Collingwood Services Ltd

Collingwood Services Ltd

Inspection report

Suite 10, Minton House, Amesbury Distribution Park
London Road, Amesbury
Salisbury
SP4 7RT
Tel: 01980623820
www.collingwoodservices.co.uk

Date of inspection visit: 18 May 2023, 7 and 9 June 2023
Date of publication: 31/07/2023

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	Requires Improvement
Are services safe?	Good
Are services effective?	Requires Improvement
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our overall rating for this location stayed the same following our previous inspection in October 2021, however we improved the rating of the safe key line of enquiry to good as a result of this inspection. Our rating for well-led has stayed the same.

We could not rate the other key lines of enquiry because the service had not completed any regulated activity in over 12 months before our inspection.

We found the following:

- The service controlled infection risks well, they had enough staff to care for patients and keep them safe. The equipment and vehicles were visibly clean and staff recognised incidents and near misses. Medicines were safely recorded and stored.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff had the knowledge to provide patients with practical support and advice to lead healthier lives. Managers monitored the effectiveness of the service.
- The service planned and provided care in a way that met the needs of local people and the communities it served. People could access the service when they needed it and would have received care in a timely way if this was needed.
- Leaders in the service were visible to patients and staff. Staff felt respected, supported and valued.

However:

- Not all staff were compliant with mandatory training.
- The service did not take account of patients' individual needs. Staff were not aware of the policy regarding use of translators for patients who did not speak English.

Managers did not effectively manage risks to the service. The service did not always follow their own recruitment policy when employing new staff. Staff did not meet regularly to build relationships and discuss performance. The service did not seek views of staff to improve service for patients. Staff did not receive yearly appraisals and career development discussions.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Collingwood Services Ltd

Collingwood Services Limited is an independent ambulance service based in Amesbury, Wiltshire.

It provides medical cover for events nationally and has a training academy. The Care Quality Commission does not regulate activities at an event. We inspected the transport of patients that required hospital treatment. At the time of our inspection, the registered manager confirmed that the service had not undertaken any regulated activity since 26 November 2021.

Since our inspection, the service have provided evidence that they transported a patient to a local hospital on 11 June 2023.

The service has had a registered manager in post since January 2022. A registered manager is a person who has registered with CQC to manage a service.

The service is registered to provide the following regulated activities:

- Transport Services, triage and medical advice provided remotely.

Treatment of diseases, disorder or injury.

How we carried out this inspection

On 18 May 2023 we completed a comprehensive inspection of this service. The inspection team comprised of a CQC operations manager, a CQC inspector and a specialist advisor. During the inspection we spoke with 3 members of the management team. We reviewed 5 personnel files, inspected 2 ambulance vehicles, equipment and other records kept by the service. The inspection team was overseen by Catherine Campbell, Deputy Director.

We were not able to speak with staff on the day of the inspection but spoke to 5 employees during phone calls after our inspection.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that new staff are recruited in line with their policy (Regulations 17(1)(2)(a)).

Summary of this inspection

- The service must ensure that all staff are compliant with mandatory training (Regulations 17(1)(2)(a)).
- The service must ensure that the risk register includes accountability and review process (Regulations 17 (1)(2)(b)).

Action the service SHOULD take to improve:

- The service should ensure that they have processes in place to check staff (who work for a primary employer for example, the NHS) can drive emergency vehicles with audible and visual warnings (blue lights) (Regulations 17(1)(2)(b)).
- The service should ensure that staff receive yearly appraisal and career development discussions (Regulations 18 (2)(a)).
- The service should continue to improve and embed processes surrounding employment of staff.
- The service should make staff aware of their policy regarding communication with patients who do not speak English as their first language.
- The service should consider ways to improve how formal feedback is received from staff and patients that use services.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Requires Improvement	Not inspected	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Good	Requires Improvement	Inspected but not rated	Requires Improvement	Requires Improvement	Requires Improvement

Requires Improvement

Emergency and urgent care

Safe	Good
Effective	Requires Improvement
Responsive	Requires Improvement
Well-led	Requires Improvement

Is the service safe?

Good

Our rating of safe improved. We rated it as good because:

Mandatory training

The service provided mandatory training in key to all staff. However they did not make sure that everyone completed it.

Mandatory training was comprehensive and met the needs of patients and staff. Staff training compliance was closely monitored by managers and reminders were sent to staff when training was due to expire but was not always effective. Training to identify potential terrorism activity was recorded as 39% compliant against a 95% target.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia with varied compliance rates of 100%, 63% and 100% respectively.

Managers monitored mandatory training and alerted staff when they needed to update their training, however oversight of this needs to be improved.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. All staff were compliant with Level 3 safeguarding training for adults and children.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

Requires Improvement

Emergency and urgent care

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well-maintained. We reviewed cleaning records and vehicles were clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service had an established cleaning regime with appropriate audit to confirm oversight.

Staff followed infection control principles including the use of personal protective equipment (PPE). Other personal protective equipment (PPE) including gloves, face shields, aprons, spillage kits and clean linen were available on the ambulances.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Records showed that vehicles were serviced and regularly checked for safety. They were correctly insured and had an annual safety certificate.

Staff carried out daily safety checks of specialist equipment. Records showed all medical equipment such as defibrillators and radio equipment were regularly checked and safe for use.

The service had suitable facilities to meet the needs of patients' families.

The service had enough suitable equipment to help them to safely care for patients. Staff completed checklists to confirm equipment used and was replenished before re-use.

Staff disposed of clinical waste safely. Sharps bins were compliant with provision to dispose of surplus liquid medicines correctly.

Assessing and responding to patient risk

There was not sufficient evidence to assess this during the inspection.

Staff followed Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidelines. Patient assessments were completed on patient report forms (PRFs) but we did not review these because the service had not completed any regulated activity in over 12 months before our inspection.

The documentation assisted in undertaking a rapid assessment and making the decision to convey to hospital. The provider told us they would contact the hospital before arrival to ensure the patient received urgent treatment.

Requires Improvement

Emergency and urgent care

We could not review any patient report forms during our inspection, as this did not relate to any activity that we regulate.

Staffing

There was not sufficient evidence to assess this during the inspection.

Staffing levels were determined by the event provider during the procurement process and not part of our regulated activity.

Staff working in the service were emergency care assistants (ECAs), emergency medical technicians (EMTs) and paramedics. Staff worked for the service on a zero hours contract basis.

Records

There was not sufficient evidence to assess this during the inspection.

We could not review any patient report forms during our inspection, as this did not relate to any activity that we regulate.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff completed medicines records accurately and kept them up to date. The service had a full audit trail for use of medicines. Medicine bags were sealed and there was a clear audit process. Managers had oversight of medicines use and when supply needed to be replenished.

Staff stored and managed all medicines and prescribing documents safely. Storage of medicines was safe and monitored for expiry. Medicines requiring refrigeration were stored correctly with a process for monitoring temperature to maintain safety.

Incidents

There was not sufficient evidence to fully assess this during the inspection.

Staff knew what incidents to report and how to report them. Staff described how to report incidents and were aware of the provider's policy on how to do this.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. The service did not have any incidents that needed duty of candour to be applied.

The service had 1 incident which was part of an ongoing police investigation and was outside of our regulatory activity.

Requires Improvement

Emergency and urgent care

Is the service effective?

Requires Improvement

Inspected but not rated. Our rating of effective stayed the same.

Evidence-based care and treatment

There was not sufficient evidence to assess this during the inspection.

Pain relief

There was not sufficient evidence to assess this during the inspection.

Patient outcomes

There was not sufficient evidence to assess this during the inspection.

Competent staff

Managers did not consistently appraise staff's work performance, held supervision meetings with them to provide support and development or make sure staff were competent for their roles.

Managers did not support staff to develop through yearly, constructive appraisals of their work. Information provided following our inspection showed that 2 out of 6 existing staff received an appraisal when it was due. Managers had a schedule for completion of appraisals until the end of this year.

Training records included driving assessments for staff, this was recorded by the service as 94% compliant. Out of 15 members of staff, 5 showed as being assessed by their primary NHS employers and had not had a driving assessment by managers of this service and 2 were highlighted in red with no further information. This highlighted a risk of staff driving emergency vehicles without managers being directly aware of their competence and reduced compliance to approximately 53% compliance.

The service did not facilitate staff meetings due to the nature of their work, however key messages were communicated by email and private social media communication.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff felt able to discuss any development needs with managers.

Multidisciplinary working

There was not sufficient evidence to assess this during the inspection.

Health Promotion

Requires Improvement

Emergency and urgent care

Staff gave patients practical support and advice to lead healthier lives.

Managers told us that patients were signposted to other organisations to receive appropriate support. The service had information leaflets to give to patients when attending events.

Consent, Mental Capacity Act and Deprivation of Liberty

There was not sufficient evidence to assess this during the inspection.

We reviewed the consent policy following our inspection. Staff told us how and when to assess whether a patient had the capacity to make decisions about their care. Staff were 100% compliant with training.

Is the service responsive?

Requires Improvement

Inspected but not rated. Our rating of responsive stayed the same.

Service delivery to meet the needs of local people

There was not sufficient evidence to assess this during the inspection.

The service had not undertaken any emergency and urgent care transfer to hospital since November 2021.

Meeting people's individual needs

The service did not meet people's individual communication needs.

Staff described how they used pain charts to communicate with patients who had a disability or sensory loss.

The service did not have information leaflets available in languages spoken by the patients and local community. The provider had a communication policy which confirmed use of an independent translation service but staff were not aware of this and described use of internet translation or family members.

Access and flow

There was not sufficient evidence to assess this during the inspection.

Learning from complaints and concerns

There was not sufficient evidence to assess this during the inspection.

Managers reported that they had not received any complaints in the last 12 months.

Requires Improvement

Emergency and urgent care

Information on how to make a complaint was displayed in vehicles. Staff said cards were available at events for patients to provide feedback or make a complaint.

Is the service well-led?

Requires Improvement

Our rating of well-led service stayed the same. We rated it as requires improvement because:

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. However, they did not support staff to develop their skills and take on more senior roles.

The service had a clearly defined management structure, led by a full-time management team which included the registered manager, business partner and an administrative officer. The management team understood the challenges to the service and demonstrated oversight of many aspects of the service. However, there were some concerns over recruitment processes which demonstrated a risk to patients.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The vision for the service was to 'create a workplace that is incident and injury free'. The mission statement included a commitment to work with local organisations and use learning to improve their service. Staff were aware of this and described the importance of it.

Their strategy was mapped from 2017 and showed gradual growth. Achievements were measured alongside strategy with mitigation identified if goals were not met.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. However, there was no evidence that the service promoted equality and diversity in daily work or provided opportunities for career development.

Staff described the importance of safe patient care and described a culture where they could raise concerns with managers of the service.

Managers and staff said staff meetings did not happen due to geographical challenges, but important messages and updates were sent out through a communication channel and managers were available for queries at any time.

There was no specific evidence that the service promoted equality and diversity in its daily work, however all staff had completed equality and diversity training.

Governance

Staff at all levels were clear about their roles and accountabilities. However, leaders did not operate effective governance processes and staff were not aware of service performance.

The service did not have a structured way of reviewing their performance with event companies. Although these were long term contracts, there was no formal review process to measure satisfaction of the service provided or make any changes as appropriate.

Managers said they reviewed practice of similar providers and provided them with potential areas of improvement. Managers reviewed inspection reports of other medical event companies to consider any improvements to their service.

Recruitment of new staff was not always completed in compliance with Schedule 3 of Health and Social Care Act (HSCA) 2008.

We found 1 recruitment file with a reference that had been supplied by a current Collingwood Services employee which was not compliant with their own recruitment policy.

Staff spoke of supportive relationships but were not always informed of how the service was performing.

Management of risk, issues and performance

The service had plans to cope with unexpected events. However, managers did not use systems to manage performance effectively. Managers identified and escalated relevant risks but did not identify actions to reduce their impact.

We reviewed their business continuity plan which was reviewed by the service after our inspection. This confirmed actions to take if managers were not available, but many of the issues identified were not listed on the risk register, such as loss of a key partner or supplier.

We did not observe any system for monitoring of service performance. The service had an audit programme, but we did not see any evidence of the results being used to improve practice, identify risk or improve their service.

The service had a risk register with several risks identified that could affect the service. However, not all risks were allocated with review dates. Several were allocated to a team rather than a responsible individual and 12 items were dated from 2019 with no indication if they remained a risk or not. This indicated that not all risks were effectively managed.

We found a risk register item related to replacement of vehicles within 1 or 2 years. The probability was recorded as a low risk with a review date of January 2022. There was no further comment, other than keep under review. There was a risk that the service did not have oversight of vehicles that needed updating.

Requires Improvement

Emergency and urgent care

Another item on the risk register related to communication with patients who require a translator. This had not been allocated to a manager, there were no review dates and stated that staff should use on-line interpretation tools through their mobile device or internet translation. However, this contradicted their policy which advised staff to use an independent translation service.

Information Management

There was not sufficient evidence to assess this during the inspection.

Staff used a mobile device to review policies, guidelines and managers had access to any immediate concerns raised by staff.

Engagement

There was not sufficient evidence to assess this during the inspection.

The service completed a staff survey in March 2023, managers identified actions to address concerns raised but staff were not aware of actions taken.

Learning, continuous improvement and innovation

There was not sufficient evidence to assess this during the inspection.

The service provided an example of using staff ideas to improve the service, but this related to event activity that we do not regulate.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance The service did not ensure that all staff were compliant with mandatory training (Regulations 17(1)(2)(a)). The service did not ensure that staff were recruited correctly (Regulations 17(1)(2)(a)). The service did not have an adequate accountability and review of risk process (Regulations 17 1)(2)(b)).