

Inter-County Ambulance Service Ltd

Inter-County Ambulance Services Limited

Quality Report

The Ambulance Station

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

Ratings

Overall rating for this ambulance location

Emergency and urgent care services

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

Inter-County Ambulance Services Limited is operated by Inter-County Ambulance Service Ltd . The service primarily provides a patient transport service. However, as part of the service, they provide transfers of patients who required critical care or high dependency care and transfers of patients who were receiving end of life care which is reported on in the emergency and urgent care core service.

The service also provides a repatriation service. The Care Quality Commission does not regulate repatriation services, and so this part of the service was not assessed during this inspection. The service is staffed by trained paramedics, ambulance technicians, ambulance care assistants and first responders

We previously carried out a comprehensive inspection in June 2019. Following that inspection, we issued the provider with a warning notice under Section 29 of the Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvement was required.

We carried out a focused follow up inspection on 13 January 2020. During this focused inspection, we looked at all the issues raised in the warning notice which ranged across the well led domain. We gave the service 48 hours' notice of our inspection to ensure everyone we needed to speak with was available.

The ratings remain the same as for the inspection undertaken in June 2019. We have not re-rated the service because we did not look at a complete domain. Therefore, the rating for the service remains at requires improvement.

We found the service had made some improvements since the inspection in June 2019;

Policies had been reviewed, which included content and guidance, and they now had a published and review date.

A process to audit patient report forms was now in place.

Staff appraisals had been progressed and undertaken except for two bank staff who worked infrequently for the service.

Following this inspection, the provider took immediate action to ensure the patient group directions were reviewed by a pharmacist. This was completed 30 January 2020.

The provider had introduced an audit schedule to monitor compliance with the medicine management policy.

A plan had been developed to support business continuity if there should be unexpected events.

Patient feedback was now analysed by the service, and discussions held by the leadership team to improve the volume of feedback received.

However further improvements were still required;

Not all staff involved in the management and administration of medicines were suitably trained and competent.

Standard operating processes were not in place, as per the provider policy, to support ambulance technicians and emergency care assistants administer relevant medicines on formulary at Inter-County Ambulance Services Limited.

The governance of the service, including the agenda for the leadership meetings was not structured to ensure quality reviewed, risk management and information systematically discussed.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected emergency and urgent services and patient transport services. Details are at the end of the report.

Nigel Acheson

Summary of findings

Deputy chief Inspector of Hospitals (London and South), on behalf of the Chief Inspector of Hospitals.

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

We did not re-rate this service as part of this focused inspection.

Further improvement was required in the management and administration of medicines. There had been improvement in the safe management of stock medicines.

Patient transport services (PTS)

We did not re-rate this service as part of this focused inspection.

There had been improvements in relation to the management of policies, audit, evaluation of patient feedback and management of business continuity risks. Further work was required to ensure effective governance systems and processes.

Inter-County Ambulance Services Limited

Detailed findings

Services we looked at

Emergency and urgent care; Patient transport services (PTS)

Detailed findings

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Background to Inter-County Ambulance Services Limited

Inter-County Ambulance Services Limited is operated by Inter-County Ambulance Service Ltd . The service opened in 1972 and was registered with the Care Quality Commission (CQC) in 2011. It is an independent ambulance service in Chalfont St Peter, Buckinghamshire.

The service was last inspected in June 2019 which resulted in the service being served with a warning notice and two requirement notices.

The current registered manager had been in post since January 2019.

Our inspection team

The team that inspected the service included a CQC lead inspector, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Emergency and urgent care services

Safe

Well-led

Overall

Information about the service

The service carried out transfers for patients whose conditions required an ambulance equipped to provide high dependency or critical care. The service carried out transfers of patients who were receiving end of life care. This meant the service met the criteria for the emergency and urgent care core service. The service did not carry out any emergency ambulance work for example responding to 999 calls. In the period 1 June 2018 to 31 May 2019 the service carried out 93 emergency and urgent service patient journeys.

However, the main service provided by this ambulance service was patient transport services. Where our findings on patient transport services, for example management arrangements also apply to other services, we do not repeat the information but cross-refer to the patient transport service section.

Summary of findings

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

- The service's systems and processes for the safe prescribing and administration of medicines were not in line with current regulations and did not always ensure safe practices were followed.

We found the following areas of improved practice:

- There was a system for the safe management of stock medicines.

Emergency and urgent care services

Are emergency and urgent care services safe?

Medicines

The service's systems and processes for the safe prescribing and administration of medicines were not in line with current regulations and did not always ensure safe practices were followed. There was a system for the safe management of stock medicines.

During our inspection in June 2019, we raised concerns relating to medicines management. The concerns were in relation to stock management, and the management and administration of medicines.

The service had reviewed the patient group directions. We reviewed 10 of the 28 patient group directions. They had now been approved by the medical director and registered manager. However, they had not been signed to indicate review and approval by a pharmacist. The patient group directions were still not compliant with The Human Medicines Regulations 2012.

Following our inspection, a pharmacist reviewed the patient group directions. The list of patient group directions was reduced to seven which was in line with legal requirements. On the 6 February 2020 we were sent information confirming the patient group directions had been reviewed and signed by a pharmacist on 30 January 2020, and the medical director and the managing director had also signed the patient group directions. Amendments were also made to the services policy making it clear patient group directions were only to be used by practitioners with a listed professional registration.

Prior to the change in practice, a member of staff had signed a patient group direction they were not legally allowed to administer, and three had not been signed by staff who were authorised to administer. The provider informed us the reduction in the patient group directions and the amendment to the policy made it clear patient group directions were only to be used by registered practitioners, this had changed the way patient group directions were used by staff and this would no longer be an issue.

We reviewed the document titled 'Inter-county Ambulance Service Ltd. Medicines Formulary' that was attached to the

medicines management policy, version 4, September 2019 policy. The policy described the types of medicines that could be administered by different types of ambulance staff. We found that ambulance technicians were still making the decision to treat patients with clopidogrel tablets, which is an antiplatelet medication. We also noted ambulance technicians could administer hydrocortisone and naloxone intramuscularly if appropriately trained. When we reviewed the training data for the service, the ambulance technicians had not received training to administer clopidogrel tablets, and hydrocortisone and naloxone intramuscularly. There was also no evidence of a competency framework for medicines.

Following this inspection, the service issued a directive to clinical staff to state these medicines had been removed from the drug bag until further training given. On 28 January 2020, we received information that eight out of ten clinical staff who worked at the service had signed to acknowledge they understood the directive by 24 January 2020. However, the directive did not cover all the medicines such as salbutamol nebuliser solution, aspirin 300mgs and glycerol trinitrate spray, on the list in the medicines management policy for them to administer.

The medicines management policy, version 4, September 2019, stated emergency care assistants could administer oxygen, aspirin, nitrous oxide and oxygen medical gas mixture and dextrose oral gel once training had been provided. When we reviewed the training matrix on 22 January 2020 this showed of the four emergency care assistants only one had completed the inhouse training. A blank crew competency checklist, which included a section on the assessment of medicines usage and administration, was provided when we requested evidence of competency assessment for the administration of medicines. However, no completed assessments were made available to us.

On 6 February 2020 an amended version of the medicines management policy version 4 September 2019 was provided. The policy stated that 'Patient group directions are written for paramedics; a list of medications on formulary at Inter-County Ambulance that require a patient group direction can be found in appendix 10 (as per Human Medicine Regulations 2012). Any other clinical staff permitted to give medications on formulary at Inter-County Ambulance Service must follow the specified standard operating process...' However, there were no standard operating processes in relation to medicines

Emergency and urgent care services

administration. This was important as it helped the service to provide assurance that staff knew when it was safe to administer a medicine, how this was carried out, and how to escalate any problems, so that patients were treated safely, effectively and in a timely way. For example, the formulary indicated emergency care assistants were able to make the decision to treat a person with and administer salbutamol nebulas (a prescription only medicine). However there was no protocol to support this practice.

The process for recording stock management and disposal of medicines was found to be accurate, an improvement on our previous findings. The registered manager had changed the medicine disposal record form to include the removal date, strength and removed from columns. We checked five medicine records for aspirin, dextrose gels and three strengths of adrenaline and they were clear with an audit trail. The medicines management policy was updated in September 2019. It now included the paramedics bag checklist, and all medicines held by the service.

The provider had introduced an audit schedule to monitor compliance with the updated medicine management policy dated September 2019. The completion of the audits would enable the provider to recognise and act on any areas of medicines management that needed improvement.

Are emergency and urgent care services well-led?

Governance

The governance of the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service.

Management of risks, issues and performance

The management of risks, issues and performance of the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service.

Information management

Information management across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service.

Public and staff engagement

Public and staff engagement across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service.

Patient transport services (PTS)

Safe

Well-led

Overall

Information about the service

Inter-County Ambulance Services Limited is operated by Inter-County Ambulance Service Ltd. The service opened in 1972 and was registered with the Care Quality Commission in 2011. It is an independent ambulance service in Chalfont St Peter, Buckinghamshire.

The service provides non-emergency patient transport to private organisations and some NHS trusts. Services are staffed by trained paramedics, ambulance technicians and ambulance care assistants. The Inter-County Ambulance Services Limited fleet consists of four ambulance vehicles fitted with one stretcher and three seats. At least one registered paramedic staffed all vehicles, so they could transport patients with complex and acute needs.

In the period 1 June 2018 to 31 May 2019 the service carried out 975 patient transport journeys.

Summary of findings

We found the following areas of improvement:

- The service had some governance processes in place including a policy review process and the collecting of performance data.
- The provider had taken steps to identify some risks, and plans were available to cope with unexpected events.
- The provider was actively seeking feedback from patients and engaged with local organisations to help improve services for patients.

However

- There was no formal structure to leadership meeting to ensure the quality of the service was considered and learning took place.
- Information was not formally analysed and used to inform decision about quality and performance.

Patient transport services (PTS)

Are patient transport services safe?

Medicines

Medicines management across the service was the same for both the patient transport service and the urgent and emergency care service. The evidence detailed in the urgent and emergency care section of this report is also relevant to the patient transport service

Are patient transport services well-led?

Governance

The service had some governance processes in place, however, while opportunities to meet existed there was no structure to ensure learning took place.

During our inspection in June 2019, we raised concerns in relation to systems and processes to assess, monitor and improve the quality of services. This included a concern that the meetings held by the leadership team did not record consideration or review of the quality of the service provided.

The registered manager had developed a process to ensure policies and procedures were reviewed and remained current. We reviewed 10 policies, these included a date when published, and a date when due for review. The policies also reflected the service provided by Inter-County Ambulance Service Ltd, which was a concern identified in June 2019, when policies were not reflective of the service provided.

We reviewed the incident reporting policy and found the directors had updated it in July 2019. The updated policy provided clear guidance about how staff needed to report incidents, what documents they needed to report incidents on and who they should notify. At the inspection in June 2019 the incident policy did not provide clear guidance or a form to report incidents on, to ensure all relevant information was captured. The updated guidance provided assurance that staff had a clear process for reporting incidents, so they could be acted on or learned from, or prevented from occurring.

The provider had introduced an audit of patient record forms, with the aim of checking patient report forms had been fully completed. The operations coordinator audited

10 reports per month per member of staff. The registered manager would then have a conversation with staff to feedback if an audit result was below 85%. However, the discussion was not being recorded to provide an audit trail and to support service and staff development. The results also had not been collated, making it difficult to gather an overall picture. Four patient report forms in October 2019 were below 85%, ranging from 70% to 84%. The medical director had reviewed the audit forms once since, to assess if clinically appropriate action had been taken. However, their findings had not been recorded to provide an audit trail and support service and staff development. The lack of record keeping meant the service was unable to demonstrate action and improvements.

During this inspection we reviewed five meeting records dated 16 and 23 September and 7 October 2019 and 3 and 6 January 2020. There was still no structure, set agenda or action log. However, there had been two meetings where only patient experience was discussed, rather than any other review of the quality of the service provided, for example medicines management, audit and policies.

Management of risks, issues and performance

The service had taken steps to identify some risks, and plans were available to cope with unexpected events.

During our inspection in June 2019, we raised concerns in relation to the management of risk. The service did not have a process to identify and manage risks. There was no guidance in case of an incident affecting business continuity.

The provider had created a policy entitled "Business risk policy and strategy" to support the management of risks. Potential risks to business continuity had been identified, such as equipment failure, IT failure and damage to the premises. Guidance was available in the policy on how to manage these risks.

The service still did not have a process to capture other risks not related to business continuity, for example, ensuring patients were picked up at the right time. The registered manager explained there was additional work being undertaken on how best to recognise, assess and capture risks within the service.

Information management

Patient transport services (PTS)

The service collected data but this was not formally analysed and used to inform decision about quality and performance.

During our inspection in June 2019 the service did not review or audit information that had been collected about patient journeys. This included time of arrival for pick-up of the patient compared to the booked time for pick up, the length of time the crew had to wait for the patient to be made ready for the journey and the time the patient arrived at their destination compared to the planned time.

During this inspection when we reviewed the information the service held, which related to patient pick up times. We reviewed twenty job tickets, and saw the ambulance crews had picked patients' up within 15 minutes of the given pick up time. The service was not using information to inform decision making and to demonstrate performance against their planned activities. We discussed this with the registered manager, who was planning to gather and collate this information following our inspection.

The registered manager explained when the job tickets were re-printed the service was planning to add an extra box. The box would be for staff to write if there was a delay, what the delay was. On two of the twenty tickets we reviewed staff had written, 'delay with notes' and on another 'patient not ready'.

A trainee ambulance technician, emergency care assistant and paramedic we spoke with explained following their feedback, the time allowed for patients pick up times had changed. Staff were now given 45 minutes for the pick of a patient from the intensive care unit rather than the standard time of 20 minutes. This was to allow time for the

specialist handover of equipment, medicines and transfer letters. Staff told us the time for patients' pick-ups from one of the hospitals had also changed from 20 minutes to 30 minutes, to support staff to pick patients up at the time agreed with the hospital.

The registered manager also told us the service was not asked for data about what times patients arrived at their destination. The concern for the providers that requested their service was with regard to patient pick up times.

Public and staff engagement

The service was actively seeking feedback from patients and engaged with local organisations to help improve services for patients.

At our inspection in June 2019 feedback from people who used the service was not analysed to support evaluation and improvement of the service.

Sixteen feedback forms had been received and collated, in the last six months, and all were positive. The service had also been sent e mails by users of the service which were also all positive, no negative comments or complaints had been received. The provider had recorded in a management meeting on the 7 October 2019, that they needed to consider how to encourage more users of the service to provide feedback. The service was considering the possibility of stamped addressed envelopes for service users to use for feedback forms.

The service had also sought feedback from two NHS trusts, and received positive feedback from the bed managers about the service they provided.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must take prompt action to ensure all clinical staff were trained and competent to manage and administer medicines. Regulation 12
- The provider must ensure their own medicines management policy is followed by the provision of standard operating processes for ambulance technicians and emergency care assistants for relevant medicines on formulary at Inter-county ambulance Service Ltd. Regulation 12

- The provider must take prompt action to implement systems to assess, monitor and improve the quality and safety of the service. Regulation 17

Action the provider **SHOULD** take to improve

- The provider should review the structure and agenda of leadership meetings to support review of the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have a process to establish how the service performs against its planned activities and identify areas for improvement. The service did not have effective systems and processes to assess, monitor and improve the quality and safety of the service.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not sure all clinical staff were trained and competent to manage and administer medicines. The service had not provided, as per their own medicines management policy, standard operating processes for ambulance technicians and emergency care assistants for relevant medicines on formulary at Inter-County Ambulance Service Ltd.