legislation and guidance.
- The registered manager must ensure that incidents that affect the health, safety and welfare of people using services are thoroughly investigated and actions taken to prevent recurrences. Additionally the registered manager must ensure that there are clear reporting processes for staff to follow in the event of an incident.
- The registered manager must ensure that there are processes in place that provide assurance of the safe storage and administration of medicines and medical gases.
- The registered manager must ensure there are robust record keeping processes in place around the use of and storage of medicines and medical gases.
- The registered manager must ensure that all medicines are stored securely and in line with national guidance on the storage of medicines and medical gases.
- The registered manager must ensure that all staff administering medication and medical gases are assessed as being competent to do so by a qualified assessor.
- The registered manager must ensure that there are procedures and processes in place to ensure people are protected. Furthermore the registered manager must ensure there are processes in place which allow for oversight and scrutiny of safeguarding within the service.
- The registered manager must ensure that the safeguarding policy is fit for purpose within the organisation.
- The registered manager must ensure that all staff have the required mandatory training in order to carry out their role. This includes safeguarding training.
- The registered manager must ensure that equipment is kept clean in line with infection, prevention and control guidelines. This includes vehicles as well as all equipment used in the course of the provider's business.
- The registered manager must ensure that the equipment is safe to use, serviced and checked in line with national guidance and that records of this work are kept for assurance purposes.
- The registered manager must ensure there are processes in place to monitor the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager must ensure he follows the correct reporting process of notifying the CQC of serious incidents or incidents which disrupt the operation of the service
- The registered manager must ensure there are systems and processes in place such as regular audits of the service to assess, monitor, and improve the quality and safety of the service.
- The registered manager must ensure that he implements processes to gather feedback from people who use the service.
- The registered manager must ensure he implements processes that serve to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
- The registered manager must ensure that records relating to the care and treatment of each person using the service are completed, kept and be fit for purpose.
- The registered manager must ensure they deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they meet people's care and treatment needs.

Outstanding practice and areas for improvement

- The registered manager must ensure he uses effective recruitment processes to ensure that persons employed for the purposes of carrying on the regulated activity are of good character.

Action the hospital SHOULD take to improve

- The registered manager should consider investigating the reliability of his fleet of vehicles.

Requirement notices

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 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers</p> <p>(1) A person (M) shall not manage the carrying on of a regulated activity as a registered manager unless M is fit to do so</p> <p>(2) M is not fit to be a registered manager in respect of a regulated activity unless M is –</p> <p>(b) has the necessary qualifications, competence, skills, and experience to manage the carrying on of the regulated activity.</p> <p>The registered manager was unable to demonstrate that they had the appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) or understood the consequences of failing to take action on set requirements.</p> <p>In response to the letter of concern the registered manager provided CQC with 3 plagiarised documents. At no point did the registered manager inform inspectors that these documents were not his own</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>11.-(1) (1) Care and treatment of service users must only be provided with the consent of the relevant person.</p> <p>There were no policies and procedures for obtaining consent to care and treatment. Documents did not reflect current legislation and guidance.</p>

This section is primarily information for the provider

Requirement notices

There were no policies or procedures that referred to patient consent and staff had no training in relation to consent, or the Mental Capacity Act 2005.

There were no patient records kept (only a booking form), and those that were did not have anywhere to record consent.

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

(1) Care and treatment must be provided in a safe way for service users.

(2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include –

(b) doing all that is reasonably practicable to mitigate any such risks;

Incidents that affected the health, safety and welfare of people using services were not thoroughly investigated and actions were not taken to prevent recurrences.

The registered manager could not give us any example of incidents that had been reported and said that if any concerns were raised it would be done via email to him. There was no recording or reporting systems in place or an incident reporting policy.

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

(1) Care and treatment must be provided in a safe way for service users.

(2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include –

This section is primarily information for the provider

Requirement notices

(g) the proper and safe management of medicines

The organisation medicines policy was not fit for purpose.

There were no audits being done at all on medicines.

There was no record keeping for medicines being kept by the registered manager.

There were unsecured medications and fluids in the ambulance.

There was a lack of security around the kit bag of the registered manager, which contained medication.

Medicines and medical gases were kept in ambulances that were not temperature controlled.

No staff were competency assessed for the administration of any medicines.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

13.-(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.

There were no procedures or processes in place to make sure people were protected. There was no scrutiny or oversight of safeguarding.

The registered manager could not be assured that staff were appropriately reporting safeguarding concerns to him.

The safeguarding policy was not fit for purpose. It described the process of reporting to the police but identified nowhere to record incidents on safeguarding or to document processes.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

2) Systems and processes must be established and operated effectively to prevent abuse of service users.

Staff did not receive any safeguarding training. We looked in all staff files and there was no assurance that safeguarding training had been delivered.

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

15. –(1) All premises and equipment used by the service provider must be – (a) clean

The ambulance was not kept clean. There was physical dirt and dust in the vehicle and in some areas there was rust. The patient chair had a broken arm rest which was poorly taped together – this meant that it would not be possible to clean it appropriately.

It would not have been possible to use appropriate cleaning and infection control methods. There was no alcohol gel or aprons on the ambulance.

There were no cleaning schedules or evidence that cleaning had taken place.

Staff with responsibility for cleaning had not received appropriate training. The registered manager was the only member of staff who had received infection control training.

In the ambulance there were sets of metal tweezers, scissors, artery forceps all of which were non-sterile. There were also open packs of single use tweezers.

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

This section is primarily information for the provider

Requirement notices

15. –(1) All premises and equipment used by the service provider must be – (e) properly maintained

The registered manager could not provide service history for any of his vehicles. We were only provided with an in date MOT certificate for his vehicle which was at an event during the inspection.

There was no evidence that equipment, or vehicles had been checked robustly. The defibrillation machine, suction machine and heart monitor did not have any records of being checked, or have service stickers.

There were no health and safety risk assessments completed for the use of the equipment.

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

(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements of this part.

There were no systems and processes in place for the registered manager to monitor their service against The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As there were no monitoring processes in place there was nothing to enable the registered manager to identify where safety or quality were being compromised or had all of the relevant information to make this decision.

The registered manager did not have a clear understanding of the process of notifying the CQC of serious incidents or incidents which caused the service to stop.

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

This section is primarily information for the provider

Requirement notices

(2) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

There were no systems or processes in place such as regular audits of the service to assess, monitor, and improve the quality and safety of the service. This was despite various policies identifying audits were required. The systems and processes were not continually reviewed to ensure they were fit for purpose.

Very little feedback was received by the service. There was no intention by the registered manager to review how feedback was collected or use any feedback that was received to improve the service.

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

(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

The service had a risk register which was not fit for purpose. The registered manager could not confidently discuss the purpose of the risk register.

Furthermore when asked to provide assurance around the risk register, the registered manager provided one which was plagiarised from another organisation.

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

2 (c) – Records relating to the care and treatment of each person using the service must be kept and be fit for purpose.

This section is primarily information for the provider

Requirement notices

The service did not keep patient records, only booking forms. The booking form did not include an accurate record of all decisions taken in relation to care and treatment and make reference to discussions with people who use the service, their carers and those lawfully acting on their behalf.

The booking records were not kept securely at all times.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be

deployed in order to meet the requirements of this Part.

(2) Persons employed by the service provider in the provision of a regulated activity must--

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

There was no assurance that the provider deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they met people's care and treatment needs.

Although staff had an induction period this was informal and there were no records of competence or ongoing training other than mandatory training. There were no competency assessments for processes and practices.

There had been no appraisals completed at all.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Requirement notices

(1) Persons employed for the purposes of carrying on a regulated activity must--

(a) be of good character,

(2) Recruitment procedures must be established and operated effectively to ensure that persons

employed meet the conditions in--

(a) paragraph (1),

We were not provided with assurance that appropriate references were collected for employees.

We were not provided with DBS checks for any of the four members of staff employed by the service. Their employment started in late 2016. However, their applications were dated 2014. We were told that there was one member of staff (who was not employed yet) who had a previous conviction of drug handling but there was no risk assessment made or considered as to his appropriateness to be employed.

This section is primarily information for the provider

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 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers</p> <p>The registered manager was unable to demonstrate that they had the appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) or understood the consequences of failing to take action on set requirements.</p> <p>In response to the letter of concern the registered manager provided CQC with 3 plagiarised documents. At no point did the registered manager inform inspectors that these documents were not his own.</p> <p>A registered manager shall not manage the carrying on of a regulated activity unless they are fit to do so. A registered manager should be of good character, and have the necessary qualifications, skills and experience to manage the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>There were no policies and procedures for obtaining consent to care and treatment did not reflect current legislation and guidance. There were no policies or procedures that referred to patient consent and staff had no training in relation to consent, or the Mental Capacity Act 2005.</p>

This section is primarily information for the provider

Enforcement actions

Care and treatment of service users must only be provided with the consent of the relevant person.

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

Incidents that affected the health, safety and welfare of people using services were not thoroughly investigated and actions were not taken to prevent recurrences.

The organisation medicines policy was not fit for purpose.

There were no audits being done at all on medicines.

There was no record keeping for medicines being kept by the registered manager.

There were unsecured medications and fluids in the ambulance.

There was a lack of security around the kit bag of the registered manager, which contained medication.

Medicines and medical gases were kept in ambulances that were not temperature controlled.

No staff were competency assessed for the administration of any medicines.

Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply with this regulation include

- (a) assessing the risks to the health and safety of service users of receiving the care or treatment;
- (b) doing all that is reasonably practicable to mitigate any such risks;
- (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;

Enforcement actions

- (d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;
- (e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;
- (f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;
- (g) the proper and safe management of medicines;
- (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;
- (i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

There were no procedures or processes in place to make sure people were protected. There was no scrutiny or oversight of safeguarding.

Staff did not receive any safeguarding training.

Service users must be protected from abuse and improper treatment in accordance with this regulation. Systems and processes must be established and operated effectively to prevent abuse of service users.

Regulated activity

Regulation

This section is primarily information for the provider

Enforcement actions

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Ambulances were visibly dirty. There were no cleaning schedules or evidence that cleaning had taken place. There was a lack of personal protective equipment available on the ambulance.

Staff with responsibility for cleaning had not received appropriate training.

The registered manager could not provide service history for any of his vehicles.

There were no health and safety risk assessments completed for the use of the equipment.

All premises and equipment used by the service provider must be clean, secure, suitable for the purpose for which they are being used, properly used and properly maintained.

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

There were no systems and processes in place for the registered manager to monitor their service against The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no systems or processes in place such as regular audits of the service to assess, monitor, and improve the quality and safety of the service.

Very little feedback was received by the service.

The service had a risk register which was not fit for purpose. The registered manager could not confidently discuss the purpose of the risk register.

The service did not keep adequate patient records.

Enforcement actions

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this regulation. These processes must allow the registered manager to assess, monitor and improve the quality and safety of the services

(including the quality of the experience of service users in receiving those services).

The manager must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the service.

The manager must ensure that the service maintains 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;

The registered manager should seek and act on feedback from relevant persons and other persons on the services provided.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There was no assurance that the provider deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they met people's care and treatment needs.

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of the service. Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We were not provided with assurance that appropriate references were collected for employees.

We were not provided with DBS checks for any of the four members of staff employed by the service.

Persons employed for the purposes of carrying on a regulated activity must be of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed.