

Southern Country Ambulance Service

Quality Report

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

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Letter from the Chief Inspector of Hospitals

Southern Country Ambulance Service is operated by Mr. James Ball. The service provides a patient transport service to privately funded and NHS patients.

We inspected this service using our comprehensive inspection methodology. We gave the service 24 hours notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 25 July 2019.

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

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

The main service provided by this service was patient transport services.

We rated the service as inadequate because:

- The registered manager did not ensure staff had the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staff did not receive formal appraisals or supervision.
- Not all staff held safeguarding training on how to recognise and report abuse and had not received training specific for their role.
- The service did not manage patient safety incidents well. Staff did not recognise all incidents and near misses and therefore did not always report them.
- The service did not monitor the risk of infection to patients. There was no oversight of cleaning procedures and staff had not received infection prevention and control training.
- The service did not have a formal system or process to safely prescribe or administer medical gases.
- There were no formalised systems or processes to monitor and improve the quality and safety of the service.
- There were no systems to monitor performance or identify and plan to eliminate or reduce risks.
- Staff did not follow procedures to assess and respond to patient risk.
- The service did not collect or analyse information to contribute to the performance and sustainability of the service.
- The registered manager of the service did not demonstrate they had all the necessary skills and knowledge to effectively manage and develop a registered service with CQC.
- The service could not provide assurance that care and treatment was evidence-based. The service did not monitor the effectiveness of the service.
- The service did not ensure staff understood their roles and responsibilities under the Mental Capacity Act (2005).
- The service did not use complaints and feedback from patients to improve the service.
- There were no effective processes to engage with staff and stakeholders.
- There was no evidence of innovation or significant improvement in the service.

However, we did find the following areas of good practice:

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in their daily work. The registered manager was visible and approachable for all staff and staff could raise concerns without fear.
- The service had a vision for the care it wanted to deliver, and staff worked together to deliver it. The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff kept records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care.
- Staff knew how to make a safeguarding referral and who to inform if they had concerns.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. The service stored and recorded the use of medical gases safely. Confidential information was stored and disposed of securely.
- Staff assessed patients' food and drink requirements to meet their needs during a journey.

Following this inspection, the provider stopped providing regulated activities and cancelled their registration with the CQC. Therefore, CQC no longer has the power to tell the provider that it must take any actions to address the issues outlined in the report or to issue requirement notices which would be issued to a registered provider. The enforcement section at the conclusion of this report only refers to actions taken prior to the provider's deregistration.

Nigel Acheson

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

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Inadequate



Summary of each main service

Patient transport services were the only regulated activity provided by the service.

We have rated safe, effective and well-led as inadequate, responsive as requires improvement and caring as good.

Overall, we rated the service as inadequate because there was not effective leadership and governance of the service to ensure patients were safe from harm. There were no systems to identify and manage risks to patients or the business and no systems to monitor or improve the service. There was no assurance that staff had the relevant skills, qualifications and capabilities to deliver safe care and treatment.

Summary of findings

Contents

Summary of this inspection

Background to Southern Country Ambulance Service

Our inspection team

Page

7

7

Detailed findings from this inspection

Overview of ratings

Outstanding practice

Areas for improvement

8

27

27

Inadequate 

Southern Country Ambulance Service

Services we looked at:

Patient transport services.

Summary of this inspection

Background to Southern Country Ambulance Service

Southern Country Ambulance Service was operated by Mr. James Ball. It was a family run, independent ambulance service in Basingstoke, Hampshire. The service opened in 2003. The service primarily served communities in the South of England. The service had had a registered manager in post since 2003.

The service had three vehicles equipped to carry out outpatient transfers, hospital discharges, repatriation work, admissions and urgent transfers. At the time of our inspection, one vehicle was having repair work completed due to a road traffic incident and the service had been using a hire vehicle for the last two months.

The registered manager and provider of Southern Country Ambulance Service had previously been trained as an emergency medical technician. There were four members of staff who were self employed and contracted to work for the service. This included two full-time crew

members, one paramedic contracted on a casual basis when needed and a part-time administrator. All the staff members apart from the paramedic were family members.

We inspected this location in November 2016 and issued two requirement notices and told the provider they must take action to address concerns in five areas. On this inspection, we found that the provider had not made improvements in all the areas we highlighted in 2016.

We inspected this service using our comprehensive inspection methodology. We gave the service 24 hours' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 25 July 2019.

Following this inspection, the provider stopped providing regulated activities and cancelled their registration with the CQC. The provider is no longer registered with CQC.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, an assistant inspector, and a specialist advisor with expertise in patient transport services and quality assurance. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Inadequate	Good	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Good	Requires improvement	Inadequate	Inadequate

Patient transport services

Safe	Inadequate 
Effective	Inadequate 
Caring	Good 
Responsive	Requires improvement 
Well-led	Inadequate 

Information about the service

Southern Country Ambulance Service is an independent, family run ambulance service in Basingstoke, Hampshire.

The service provides patient transport to NHS and privately funded patients for admission or discharge to hospital, attending outpatient appointments and airport repatriations with medical escorts. Staff carry out some clinical interventions, including administration of oxygen and nitrous oxide, cardiac monitoring and suction. The service operates from 8am to 6pm, Monday to Friday.

The service did not have any contracts with the local NHS ambulance service but did carry out work under a standard operating procedure for the trust when required. Most of the work carried out by the service was delegated by the local NHS ambulance trust.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the sole registered location for the service. We spoke with the registered manager and three members of staff including patient transport drivers and an administrator. We spoke with three patients over the telephone and observed one patient transport journey. During our inspection, we reviewed 11 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in November 2016.

Activity (June 2018 to July 2019)

- There were approximately 600 patient transport journeys undertaken.

Two ambulance technicians worked at the service and the service had access to a paramedic who worked for the service when required. The registered manager also worked as an ambulance technician occasionally.

Track record on safety:

- No never events
- One clinical incident
- No serious injuries
- One complaint.

Patient transport services

Summary of findings

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

- The registered manager did not ensure staff had the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staff did not receive formal appraisals or supervision.
- Not all staff had training on how to recognise and report abuse and had not received training specific for their role.
- The service did not manage patient safety incidents well. Staff did not recognise all incidents and near misses and therefore did not always report them.
- The service did not monitor the risk of infection to patients. There was no oversight of cleaning procedures and staff had not received infection prevention and control training.
- The service did not have a formal system or process to safely prescribe or administer medical gases.
- There were no formalised systems or processes to monitor and improve the quality and safety of the service.
- There were no systems to monitor performance or identify and plan to eliminate or reduce risks.
- Staff did not follow procedures to assess and respond to patient risk.
- The service did not collect or analyse information to contribute to the performance and sustainability of the service.
- The registered manager of the service did not demonstrate they had all the necessary skills and knowledge to effectively manage and develop a registered service with the CQC.
- The service could not provide assurance that care and treatment was evidence-based. The service did not monitor the effectiveness of the service.

- The service did not ensure staff understood their roles and responsibilities under the Mental Capacity Act (2005).
- The service did not use complaints and feedback from patients to improve the service.
- There were no effective processes to engage with staff and stakeholders.
- There was no evidence of innovation or significant improvement in the service.

However, we found the following areas of good practice:

- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The registered manager was visible and approachable for all staff and staff could raise concerns without fear.
- The service had a vision for the care it wanted to deliver, and staff worked together to deliver it. The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff kept records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care.
- Staff knew how to make a safeguarding referral and who to inform if they had concerns.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. The service stored and recorded the use of medical gases safely. Confidential information was stored and disposed of securely.
- Staff assessed patients' food and drink requirements to meet their needs during a journey.

Patient transport services

Are patient transport services safe?

Inadequate 

We rated safe as inadequate

Mandatory training

The service did not make sure that staff completed mandatory training.

- The registered manager did not monitor mandatory training and did not alert staff when they needed to update their training. The service provided mandatory training through online training modules. The online training system provided by an external company outlined 13 modules which should be completed as statutory and mandatory training. These included topics such as fire safety, health and safety basic life support and safeguarding. However, the service did not have any set guidelines about what mandatory training staff were required to complete and staff could choose which modules they wanted to complete.
- Out of 13 modules identified, two members of staff had completed three modules and one member of staff had completed two modules. The service did not hold any record of mandatory training for one member of staff. This posed a risk staff may not be up to date with essential knowledge and training.
- There was a risk staff may use not use the correct moving and handling techniques and injure themselves or patients. The service offered both clinical and non-clinical manual handling training as online learning modules. At the time of our inspection, only one member of staff had completed the non-clinical moving and handling training. No members of staff had completed the clinical training.
- There was no provision of practical manual handling training or assessment. Guidance published by the Health and Safety Executive (HSE) on their website states that, 'ambulance crews sustain very high levels of reported musculoskeletal disorders, particularly from patient retrieval and moving/handling.' There was no evidence the service had assessed the moving and handling techniques of staff to ensure they were carrying out tasks safely.

- One member of staff had completed instructor training in some topics such as first aid, oxygen administration and anaphylaxis management. However, this training was no longer valid as it had been completed more than three years ago. Staff told us they would refresh training by reading through their old course materials or by watching a training DVD. However, these materials had also not been updated and therefore would not contain recent information. The registered manager and staff were unaware of this risk.
- Staff driving posed a risk to the safety of staff, patients and members of the public due to lack of up-to-date response driver training. The four clinical members of staff, including the registered manager, had completed ambulance response driver training in 2011 which was valid for two years. However, this training was not repeated and therefore no members of staff held an up-to-date emergency driving certificate. The registered manager, who was formerly a qualified driving instructor, told us he observed staff driving on a regular basis. However, there was no documented evidence this assessment process had taken place.
- Out-of-date Driving and Vehicle Licensing Agency (DVLA) checks for drivers posed a risk that the provider would not be aware if a member of staff had an endorsement on their driving licence. Staff files held copies of staff driving licences. The registered manager told us they carried out DVLA driving licence checks for all staff on a yearly basis and this was recorded on an audit spreadsheet. However, the audit spreadsheet showed the last driving licence checks were carried out in May 2017.

Safeguarding

Not all staff had training on how to recognise and report abuse and had not received training specific for their role. However, staff knew how to make a safeguarding referral and who to inform if they had concerns.

- Staff were not up to date with the latest training requirements or safeguarding information. The safeguarding policy document was not dated and there was no version control, so staff could not be sure they were referring to the latest version. It did not reference some national guidelines or specify training requirements for staff.

Patient transport services

- The service had access to the local NHS trust safeguarding procedures and would work with them if a safeguarding concern was recognised for patients funded by the NHS trust.
- Not all staff had safeguarding children training in line with guidance for to their role. At the time of our inspection, we could not be assured that any staff held up to date safeguarding children training at the required level. 'Safeguarding Children: Roles and competencies for Health Care Staff. Intercollegiate Document' (2019) outlines the following training requirements:

Level 1: All staff including non-clinical managers and staff working in healthcare services.

Level 2: Minimum level required for non-clinical and clinical staff who, within their role have some contact (however small) with children and young people, parents/carers or adults who may pose a risk to children.

Level 3: All Clinical Staff Working with children, young people and all their parents or carers or any adult who could pose a risk to children. Any member of staff who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether they have been previously identified child protection/safeguarding concerns or not).

- One member of staff held a safeguarding level 3 instructor certificate in safeguarding children, young people and vulnerable adults. However, this was completed in February 2017 with no evidence of any further refresher training. The training provider stated in the course curriculum the training was valid for three years but advised additional continuous professional development was required over that period. 'Safeguarding Children: Roles and competencies for Health Care Staff, Intercollegiate Document' (2019) outlines professionals with a level 3 qualification should undertake refresher training equivalent to a minimum of eight hours over three years. This meant we could not be assured the member of staff had up-to-date safeguarding children training.
- One member of bank staff held an up-to-date safeguarding children and vulnerable adult qualification. However, the certificate did not state what

level this was and there was no course syllabus included. This meant neither the provider, nor the CQC, were unable to determine what level of training the member of staff had received.

- The other three members of staff (registered manager, crew member and administration assistant) did not have evidence of any level of safeguarding children or vulnerable adult training. This posed a risk that not all staff would have the knowledge to recognise and act on safeguarding concerns.
- However, all staff members we spoke with knew how to report a safeguarding concern. One member of staff gave us an example of a historical safeguarding concern where they had cause for concern over the patients living conditions. The crew member told us they phoned the local NHS trust team leader to report. There had been no new safeguarding concerns reported for the service in the last year.

Cleanliness, infection control and hygiene

The service did not monitor the risk of infection to patients. Whilst the equipment, vehicles and premises were visibly clean, there was no oversight of cleaning procedures and no staff had received infection control training.

- The service provided infection prevention and control training through an online training module. However, no member of staff, including the registered manager, had completed this training.
- In addition, the service did not carry out any hand hygiene audits to ensure staff were complying with best practice. This posed a risk staff did not have essential, up-to-date knowledge and patients could be at increased risk of contracting an infection.
- There was no infection prevention and control policy or procedures, and the service could not provide assurance it was meeting any standards within the 'Health and Social Care Act 2008: Department of Health Code of Practice for health and adult social care on the prevention and control of infections' and related guidance.

Patient transport services

- The three vehicles we inspected were uncluttered and visibly clean. However, we did observe one seat was ripped. This posed an infection control risk as the seat could not be thoroughly cleaned.
- The provider and crew told us they wiped down surfaces after each patient and cleaned the vehicle at the end of each day.
- The service used household cleaning products to clean the vehicles. This meant that cleaning products may not be suitable to provide adequate decontamination of vehicles or the environment in line with the 'Health and Social Care Act 2008 Department of Health Code of Practice on the prevention and control of infections' and related guidance.
- The registered manager told us the crew carried out deep cleans every three months or earlier if required. For example, if they had transported a patient with an infectious disease. However, the deep cleans were recorded on the back on the daily log, but these were not reviewed by the registered manager and therefore no member of staff was able to tell us when the vehicles last had a deep clean. Therefore, we were not assured staff were able to monitor the frequency of deep cleans accurately.
- The vehicle cleaning audit showed each calendar month an audit was carried out by the registered manager to ensure the vehicles were clean. The last audit had been carried out in June 2019. There was no audit tool or action plans supplied by the registered manager to show the criteria audited against or any action taken. We asked the registered manager how they were assured regular deep cleans were carried out and they told us they monitored if the vehicles looked clean during the audit.
- The service used national vehicle cleaning standards which provide guidelines of what areas of the vehicle need to be cleaned and to what standard. The service had a standard form and the registered manager told us this would be used during training. However, there was no evidence staff had received this training.
- The service kept cleaning equipment at the base. This included a locked cupboard for cleaning products, a jet wash and colour-coded mops and buckets to prevent cross contamination. We saw some mop heads looked dirty and asked the registered manager if spares were available. The registered manager was not able to provide any spare mop heads. Therefore, we were not assured the equipment used to clean vehicles was replaced on a regular basis. This posed a risk that patients could be exposed to an increased risk of infection.
- The service did not hold any Control of Substances Hazardous to Health (COSHH) risk assessments or information for any cleaning products in use to comply with COSHH Regulations 2002, which meant the service had not taken steps to prevent harm to staff from the use of chemicals.
- The service did not have any clinical waste facilities available to them at their base. The registered manager told us clinical waste was disposed of at hospitals. However, there was no formal agreement with the hospital and the provider carried out private transfers which may not involve transport to hospital. Therefore, we were not assured the service could dispose of clinical waste safely in a timely manner.
- However, all the vehicles we inspected carried spillage kits and cleaning products. This meant staff were able to clean the vehicle in between patients and manage any spillages of bodily fluids or hazardous substances whilst the vehicle was on the road.
- Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection between patients and staff.
- All staff we observed wore visibly clean uniforms and were individually responsible for laundering these.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.

- The registered location was the base for all vehicles. There was enough inside space to store all the vehicles in a secure area when not in use.
- We reviewed records which showed all vehicles had valid insurance policies and MOT certificates. The service also had a recovery contract for all vehicles in the case of breakdown.

Patient transport services

- There was equipment available to secure stretchers and wheelchairs to the vehicle and to ensure patients were safely secured while they were conveyed. The service had equipment to secure small children and babies to a stretcher.
- The service held equipment on each vehicle to provide basic life-saving treatment to patients of all ages. All equipment was checked daily by the ambulance staff to ensure it was in good working order. This was recorded on the daily log sheets. We reviewed 11 daily log sheets which showed all checks had been completed.
- All equipment was serviced by an external provider. The service held an equipment register on the central computer to monitor when each piece of equipment had been serviced and was next due for service.
- Some equipment was no longer in use as the service only required one vehicle to meet the demand of work at the time of our inspection. This equipment had been placed on a shelf marked 'out of date equipment' and been labelled with a red tag. All equipment that was in use, had been placed on a shelf marked 'in use equipment' and labelled with a green tag.
- We reviewed 10 pieces of equipment stored in the equipment cupboard and all were labelled correctly and had been serviced within the last year. We found one supply of glucose testing strips which were out of date. We highlighted this to the registered manager who immediately removed them and arranged for them to be replaced. All the equipment we reviewed on the vehicles had been serviced within the last year.
- The service did not use radios but relied on staff members using their own mobile phones for communication. Mobile phone chargers were available on the vehicles. However, this posed a risk that staff may not be able to contact control if they were in an area without mobile phone signal. There was no risk assessment to demonstrate the provider had considered this risk. For NHS funded patients, the service used electronic handheld devices which allowed some communication with the trust.
- At the time of booking, staff carried out a basic assessment of the patient's needs. This included gathering essential information such as the patient's medical needs. This was documented on the daily call sheet.
- Staff told us when they conveyed patients for the local NHS ambulance trust they were required to comply with the trust standard operating procedures in the event of patient's condition deteriorating. These procedures required the crew to stop the journey and call for assistance from the emergency service. The registered manager told us they would also follow this procedure for private patients.
- All crew members held up to date basic life support training for both adults and children and would administer first aid prior to the emergency services arrival.
- Risk assessments were performed but detail of the risk assessment was not recorded or available to staff so that control measures could be shared or followed. The service had a risk assessment template; however, this had not been used. The registered manager told us staff had attended a patient's home to carry out a risk assessment as they had a non-standard wheelchair and leg brace. Whilst it was documented on the daily log sheet the risk assessment had been carried out, the risk assessment was not documented, and the form had not been completed.

Staffing

The registered manager did not ensure staff had the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

- The service had four members of staff in total, who were self-employed. As well as the provider who carried out some ambulance duties, there were two full-time clinical staff, a paramedic who worked on a casual basis and a part-time administrator.
- We reviewed the recruitment files for two crew members, a bank member of staff and the registered manager. All Disclosure and Barring Service (DBS) checks were last carried out in 2011 with no review or risk assessment to show how the service was monitoring and mitigating the risk of this. This posed a risk that a

Assessing and responding to patient risk

Staff did not follow procedures to assess and respond to patient risk.

Patient transport services

full review of staff's suitability to work with children and vulnerable adults had not been continually assessed and recorded. We highlighted this to the registered manager at the time of our inspection and they submitted applications for new DBS checks to be completed.

- At the time of our inspection, the service was only using one vehicle and providing one crew per day. If a member of staff was not able to work for any reason, either the registered manager would work clinically, or they would cancel the patient transport journeys booked. The registered manager told us this was very rare and had not happened within the last year.

Records

Staff kept records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care.

- The service used handheld electronic software to manage bookings and patient information for NHS funded patients. The information contained in the device included the patient's details, mobility needs, appointment time and any special notes. This information was transferred to the daily job sheet and taken by the crew on the patient journey. For private patients, the service documented similar information directly onto the daily job sheet. At the end of the day, the daily job sheets were taken back to base and stored in a lockable filing cabinet inside a locked room.
- We reviewed 11 daily log sheets and information held on the electronic device. All information was clearly recorded. For new members of staff, there were clear guidelines on how to complete the daily log sheet.
- We observed care for a patient with a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order and this information was included on the electronic software. The crew reviewed the DNACPR form upon arrival to ensure the correct documentation was transported with the patient.
- When the service transported patients' hospital medical records, they recorded this on a daily log sheet and who they handed them over to. This ensured patient records were always accounted for.

Medicines

The service did not have a formal system or process to safely prescribe or administer medical gases. The service did store and record the use of medical gases safely.

- The service had a 'controlled drugs, handover and handling personal belongings policy'. The policy said staff were not permitted to administer medicines except for medical gasses including oxygen and nitrous oxide. Staff could aid patients to self-administer medicines. For example, prompting them to take medicines or opening packaging. If patients required medication administration, then a medical escort would be required for the journey. All staff we spoke with were aware of this policy and followed it.
- None of the staff had evidence of up-to-date training to administer medical gasses including oxygen or nitrous oxide. One member of staff had previously held an instructor qualification in oxygen therapy, but the qualification expired in September 2018. The registered manager told us staff received training on the administration of nitrous oxide and oxygen in their emergency medical technician training. However, this training had not been completed since 2015 and staff had not completed any refresher training. In addition, there was no documented competency assessment to provide assurance staff were administering medical gases safely.
- Patients were at risk of medical gas administration errors. The records we reviewed showed staff had administered oxygen and nitrous oxide to patients in a non-emergency situation without the direct supervision of a medical professional. However, there was no protocol to support oxygen or nitrous oxide administration. Although staff told us they referred to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, this did not provide internal guidance or oversight.
- When staff administered oxygen or nitrous oxide, they documented it on the daily log sheet with the amount given. We reviewed 11 daily log sheets and found where medical gases had been administered, staff had recorded this. However, the service did not carry out any audits of the administration of medical gases.
- The oxygen and nitrous oxide cylinders we observed were stored in accordance with national guidance. They

Patient transport services

were stored in an upright position, away from direct sunlight and in a lockable storage area. All the cylinders except one were in date and was labelled with a red tag indicating it should not be used.

- The service had a formal contract with an external provider for oxygen and nitrous oxide cylinder supply and removal.

Incidents

The service did not manage patient safety incidents well. Staff did not recognise all incidents and near misses and therefore did not always report them.

- The service had a basic incident procedure for staff to follow which included basic examples of incidents such as adverse drug reactions, errors or near misses. However, this had no version control, was not dated on issue and did not have an update date. The incident procedure did not include detailed guidelines on how staff should report incidents internally. This meant it was not clear who had the responsibility to report the incident, what the process for this was and who undertook investigation of the incident.
- The service would report incidents internally if the incident occurred during transport of a private booking patient. During inspection, we were told that if this type of incident occurred then a paper-based incident form would be completed, and the incident would be investigated. If the incident occurred during transport of an NHS funded patient, we were told the service would report the incident on the paper-based incident form and then follow the commissioning ambulance services procedure for reporting incidents.
- The service had not reported any never events. A never event is a serious incident that is wholly preventable because guidance or safety recommendations providing strong systematic protective barriers are available at national level and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, have occurred in the past and are easily recognisable and clearly defined.
- The service had reported one incident in the twelve months prior to our inspection. This detailed a speeding vehicle colliding with the services' vehicle. During our

inspection we saw evidence of the service completing their own incident procedure followed by the commissioning NHS ambulance service's incident procedure.

- During our inspection, discussions with staff identified other incidents had occurred that should have been reported. For example, staff described occasions where the commissioning NHS ambulance trust had neglected to inform the service the patient they were due to pick up was infectious. This meant staff from Southern Country had to alter their arrangements to pick up subsequent patients. These occasions were not reported as incidents, and therefore we were concerned staff and the service did not recognise the importance of incident reporting.
- The service had an incident review spreadsheet to record the number of incidents that had occurred each month. The review spreadsheet included: adverse events, incidents, errors and near misses. However, as the service did not report all incidents, there was only one incident included on this spreadsheet.
- Duty of Candour requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide support to that person. The service did not have a duty of candour policy. In its place, the service had duty of candour guidelines that were copied directly from the CQC guidance. These guidelines did not have detailed information for staff and did not include timelines. This meant they were not tailored and relevant to their service.
- Staff were able to describe when duty of candour should be applied. Although staff we spoke with stated there had not been any incidents where duty of candour had been required.

Are patient transport services effective?
(for example, treatment is effective)

Inadequate 

We rated effective as inadequate.

Evidence-based care and treatment

Patient transport services

The service could not provide assurance that care and treatment was evidence-based.

- The registered manager told us that all staff had access to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines on their smart phones. Staff were responsible for maintaining their own subscription to the service.
- The service did not carry out any clinical audits to monitor adherence to JRCALC guidelines. This meant the service could not provide assurance they were compliant with the guidelines or that staff were providing evidence-based care and treatment.
- The service did not have all the policies and procedures needed to provide guidance to staff. For example, the service did not have a health and safety, infection control policy or guidelines to carry out clinical interventions. Some policies only contained basic information and referred to the local NHS ambulance trust procedures for more information. The registered manager told us that all policies were reviewed on a yearly basis and this was recorded on a central spreadsheet. We reviewed the spreadsheet and found the policies had been updated in January 2019. However, the review date was not included on the policy. This posed a risk that staff may not be aware which was the current version of the policy. Following our inspection, the provider reviewed their policies and included this information.
- There were no formal processes to monitor staff adherence to national guidelines and local policies. The registered manager told us they were assured through conversations with staff, observation of staff working practices and feedback from patients that staff were adhering to policies and guidance.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

- Each vehicle was stocked with two bottles of water and straws, so patients could be offered a drink during their journey. On days where the weather was particularly hot, the crew took additional bottled water. On the day

of our inspection, the weather was hot, and we observed the crew had stocked the vehicle with eight bottles of water. We also observed the crew offering patients water during the journey.

- The crew were considerate of patients' nutrition. Staff told us they would always check with the hospital if a packed lunch was provided for patients on long journeys or journeys over mealtimes. If meals were not provided they would make arrangements during the journey for food to be purchased.

Response times

The service did not monitor the effectiveness of the service.

- The registered manager reported all staff worked hard to ensure the patient's transport arrived on time. The crew told us they planned journeys ahead of time, reviewed traffic conditions and telephoned patients to ensure they were aware of what time the transport would arrive.
- The local NHS ambulance trust had a standard operating procedure which outlined key performance indicators regarding patient pick up times and the length of time patients spent on vehicles. The registered manager told us they believed they often did not meet the key performance indicators set by the NHS trust as the target time was not achievable due to the time work was delegated to them. Since our last inspection, the service had worked with the NHS trust and were able to record if they did not meet the target time due to being allocated the work in an unachievable time frame. The registered manager told us they did not get feedback from the trust about their compliance with the key performance indicators.
- All arrival times were documented on a daily log sheet, but these were not collated or reviewed. For example, the registered manager told us for private patients they had 100% rate of arrival on time but as they did not collate response times, there was no clear documentary evidence to show this. This meant the service could not demonstrate they were acting in a timely manner to request for services.

Patient transport services

- During our inspection we reviewed 11 patients journey records completed within the last seven months and all of these arrived on time. All the patients we spoke with told us the vehicle and crew always arrived on time.

Competent staff

The service did not make sure staff were competent for their role. There was no evidence the service appraised staff's work or provide supervision meetings for them.

- During our inspection we reviewed recruitment records for all three clinical members of staff. We found only one member of staff had a reference prior to employment and details of their employment history. There was no record of this for the other two staff. No staff members had a record of interview. The registered manager told us that two of the staff were family members and therefore they had not needed these checks. However, this meant neither the provider nor the CQC could be assured that all staff employed by the service were of good character and had the competency to carry out their role.
- The service had a comprehensive induction training list which included an overview of the service policies, a checklist of skills and competencies and a formal review of progress at set intervals. There was no record of induction training for any of the staff working for the service at the time of our inspection. The registered manager told us current staff had not completed this process, but any new staff would be required to complete it.
- The provider did not ensure staff were competent to fulfil their roles as emergency ambulance technicians. No staff held up-to-date ambulance technician qualifications. The registered manager and crew had last completed an ambulance first aid qualification in September and October 2015. The registered manager told us the training provider had not included an expiry date on the certificate, so it did not have to be updated. The training was not accredited, there was no course syllabus available and the training provider had since ceased trading. Whilst there is no guidance available stating how long ambulance technician courses are valid for, all industry accredited courses require a refresher course to be carried out within three years to ensure staff remain up to date with changes in practice. This posed a risk that staff may not have up-to-date knowledge and skills in clinical interventions.
- Patients were at risk of harm because staff did not have up-to-date training in clinical interventions. We found staff were carrying out interventions such as administering medical gasses, cardiac monitoring and suction. These clinical interventions require specific clinical training due to harm which can be caused to patients if they are not carried out in line with evidence-based practice guidelines. The registered manager told us staff would renew their knowledge by reading through their previous course handouts or by a selection of training DVDs they held. This posed a risk that the course handouts and DVDs were not up to date and therefore staff could be refreshing their learning with out of date information.
- The registered manager and all members of the crew had completed an ambulance response driver training course in 2011. However, this training expired in 2013 and had not been updated by any member of staff. The registered manager told us they occasionally provided transport for high dependency patients with a medical escort. This meant staff may be required to drive with 'blue lights' and therefore outside of normal driving legislation. Therefore, staff were required to have up-to-date driver response training. As staff members' training was out of date this could pose a risk to the health and safety of staff, patients and other road users.
- There was no documented competency assessment of staff. The registered manager told us they occasionally worked with staff and observed their practice. For example, observing their interaction with patients, driving and use of equipment. However, there was no schedule for this assessment to take place and it was not formally documented. We highlighted this to the registered manager during the inspection and they submitted a draft copy of a competency checklist which they intended to use in the future.
- There was no formal process for staff appraisal. The registered manager told us they held informal group discussions and the crew confirmed this. However, there

Patient transport services

was no documentation of these discussions, when they occurred or when they were next due to occur. Therefore, we were unable to assess the effectiveness of these discussions on staffs' professional development.

- The service checked that the paramedic they employed on a casual basis was registered with the Health and Care Professions Council (HCPC).

Multidisciplinary working

Staff supported each other to provide good care and communicated effectively with other agencies.

- The registered manager and staff told us they worked well with other professionals and providers. Staff gave an example where staff at a hospice were unsure about a patient's care plan. Staff told us they waited for the hospice to contact medical professionals and ensure they felt it was safe for the patient to remain at the hospice.
- The service received most bookings through the local NHS trust. The registered manager told us they had a good relationship with staff in the control room at the trust and liaised with them about individual patient requests.
- There was a good working relationship between the ambulance staff, which included the registered manager and administrator.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not ensure staff understood their roles and responsibilities under the Mental Capacity Act (2005).

The service did not have a policy for staff to follow the Mental Capacity Act (2005). The safeguarding policy and induction procedure made some limited references to capacity. For example, in the safeguarding policy, reference was made to the patient's capacity to consent to a referral being made. Guidance documents such as the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards (DoLS) guidance were submitted by the provider in our pre-inspection information request but there was no information on how these would be used by staff. This posed a risk that staff did not have a clear instruction how to deal with concerns about a patient's capacity to make decisions.

- Staff had not completed training in the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards (DoLS). This training was included as part of the providers online training for safeguarding adults, but staff had not completed this.
- We observed the crew explaining all processes to the patient and seeking verbal consent. For example, crew members checked if the patient was comfortable and happy to start the journey. The registered manager and crew told us they would not transport a patient who did not consent to the journey.

The registered manager told us the service did not transport patients detained under the Mental Health Act (1983).

Are patient transport services caring?

Good 

We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

- Throughout our inspection, we saw the service placed a high emphasis on providing compassionate care to patients. All staff told us it was important to them to be able to treat patients as individuals.
- We spoke with three patients and the feedback we received was overwhelmingly positive. Patients told us the crew took time to interact with them and made comments such as, "they are wonderful and can't do enough for you" and "we had a common interest in water sports so had a good conversation during the journey".
- We reviewed letters and emails that had been sent to the service from patients. Patients made comments such as, 'I would like to thank you, recommend highly', 'many thanks for your wonderful service' and 'you have made such a difference to our lives in the past month'.
- Patients also told us staff took account of their individual needs. For example, one patient had a non-standard wheelchair and leg immobiliser. The

Patient transport services

patient expressed to staff they were concerned how they would travel in the vehicle, so staff attended the patient's home prior to the journey to carry out a risk assessment. The patient told us this was very helpful for them.

- The service provided privacy and dignity training through online training and three out of four clinical staff had completed this. There was respecting dignity and privacy guidelines for staff to follow included in the induction booklet. This outlined the principles of confidentiality and gaining the cooperation of patients.
- All members of staff had their first name on their uniform so patients and staff in other settings were able to identify them. We witnessed the crew using the patients' names at all stages of interaction.

Emotional support

Staff provided support to patients to minimise their distress.

- Staff were able to give examples of situations where they helped to support a patient in times of distress. For example, staff told us about a patient who could become distressed and aggressive. Staff worked with other professionals and used their interpersonal skills to help de-escalate the situation and keep the patient calm.
- Staff took account of patients' pain during the journey. Staff told us about a patient who found the journey to hospital very painful due to their medical condition. For this patient the staff administered nitrous oxide to reduce the patient's pain level. We also spoke to the patient who confirmed this and felt the crew did everything they could to ensure the journey was comfortable.

Understanding and involvement of patients and those close to them

Staff supported patients and their relatives to be involved in their care.

- The service always allowed patients to be accompanied by a friend or relative. This helped reassure and calm patients if they were anxious.
- Staff kept in regular contact with patients' relatives during the journey if requested. Staff told us about one

occasion where a patient's daughter was meeting them at the hospital. The staff found when they arrived the location of the building had changed slightly and was difficult to find. They telephoned the patient's daughter to ensure she was aware of how to find the building.

- We observed staff explaining to patients what would happen on the journey and answering any questions they had.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Requires improvement 

We rated responsive as requires improvement.

Service delivery to meet the needs of local people

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

- The service provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. The local clinical commissioning groups (CCGs) had awarded the provision of patient transport services to the local NHS ambulance trust. The NHS trust used independent providers, including Southern Country Ambulance Service, to provide this service.
- The service did not have a contract with the local NHS ambulance trust. There was an agreement for the service to carry out work, when required, according to the trust's standard operating procedures. This meant there was no guarantee work would be allocated to the service.
- The service also took direct bookings from self-funded patients and occasionally other health and social care providers. Staff worked flexibility to meet the requirements of all these parties. However, as the service only had one crew, they would sometimes have to refuse NHS work as private patients had already booked transport.

Patient transport services

- Staff worked flexibly to meet the challenges posed by the variability of work allocated to them by the NHS ambulance trust. The registered manager told us there were occasions where they had to decline work from the NHS ambulance trust as they already had private patient transport journeys booked.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

- The service had an equality and diversity policy. This outlined each patient should be provided with an equal service with consideration for the individual needs of each patient.
- Staff were aware that some patients would not use English as their first language. All staff had access to a translation electronic application (app) on their smart phones. Staff told us an example where they had used this application to effectively communicate with the patient. For NHS funded patients, staff told us they would refer to the commissioning ambulance service and a translator was often available if required.
- The registered manager told us if a patient had a known disability or additional need they would add this to their notes to ensure staff were aware. For NHS funded patients, any known disabilities were logged on the handheld electronic software and would be available to all staff. Staff told us if they became aware a patient had a disability or additional need they would inform the NHS trust of this, so it could be added to the patient's notes.
- The service provided mental health awareness training as part of online training available to staff and two out of the four clinical staff members had completed this training.
- In our last inspection report, we highlighted staff did not have training about supporting people who were living with dementia or a learning disability and we advised the service they should review this. At this inspection,

we found dementia awareness training was available through online learning but only the registered manager had completed it. Staff had not completed training to support patients living with a learning disability.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

- The service received most of their work from the local NHS ambulance service. The NHS trust took the bookings and then allocated them to the service. Work was allocated from the NHS trust on the day it was required but occasionally the service received notice of work one day in advance.
- At the time of our inspection, the service only had one double crew available. If a staff member was not able to work for any reason and no cover was available, then patient journeys would be cancelled. The registered manager told us this only happened on rare occasions and had not occurred within the last year.
- When completing work for the local NHS trust, the service was measured on the trust's key performance indicators. The key performance indicators for the trust were:
 - 80% of non-renal patients inbound journeys must arrive within 75 minutes and zero minutes before scheduled appointment.
 - 90% of renal patients inbound journeys must arrive between 45 minutes and zero minutes before scheduled appointment.
 - 85% of renal patients must be collected no more than 30 minutes after their scheduled collection time.
 - 80% of non-renal patients (excluding discharges) must be collected within 60 minutes of their collection time.
- The registered manager told us some NHS patient journeys were not allocated in time to meet the key performance indicators. Since our last inspection, the service had worked with the NHS trust and staff could record the reason why they had not met the key performance indicator.
- Although staff recorded the times they arrived and left locations and the patient's appointment time, they did

Patient transport services

not use this information to measure their own performance for either NHS or private patients. The registered manager told us they did not get any feedback from the NHS trust about the service's compliance with the key performance indicators.

- The service did not have any key performance indicators for non-NHS patients.
- The registered manager told us staff arrived early for 100% of their private patients as these were booked in advance. However, as the data the staff recorded was not collated or monitored, they could not provide any documentary evidence to support this.

Learning from complaints and concerns

The service did not use complaints and feedback from patients to improve the service.

- The service had a 'complaints, concerns, comments and compliments' policy which outlined all complaints, concerns and negative feedback would be resolved if possible within 28 days. All complaints from NHS patients would be directed to the NHS trust or the patient advice and liaison service (PALS) and complaints from private patients would be dealt with directly by the service.
- The policy also stated a customer feedback form would be made available to every patient or carer to enable this service to make improvements. The registered manager showed us a template of a patient feedback form. This included questions such as, cleanliness of vehicle, is the vehicle well driven, staff capability, presentation of staff and did our staff treat you with respect. However, the service told us they did not use these forms or give any type of feedback forms to patients.
- On our last inspection, staff told us that NHS patients complained to them about delayed transport which related to the planning and delegation of work from the NHS trust. Although the service apologised and explained the work had only just been allocated to the service, they did not record the complaints, or the action taken. Following our last inspection, we issued a requirement notice to the provider which required them

to submit an action plan outlining how they planned to address the concern. The service submitted an action plan stating they would display a new poster giving patients information on the complaint process.

- We observed the service had since produced a poster with information for patients on how to make a complaint. However, we noted this poster was printed on an A4 piece of paper and was small in comparison to the inside of the ambulance. Therefore, not all patients would be able to easily view the information. We also found the vehicle being used on the day of our inspection was a hire vehicle and the poster had not been displayed, despite the service using the vehicle for two months. The two other vehicles we inspected, did display the poster.
- At this inspection staff told us they still had to apologise to NHS funded patients for delays in transport due to being allocated the journey from the NHS trust late and therefore not being able to meet the target time. Since our last inspection, staff told us they had started recording informal, verbal complaints on the back of the daily log sheet. However, these verbal complaints were not collated or monitored for themes or trends to feedback to the NHS trust. This meant the service did not use this information to improve the quality of the service for patients.
- The service had received one complaint from the NHS trust. We reviewed the records for this complaint and saw that witness statements had been taken from each member of staff and a response had been sent to the NHS trust. Although staff told us they had discussed the complaint, there was no documentation of discussions or evidence the service had considered any learning from the event.

Are patient transport services well-led?

Inadequate 

We rated well-led as inadequate.

Leadership of service

The registered manager of the service did not demonstrate they had all the necessary skills and

Patient transport services

knowledge to effectively manage and develop a registered service with the CQC. However, the registered manager was visible and approachable to staff.

- Southern Country Ambulance Service was a family run business. The registered manager was also the owner of the business and all except one staff member was family.
- The registered manager had several years of experience and was able to talk knowledgeably about some practical aspects of the service. It was clear the registered manager had a desire to provide a high-quality service for patients which met their individual needs. However, the registered manager did not have up-to-date qualifications to take a clinical role or assess the competency of staff.
- The registered manager did not always reflect awareness of the importance or need for formalised processes. We found several significant concerns during the inspection such as lack of training, incident reporting, recruitment checks and monitoring of the quality and performance of the service. These concerns placed patient safety at risk and although the registered manager agreed to make improvements, they did not always understand why this was needed.
- Staff told us they felt included in leadership decisions and these were always discussed openly. The registered manager told us although they were responsible for the oversight of the service, they viewed the staff as partners in the business.

Vision and strategy for this service

The service had a vision for the care it wanted to deliver and all staff knew about this.

- The registered manager told us they had started the service several years ago as a family member had become unwell and sadly passed away. To give a service back to those who needed it, the registered manager wanted to provide a service of excellence, where patients were treated with the ultimate care and staff always went above and beyond.

- The providers motto was, 'who cares, we care' and this was displayed on all vehicles. It was clear from observations, discussions and feedback from patients that all staff knew about the motto and vision for the service and worked towards it.
- At the time of our inspection, the service was facing some instability due to changes in the way NHS work was allocated. The registered manager told us if the service stabilised they would like to recruit additional staff and provide more specialist services, such as transfers for patients with mental health needs.

Culture within the service

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where staff could raise concerns without fear.

- Staff we spoke with during our inspection were proud to work for the service and were committed to providing patient centred care.
- Staff we spoke with were aware of the challenges facing the service and told us they felt able to raise concerns or suggestions openly with the registered manager. Staff told us they felt the registered manager listened to them and took their ideas and suggestions into account.
- The induction booklet given to all new staff contained information on how staff should treat each other and be aware of the need for equality and diversity. The booklet also included information and guidance about how all patients should be treated equally taking any individual needs or diversity into consideration. The current staff members had not received the induction booklet, but it was available for them to view at the base office.
- The registered manager knew about the duty of candour legislation and staff told us they all took this very seriously as a service. During our inspection, the registered manager and staff we spoke with were keen to be open and honest about all aspects of the service.

Governance

There were no systems or processes to monitor or improve the safety and quality of the service.

Patient transport services

- The registered manager was responsible for the governance arrangements with support from the administrator and two full time crew members.
 - At our last inspection, we found governance arrangements were informal and did not promote effective management of the service. As a result of our findings, we issued a requirement notice to the provider and requested they submit an action plan detailing how they planned to address the concerns. The provider submitted an action plan stating they had introduced a new audit process, were reviewing company policy, had improved incident reporting procedures and documentation of staff supervision and appraisal.
 - At this inspection, we found significant concerns relating to the governance of the service. There were no systems or processes to monitor the quality or safety of the service. For example, there were no systems for the training, supervision and appraisal of staff. This had led to all staff being non-compliance with mandatory and clinical training.
 - There were no meetings to discuss the quality, safety and development of the service. The registered manager told us as it was a small family business, these conversations were held informally during the working day or at family gatherings. However, there was no documentation of these meetings to evidence they were taking place or the quality of the conversations. This had been identified as a concern in our last inspection and had not been addressed.
 - Policies and procedures did not contain the date they were issued or reviewed and did not have version control. This meant it was not always clear if the policy was the most up-to-date version and could cause confusion for staff. The service had limited policies and were heavily reliant on the NHS trust policies and national guidance documents. This meant information contained in some policies was not relevant or specific to the service.
- and auditing meant that the registered manager could not know whether incidents, concerns or other risks were being identified and could not review them or use them to inform learning.
- At our last inspection, we found there was no process for identifying, assessing and managing the risks of the service. At this inspection, we found that although the service had implemented a spreadsheet for recording information such as incidents and complaints, these were not being reported so did not reflect the information accurately. For example, the service had a spreadsheet where the number of incidents were recorded monthly. In the last year, only one incident had been reported. During our inspection, we became aware of other low-level incidents which had not been reported. This meant that the spreadsheet was not an accurate reflection of the risk in the service.
 - Similarly, with complaints, the service recorded all verbal complaints made to staff on the back of the daily log sheet. However, these were not collated or monitored so the complaints spreadsheet only reflected one complaint from the NHS trust.
 - The registered manager and staff had a limited knowledge in the recognition and management of clinical risks. Although the service had a risk assessment template, no risk assessments had been carried out and the service did not keep a risk register. This meant there was no documentation or assurance that risks were being identified and acted upon.
 - During our inspection, the registered manager identified some areas of risk to the business, for example the uncertainty of work allocated by the NHS trust. However, these were also not recorded or documented.
 - The service had a lone worker policy which provided guidance and safeguards for staff who were working alone. The service had set up control measures such as regular contact with control and GPS tracking on mobiles phones. If the transport was for NHS funded patient, the local trust had a lone working system the staff could access on their portable device.
 - The service did have a business continuity plan which provided guidance for staff on what action to take if an

Management of risk, issues and performance

There were no systems to monitor performance or identify and plan to eliminate or reduce risks.

- The provider did not have assurance that risks would be escalated and managed. The lack of incident reporting

Patient transport services

unexpected event such as adverse weather, fire or an epidemic occurred. The procedure listed the responsibilities of the staff member and the support that would be given by the organisation.

- The service did not take part in major incident plans for the local NHS trust but told us if they were requested to assist the trust due to high demand, they would comply if available.

Information Management

The service did not collect or analyse information to contribute to the performance and sustainability of the service. Confidential information was stored and disposed of securely by the service.

- At our last inspection, we found the service did not monitor response times for patient transport services and their compliance with meeting key performance indicators for the local NHS ambulance trust.
- The local NHS ambulance trust had a standard operating policy that Southern Country Ambulance Service was required to comply with. This included key performance indicators around collection of patients going to and coming from appointments which the service was required to meet. Since our last inspection the service had started to record the reason why they did not meet the NHS trusts key performance indicators on some journeys using the handheld electronic software provided by the trust. However, this information was only monitored by the NHS trust and the service did not use this data to review their own performance. The service also did not seek or receive any feedback on this information so were not able to evidence if they met the key performance indicators. The service did not monitor any performance indicators for private patients.
- The service held some recruitment records for staff, but these were incomplete and lacked assurance such as employment history, references and training certificates.
- The service received emailed safety notifications from manufacturers. The registered manager told us these were reviewed and acted upon if they related to any equipment held by the service. However, there was no record of what safety notifications had been received and how these had been actioned or investigated.

- The service had included detailed guidelines for staff on how to handle confidential information in the induction booklet. This included paper and electronic information. All the records we reviewed were held securely in locked filing cabinets or password protected electronic devices.

Public and staff engagement

There were no effective processes to engage with staff and stakeholders.

- During our inspection we found NHS funded patients occasionally made verbal complaints to staff members about delays in transport which were outside of the service's control. The service recorded these but did not monitor these or report them back to the NHS trust.
- The service displayed a poster informing patients how to contact the service to give feedback. We saw some patients had given positive feedback about the service via emails and social media. However, the service did not actively seek feedback from patients via use of a survey or feedback form.
- The service did not have any formal processes to engage with staff who worked in the service. The registered manager told us as it was a family business, discussions were held informally throughout the day or at family gatherings.
- Staff told us they felt they were always consulted about decisions within the service and this was evident throughout our inspection.

Innovation, improvement and sustainability

There was no evidence of innovation or significant improvement in the service.

- In our last inspection report, we issued two requirement notices and told the service they must take action to improve five key areas. We also told the provider they should take action in three areas. Whilst the service had made some improvements since our last inspection, they had not made significant improvements in the areas we highlighted. For example, formalised processes for measuring quality and identifying risk had not been implemented, not all incidents were reported, informal complaints were not recorded, and records had not been kept on all aspects of the service.

Patient transport services

- The service did not have any type of action plan to identify any innovation or improvement in the service.
- At the time of our inspection, the NHS trust were changing the way they allocated work and the registered manager felt this could impact the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Actions the provider would need to take to meet the regulations:

- The provider would need to ensure all incidents reported, investigated and where necessary learning is shared with all staff.
- The provider would need to ensure all staff complete mandatory training appropriate to their role, including practical training where required.
- The provider would need to ensure all staff complete safeguarding children and vulnerable adults training appropriate to their role.
- The provider would need to ensure staff carrying out clinical interventions have up to date qualifications and training to do so.
- The provider would need to ensure patients are protected from the risk of cross infection and the service meets the Health and Social Care Act 2008: Department of Health Code of Practice for health and adult social care on the prevention and control of infections.
- The provider would need to ensure staff have access to clinical waste facilities at the ambulance base.
- The provider would need to ensure all staff working for the service are of good character and have the qualifications, skills and knowledge to carry out the role.
- The provider would need to ensure all patient risk assessments are documented and available to staff caring for the patient.
- The provider would need to have and follow a process to supervise staff, so the service is assured about the quality of care staff deliver to patients.
- The service would need to ensure there are written procedures and guidelines for administering medical gases and these are followed by staff.
- The service would need to ensure they comply with Control of Substances Hazardous to Health (COSHH) regulations (2002).
- The provider would need to ensure staff have knowledge of their responsibilities under the Mental Capacity Act (2005).
- The provider would need to ensure all complaints, including informal complaints, are recorded, monitored and used to improve the quality of the service.
- The provider would need to ensure information about how to make a complaint is easily visible for all patients.
- The provider would need to ensure there is a formal process the identification and management of risk the service.
- The provider would need to ensure all policies contain an issue date, review date and have version control.
- The provider would need to ensure the quality of the service is regularly audited and improvements to the service are made where needed.

Action the provider **SHOULD** take to improve

Action the provider should have taken to improve if they had remained registered with CQC:

- The provider should have assessed the risk of staff using their own mobile phones is the sole communication method of when transporting private patients.
- The provider should have monitored response times to requests for patient transport services and their compliance with meeting the KPIs the local NHS ambulance trust that delegate work to them.
- The provider should have ensure staff complete training about supporting patients living with a learning disability or dementia.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>S31 Urgent suspension of a regulated activity</p> <p>The reasons for urgent suspension:</p> <p>We believed that a person will or may be exposed to the risk of harm if we did not impose an urgent suspension on the service.</p> <p>Staff caring clinically for patients had not completed mandatory training in essential topics such as manual handling and infection prevention and control.</p> <p>Staff did not have up to date training to carry out clinical interventions such as administering medical gases, suction and cardiac monitoring.</p> <p>There was no provision of competency assessment or supervision of staff to ensure they were delivering care in line with company protocols and national guidelines.</p> <p>The provider could not produce evidence to show they had completed recruitment checks to assess staffs' good character, skills and knowledge for the role.</p> <p>Policies and procedures did not contain the date they were issued or reviewed and did not have version control.</p>