Oak Tree Reliance Ltd

Oak Tree Reliance Head Office

Inspection report

Beldham House, Parr Road
Stanmore
HA7 1NP
Tel:

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

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

We carried out an unannounced focused follow up inspection of this service. As we did not look at all key questions, we did not rate the service at this inspection. We found the service had made improvements and identified the following good practice:

- Staff now assessed risks to patients, acted on them and kept care records. The service managed safety incidents and learnt lessons from them.
- Staff provided care based on national guidance and managers made sure staff were competent for the role they were employed to undertake.
- Leaders ran services using reliable information systems and processes to improve the quality and safety of the service. Leaders used tools to monitor risks and take action to mitigate risks identified.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inspected but not rated	Oak Tree Reliance is a patient transport service, which included the transfer of patients between health care providers for patients who were unable to use public or other transport due to their medical condition. The provider was sub-contracted by another private ambulance provider to provide a service for NHS patients. As this was a focused inspection, we did not rate the service.

Summary of findings

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Summary of this inspection

Background to Oak Tree Reliance Head Office

Oak Tree Reliance Head Office is operated by Oak Tree Reliance Ltd. The provider was registered in 2018. It is an independent ambulance service based in Stanmore, North West London. The service primarily serves the communities of North London. The provider is sub-contracted by another private ambulance provider to provide services to the NHS primarily for outpatient appointments for adults. The service does not transport patients under the age of 18 or those detained under the Mental Health Act 1983.

The location has had a registered manager in post since 19 February 2020 and is registered to provide the regulated activity, Transport Service, triage and medical advice provided remotely.

The service has been inspected twice before, in March 2020 and September 2020. Following the inspection in March 2020, the provider was rated inadequate and four warning notices were served. We inspected the service in September 2020 to review whether the provider was compliant with the warning notices. We found that the provider was compliant with one of the four warning notices. There were still areas of concern identified and the provider was not compliant with three warning notices.

This was the third inspection of the service. We found that improvements had been made and the provider was now compliant with all warning notices served following the first inspection.

How we carried out this inspection

The team that inspected the service comprised of two CQC inspectors. The team was overseen by Nicola Wise, Head of Hospital Inspection.

The team visited the registered location and was onsite for half a day and carried out a desk top review of data the provider sent following the onsite inspection. During the inspection we talked with two members of staff, the registered manager and governance consultant, reviewed 10 staff files and 20 patient records.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

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

Inspected but not rated

Patient transport services

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

Are Patient transport services safe?

Inspected but not rated

Safe was not rated as we did not inspect all key lines of enquiry.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

The provider now carried out risk assessments relating to the health, safety and welfare of the people using the service. The information from the commissioner was uploaded onto the provider's database to process the booking. Bookings were split in to two categories, patients for ad hoc outpatient appointments and patients who had regular weekly bookings and were known to the service. Staff reviewed the information and contacted all patients for outpatient appointments to confirm information provided was correct and up to date. Staff reviewed information for regular patients known to the service and contacted the patient where information was different from that held on file. This meant the provider had the most up to date requirements for the patient and their needs could be met.

We reviewed 20 bookings from the day before the inspection and found that all 20 patients had a COVID-19 screening assessment and a dynamic risk assessment in place including; mobility status and infection status. There was a free text box to include additional information for the safe transfer of the patient. We saw examples of where this was used to include additional details such as, mental health concerns and a patient who was partial sighted. This had improved since our last inspection when we were not assured risk assessments were completed to minimise risks.

The provider now used an eligibility criteria for which patients they would accept into the service. This was shared with commissioners and used as part of the booking process. This meant commissioners were clear which patients the service could transport safely and the provider had a framework to assess a patient's suitability against.

The patient transport policy clearly outlined a procedure for ad hoc bookings. The policy states the controller would complete the booking criteria form before accepting a patient into the service. This meant each patient was now assessed to see if they were suitable for the service and minimised risk for patients.

Records

Staff kept records of patients' care and treatment. Records were clear, up-to-date and stored securely

Inspected but not rated

Patient transport services

The new electronic system for recording and storing records of patient care was now fully embedded and used across the service. Drivers recorded care on their personal digital assistant (PDA) at the end of each journey and could not access the next booking until care had been recorded. We reviewed 20 patient care records of bookings from the day before the inspection and found all 20 bookings had a recorded outcome of care provided.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

The service had updated their accident and incident reporting policy since our last inspection which now included a risk matrix, incident grading and referred to legislation and national guidance. There was a clear procedure for staff to follow which had improved since our last inspection.

The provider had an embedded process to share learning form incidents with staff. The accident and incident reporting policy identified those responsible for sharing lessons learnt with staff. The registered manager told us information was shared in various ways; at one-to-one meetings, via a mobile telephone application and via the staff newsletter which was circulated to staff monthly. We reviewed the last three newsletters and found they all included incidents and encouraged staff to report incidents and shared learning. The newsletter from March 2021 included information on what an incident is, what a near miss is and what happens when an incident is reported. The registered manager told us they had introduced a staff test following training which included questions around safeguarding incidents, incident reporting and Duty of Candour. This meant the provider had oversight of staff understanding around incidents. Due to COVID-19 and social distancing requirements, team meetings had been suspended and individual one-to-ones introduced to ensure staff had read and understood learning shared, staff compliance of actions from learning could be monitored and provide feedback to staff on the results of their test.

The provider now had two members of staff trained to carry out root cause analysis (RCA) investigations. The registered manager was booked to attend additional ambulance specific RCA training in July 2021. The Accident and incident policy identified the roles responsible for carrying out an RCA investigation. The nominated individual was responsible for reviewing the investigations to ensure it was thoroughly investigated. We reviewed the last two RCA investigations and found the provider used a tool to define the incident, analyse causes and identify areas for improvement. This was an improvement from our last inspection when we found that incidents were not investigated thoroughly.

Incidents were reviewed and discussed at the monthly management meeting. We reviewed the minutes for the last three meetings and found that incidents had been discussed at each meeting. The meeting minutes for April 2021 detailed a near miss incident that led to shared learning, a change in practice and improved safety across the fleet. This had improved since our last inspection when we were not assured risk assessments were completed to minimise risks.

Are Patient transport services effective?

Inspected but not rated

Effective was not rated as we did not inspect all key lines of enquiry.

Evidence-based care and treatment

Inspected but not rated

Patient transport services

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

The service delivered care in line with legislation and national guidance. We reviewed the policy register and found all policies and standard operating procedures (SOP) had been updated since our last inspection. The register included a date for review and version control, and a review of policies was a standing item on the management meeting agenda. The eight polices we reviewed all referred to legislation and national guidance where relevant.

Staff had access to all policies and managers monitored whether staff had read polices and updates. Staff could access policies electronically on their PDAs, via the employee portal and paper copies at head office. The registered manager told us staff were sent a message, via a mobile telephone application, when a policy or procedure had been updated. When staff accessed these electronically, a read receipt was produced which meant managers were able to audit and monitor staff compliance. Paper copies were removed and shredded when policies were updated to ensure staff could access the most up to date version.

Competent staff

The service made sure staff were competent for their roles and obtained information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had effective recruitment procedures in place to ensure staff employed were suitable for the role for which they were employed. We reviewed the updated recruitment policy, which had been updated since our last inspection. It included details of references required, over what time frame and who can provide them. This had improved since our last inspection when this was not clear in the policy.

The provider had obtained written references for all members of staff, including those employed before the time of our first inspection. We reviewed ten of the 37 staff files and found that they all included references from previous employers and or a personal reference where a previous employment reference was not applicable. This had improved since our last inspection when references had not been obtained for all staff.

The provider staff files were compliant with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed 10 staff files and found that all ten were compliant. Each file included an employment history, explanation for gaps in employment, health questionnaires and a copy photographic identification, such as a passport. We reviewed a matrix which recorded disclosure baring service (DBS) checks for each member of staff, the level of disclosure and when it expired. The disclosure baring service policy we reviewed stated all employees were required to undertake a DBS check every three years. This had improved since our last inspection when we were not assured only suitable staff were employed by the service.

Are Patient transport services well-led?

Inspected but not rated

Well-led was not rated as we did not inspect all key lines of enquiry.

Governance

Inspected but not rated

Patient transport services

Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider had effective governance structures, processes and systems in place. An organisational structure with clear reporting lines and a monthly management meeting had been introduced since our last inspection. The leadership team comprised of the Care Quality Commission (CQC) Registered Manager, CQC Nominated Individual, Operations Manager and Clinical Services Manager. The nominated individual told us the agenda for the monthly management meeting had been revised to be more inclusive and to provide oversight of key topics. The monthly management meeting now had a standing agenda including; performance, infection prevention and control audits, incident reporting and risk register review. We reviewed management meeting minutes for the previous three months and found they were covered a range of topics aimed at improving the service. The registered manager held a monthly meeting with the operations support manager to discuss operational issues such as; fleet management, incidents, action plans and staff appraisals. We reviewed the minutes of the operational meeting and found there was a standing agenda with updates of actions identified at previous meetings and actions to take forward. Each action was assigned an action owner giving clear responsibility to a named staff member. Information from this meeting fed into the management meeting giving leaders oversight of operational issues. This had improved since our last inspection when the provider did not have a clear governance process in place.

The provider now had a governance policy and procedures in place which had been introduced since our previous inspection. The policy set out the governance process which included four areas for external review by the nominated individual each month and key areas to be discussed at the monthly management meetings. This had improved since our last inspection when the provider did not have a governance policy.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service now had a systematic programme of audits to monitor quality and systems to identify where action should be taken. The provider had introduced and an audit schedule since our last inspection which ran alongside monthly audits aligned to the management meeting agenda. We reviewed this and found the purpose of the audit schedule was to audit and provide oversight of subjects not covered in the monthly audit programme such as; the safeguarding audit which reviewed policies and guidance and reported on staff knowledge to the management team. The audit schedule outlined areas for review by the external governance consultant over a nine-month period, from September 2020 and July 2021. This had improved since our last inspection when the audit schedule had recently been developed but was not an embedded process.

The provider had a quality and assurance policy which had been introduced since our last inspection. The policy described how audits were used to support continuous improvement. The provider carried out monthly audits which included; daily vehicle checklist, infection control and booking criteria audits. The registered manager told us they had increased the number of people available to carry out spot checks to help identify areas for improvement.

The service now had a process to identify, record and manage risks and mitigating actions. The provider had developed and implemented a risk register which was reviewed at the monthly management meeting. We reviewed the risk register for the last three months and found that risks identified were given a rag rating, a date for review, an owner of the risk and actions taken to mitigate the risk. We could see the action that had been taken to reduce risk or close the risk on the

register. We found risks identified were relevant to the service. For example, lack of oversight and governance of the business was identified as a risk and placed on the risk register on 30 August 2020 and we identified as a concern at our previous inspection. The provider introduced a new monthly management meeting to provide oversight. The risk register for February 2021 showed mitigation in place had reduced the risk and was closed on the risk register by April 2021 when the monthly management meeting had been embedded for six months. The registered manager told us that new risks identified were discussed at the management meeting and added to the risk register where necessary and urgent risks identified were discussed by the registered manager and nominated individual ad hoc as required. This had improved since our last inspection when the risk register was in development.

Managing information

The service collected reliable data and analysed it to understand performance, make decisions and improvements.

The service had effective arrangements to ensure information was used to monitor and manage performance and quality. Data was used to analyse performance, and this was discussed at the monthly management meeting. We reviewed the minutes from the last three months meetings and found that the provider had consistently met their key performance indicators (KPIs). They used the data to indicate areas for improvement and carried out further analysis where a KPI was not met to and understand what went wrong and share learning. This had improved since our last inspection when data was not consistently used to improve the service.

The provider now had a mobile telephone and PDA policy in place. We reviewed this and found it included clear procedures for staff to follow and provided an assured system to meet the confidentiality of people using the service. This had improved since our last inspection when there was no policy or risk assessment in place.