

Alliance-Pioneer Limited

# Alliance-Pioneer Limited

## Inspection report

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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

Requires Improvement



Are services safe?

Good



Are services effective?

Requires Improvement



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

We rated it as requires improvement because:

The provider had failed to maintain good governance systems. Audits of systems and processes to ensure they were effective were not consistently completed. Management oversight of how well the service was working was unstructured and so did not enable the providers to effectively review the quality of the service.

The provider's management and analysis of data and records was not being consistently used to ensure the service was being well managed, for example by use of key performance indicators to identify any shortfalls in service.

Routine equipment checks completed by the provider failed to identify out of date surplus fire safety equipment on a small proportion of their ambulances. Additionally, staff equipment checks failed to identify one ambulance had out of date medical equipment or that packaging to keep equipment clean had been damaged. This ambulance was undergoing maintenance, so the risk to people using the service was minimised. However, these issues further indicated gaps in the providers' governance processes.

Ongoing review of staff practical competency and performance through structured supervision and appraisal was not consistently taking place. This meant a review of staff practical skills and how they interaction with the public was not being consistently carried out to ensure the gave a good standard of care in line with Alliance-Pioneer Limited policies and procedures.

However:

Feedback from the public and partner agencies received by the provider was very positive about the care and compassion shown by staff.

The provider worked well with other agencies to meet the needs of people and the local health care systems.

Some governance systems were in place, especially for the work carried out for an NHS trust, to ensure standards were being met.

Staff understood their roles and responsibilities with regards to protecting people from abuse. Hazards to people's health and safety were identified and action was taken to minimise the risk of harm.

All staff received an induction prior to beginning work for Alliance-Pioneer Limited, and mandatory training was given to ensure staff kept up-to-date with key skills. The management team monitored the training staff had undertaken and ensured this was kept up-to-date.

The maintenance of professional registrations, such as to be a paramedic, were also monitored by the provider to ensure ambulance crews' professional competencies were up to date.

Staff felt supported by the management team and enjoyed their work.

# Summary of findings

The registered manager and the management team welcomed feedback and used it to make improvements to the service. We found the leadership team were responsive to our concerns and were honest with us when information did not exist or was found to be out of date. They showed a willingness to make improvement.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Patient transport services

Requires Improvement



Patient transport services was currently a small proportion of Alliance-Pioneer Limited activity, due to the closure of events as a result of the COVID-19 pandemic. The last routine patient transport had been carried out in April 2021. The main service was currently emergency and urgent care. Where arrangements were the same, we have reported findings in the emergency and urgent care section.

We rated this provider as requires improvement because it needed to improve in the domains of effective and well led, although the safe and responsive domains were good. We did not have enough evidence to rate caring.

#### Emergency and urgent care

Requires Improvement



We rated this provider as requires improvement because it needed to improve in the domains of effective and well led, although the safe and responsive domains were good. We did not have enough evidence to rate caring.

- The provider had failed to maintain good governance systems. Audits of systems and processes to ensure they were effective were not consistently completed. Management oversight of how well the provider was providing a safe and effective level of care was unstructured.
- The provider's management and analysis of data and records was not used effectively to ensure the service was being well managed, for example by use of key performance indicators.
- Routine equipment checks completed by the provider had failed to identify out of date equipment on ambulances, or that packaging to keep equipment clean had been damaged. An ambulance was found to be unlocked, with the keys in the ignition, in a place accessible to the public.
- Ongoing review of staff competency and performance through structured supervision and appraisal was not consistently taking place.

# Summary of findings

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However:

- Staff understood their roles and responsibilities with regards to protecting people from abuse.
  - Managers made sure that staffs mandatory training was up to date and the professional registration, such as being a paramedic, were current.
  - Hazards to people's health and safety were identified and action was taken to minimise the risk of harm.
  - The provider worked well with other agencies to meet the needs of people and local health care systems.
  - Staff felt supported by the management team and enjoyed their work.
  - Feedback was welcomed by the registered manager and the management team. Where complaints had been made, an apology was given, and each issue had been investigated and responded to.
  - Leadership where open and honest with us when we found areas for improvement. They demonstrated a willingness to make improvements as a result of feedback.
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# Summary of findings

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# Summary of this inspection

## Background to Alliance-Pioneer Limited

Alliance-Pioneer Limited were registered with the Care Quality Commission (CQC) in 2018. They are an independent ambulance service providing events medical cover nationally, with the office based in Plymouth, Devon. There is a registered manager in post, and they have held the position since the provider was registered with the CQC.

They provided medical cover for events, which included when required, the conveyancing of people to hospital. The provision of medical cover for events is not a CQC regulated activity but the conveyancing to hospital was regulated by CQC. Due to the COVID-19 pandemic, the provider's main source of business (events) was not taking place and so the provider had diverted the main body of their work to emergency and urgent care, with a smaller amount of patient transportation.

At the time of the inspection, the provider worked as a subcontractor to an NHS trust to provide emergency transfers to hospitals, including responding to 999 calls. The provider also transported people with high dependency needs for the local clinical commissioning group.

The provider was registered to provide the following regulated activities:

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

This was the first inspection for Alliance-Pioneer Limited since they registered with the CQC in 2018. At the time of the inspection, the provider had 14 ambulances and two four-wheel drive vehicles.

## How we carried out this inspection

We carried out a comprehensive inspection of Alliance-Pioneer Limited on 29 & 30 June 2021 as part of our routine inspection process. We inspected our five key questions: safe, effective, caring, responsive and well led.

Before the inspection, we reviewed information we had about the provider, including information we had received and intelligence available.

Our inspection was unannounced to enable us to observe routine activity. We have rated the provider at this inspection. However, we did not have enough evidence to rate caring. We have not inspected this provider before.

The team that inspected the service comprised of a CQC lead inspector and a CQC assistant inspector. The inspection team was overseen by an inspection manager, and Catherine Campbell Head of Hospital Inspection.

During the inspection we spoke with seven staff, which included the registered manager. We also reviewed documents and records kept by the provider and completed checks on five ambulances.

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>.

# Summary of this inspection

## Areas for improvement

Action the provider **MUST** take is necessary to comply with its legal obligations. Action a provider **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 provider MUST take to improve:**

We told the provider that it must take action to bring services into line with three legal requirements.

- The provider must ensure that all premises and equipment used by the service provider must be clean, secure and properly maintained. Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.
- The provider must ensure it has processes that enable it to monitor and assess the quality of the service provided. Regulation 17 (2) (a) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.
- The provider must ensure it maintains securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.
- The provider must ensure staff receive appropriate support, training, supervision and appraisals to enable them to carry on their duties safely. Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

### **Action the provider SHOULD take to improve:**

- The provider should ensure that governance and oversight meetings are recorded to provide an audit trail and record of decisions made.
- The provider should ensure that storage of key documents is organised to minimise the risk of out of date documents being accessed.
- The provider should ensure communication books are available on each vehicle, and that staff are aware they are used to record changes and ongoing communication.
- The provider should ensure its vision and strategy is up-to-date and considers the change in role the service has gone through due to the closure of their primary work of supporting events.
- The provider should ensure that key documents such as policies and risk registers are reviewed and updated within the timescales set out by the provider.








# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Requires Improvement	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement
Emergency and urgent care	Good	Requires Improvement	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement
Overall	Good	Requires Improvement	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement

# Patient transport services

Safe	Good 
Effective	Requires Improvement 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Requires Improvement 

## Are Patient transport services safe?

Good 

**We rated it as good.**

### Environment and equipment

The management of the environment and equipment across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Records

The management of records cross the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Mandatory training

The management and completion of mandatory training across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care section of this report is also relevant to the emergency and urgent care service and therefore we have used this to rate this provider.

### Safeguarding

The management of safeguarding across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care section of this report is also relevant to the patient transfer services and therefore has been used to rate the provider.

### Cleanliness, infection control and hygiene

# Patient transport services

The management of cleanliness, infection control and hygiene across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Assessing and responding to patient risk

The management of assessing and responding to patient risk across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Staffing

The management staffing across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Medicines

The management of medicines across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Incidents

The management of incidents across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Are Patient transport services effective?

**We rated it as requires improvement.**

### Competent staff

The management of competent staff across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Evidence-based care and treatment

## Patient transport services

The management of evidence-based care and treatment across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Response times

The provider monitored arrival and departure times for journeys. The provider did not have waiting time targets in the patient transport service, patients were assigned by the trust for transfer when they were not able to do so.

### Multi-disciplinary working

The management of multi-disciplinary working across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The management of consent, mental capacity act and deprivation of liberty safeguards across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Are Patient transport services caring?

Insufficient evidence to rate 

### We did not have enough evidence to rate caring.

During the inspection we did not observe any direct patient care and were unable to talk to or contact patients, families or carers. Therefore, we were unable to rate caring. However, we read compliments received by the provider that showed compassion and kindness shown by staff to patients, friends and staff from other organisations.

### Compassionate care

The management of compassionate care across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Emotional support

The management of emotional support across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Understanding and involvement of patients and those close to them

# Patient transport services

The management of understanding and involvement of patients and those close to them across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Are Patient transport services responsive?

Good 

**We rated it as good.**

**The provider planned and provided care in a way that met the needs of local people and the communities served.**

The management of service planning was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Meeting people's individual needs

The provider did not carry out transfers for patients from secure mental health facilities.

The management of meeting people's individual needs across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Access and flow

The management of Access and flow was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

### Learning from complaints and concerns

The management of learning from complaints and concerns across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Are Patient transport services well-led?

Requires Improvement 

**We rated it as requires improvement.**

# Patient transport services

## **Governance**

The management of governance across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## **Information Management**

The management of information management across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## **Leadership**

The management of leadership of the service across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## **Vision and strategy**

The management of vision and strategy for this service across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## **Culture within the service**

The management of culture within the service across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## **Management of risk, issues and performance**

The management of risk, issues and performance across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## **Engagement**

The management of public and staff engagement across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## **Learning, continuous improvement and innovation**

## Patient transport services

The management of learning, continuous improvement and innovation across the provider was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the emergency and urgent care service section of this report is also relevant to the patient transport service and therefore has been used to rate the provider.

## Emergency and urgent care

Safe	Good 
Effective	Requires Improvement 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Requires Improvement 

### Are Emergency and urgent care safe?

Good 

We rated it as good.

#### Mandatory training

**The provider provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.**

The managers of the service reviewed staff training to make sure ambulance crews had the necessary skills to carry out their role. Most staff who worked for Alliance-Pioneer Limited were on zero-hour contracts, with their main place of permanent employment being with other employers. Managers checked that zero-hour contract staff had completed the necessary training and obtained copies of certificates from the staff as evidence. They also carried out an induction with each new staff member to make sure mandatory training such as safeguarding, health and safety, equality and diversity, mental capacity and medicines management was completed to the provider's standards. The provider kept a spreadsheet of training completed by staff so was able to identify and act when training was up for renewal.

Staff received training and an assessment of their driving skill, as part of their induction. This also included staff competency with regards to driving under blue emergency lights.

#### Safeguarding

**Staff understood how to protect people from abuse and the provider 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 knew about the types of abuse and the signs that it may have taken place. They understood that they had a responsibility to report any suspicion of abuse to the appropriate authority. One staff member said, "I would report to the manager, and if they did nothing, I would report it to the authorities myself."

Staff had training in protecting people from abuse. The ambulance crews had a minimum of level two safeguarding training. The provider's managers had level three, and at least one staff member was working towards level four in safeguarding. Safeguarding training covered both adults and children.



# Emergency and urgent care

Where concerns had been identified, these had been notified to the relevant authority quickly. The provider had responded to requests for further information when requested to help with any investigation.

## Cleanliness, infection control and hygiene

**The provider managed infection risk well. Staff used equipment and control measures to protect people, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**

Staff operated a system, so it was clear which ambulances were clean and ready for use, and which required cleaning before they were available. Ambulance interiors were visibly clean. Disposable wipes were available, so ambulance crews were able to clean surfaces between each call. At the time of our inspection, the pressure washing machine used to clean the exterior of the vehicles was not working. Cleaning was carried out by staff using buckets and brushes. A new 'hot wash' machine was purchased and installed shortly after the inspection, therefore the risk to people from dirt and contaminants being transferred to the interior of the ambulance were low.

The providers infection prevention and waste management policy detailed how and when equipment and surfaces within ambulances must be cleaned. This included the process to follow between each person transported, and when a 'deep clean' would be required. Records seen at the time of the inspection, indicated vehicles had been cleaned in accordance with the providers policy.

Personal protective equipment, such as gloves, aprons, face masks and hand sanitising gels were available on each vehicle. Each was stored securely to keep them clean, and to ensure they could not fall when the vehicle was moving.

## Environment and equipment

**The maintenance of facilities and vehicles kept people safe; but the maintenance of equipment did not ensure people's safety. Staff managed clinical waste well.**

Equipment for use in an emergency on ambulances was found to be out of date, which could put peoples and staff at risk of harm. We found, for example: one ambulance had out of date or unsealed single use safety equipment. These included a syringe, a canular (a small tube which is inserted into the body, for the delivery of fluids and medicines) and two resuscitator masks for use during cardiac arrest. Additionally, a third resuscitator mask was in an unlabelled and unsealed plastic bag, and a suction bag was in damaged (ripped) packaging. Therefore, there was a risk to people that equipment would not be fit for use when needed in an emergency. For example, due to deterioration of the material due to age, or an infection control risk due to unsealed packaging. A manager confirmed that the ambulance had transported people during the time period that these items would have been out of date. There was however some mitigation to the risk to people from these issues. This ambulance had not been used since April 2021, and before it would be used again, it would go through a full clean and check process to ensure equipment was replaced. The provider's governance systems had failed to ensure that staff had carried out the necessary checks.

Two of the five ambulances inspected had fire extinguishers stored in their equipment lockers, which were more than two years past their test date. There was a risk that when needed, they may not work. The provider said that each ambulance should have two fire extinguishers, so the ones in the equipment locker were surplus, and should not have been there. The extinguishers identified by the registered manager as being the ones available for use (one in the cab, and one in the rear passenger area) were within test date. However, there was a risk that the out of date extinguishers could be used by mistake by staff in an emergency. We raised this with the provider, and they informed us that these items would be removed.

# Emergency and urgent care

Vehicles received regular servicing and maintenance to ensure they were road worthy and safe. Each vehicle was correctly insured for its purpose as an ambulance.

Clinical waste was well managed with safe and secure storage facilities on each vehicle and back at the vehicle base. Clinical waste was regularly collected by a specialist contractor.

## Assessing and responding to people risk

**Staff completed and updated risk assessments for each person and removed or minimised risks. Staff identified and quickly acted where people's health was at risk of deterioration.**

Systems and processes were used to assess and respond to people who were at risk. Prior to attending each person, staff had access to information to be able to plan their response in a safe way. This included details about the person's condition, and any known ongoing health risks. The assessment also considered any risks about the environment that crews should be aware of. Additionally, each ambulance crew completed a live risk assessment when they attended each call or transfer, to ensure they had the correct equipment and resources available.

Staff had access to national guidance for managing risk. For example, from the Joint Royal Colleges Ambulance Liaison Committee (JRCAL). JRCALC combines expert advice with practical guidance to help paramedics in their role and supports them in providing people care. The guidance covers a wide range of topics, from resuscitation, medical emergencies, trauma, obstetrics and medicines to major incidents and staff wellbeing.

Staff were also able to access specialist advice when on site, if they required it. Under the providers high dependency unit contracts, crews visited each person before the planned transfer to undertake a risk assessment. These included people who required a higher level of input and had more potential issues than a standard transfer.

Staff understood the processes to follow should a person's condition deteriorate during transfer. This included notifying the receiving hospital of the situation whilst the ambulance was in transit, so that they could make the necessary preparation.

Policies and procedures were in place around the transfer of people detained under the Mental Health Act or any person who had a history of violence or aggression. The provider did not currently offer a service to transfer people detained under the Mental Health Act. The registered manager explained how risk assessments were used to protect staff from the identified risks of violence and aggression. Staff we spoke with were aware of the protocol to follow for people with behaviour that may challenge.

## Staffing

**The provider had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.**

All staff, including those under a zero-hours (bank) contract, received an induction to ensure they had the right skills and competencies to enable them to carry out their role. The provider regularly reviewed staff registered status, for example as a paramedic, to ensure they were in date.

# Emergency and urgent care

Staffing levels were assessed by the registered manager to ensure enough staff were available to provide safe care and treatment and meet contracted arrangements. At the time of the inspection, the provider had two streams of work (as COVID-19 had caused all event work to stop). One work stream was providing crew and vehicles to work with another service provider, the other was via ongoing contracts with the local clinical commissioning group (CCG). In each case the contract between these agencies and the provider specified how many staff and vehicles were needed. The registered manager accepted work from the CCG if they had the required resources (crew and ambulance) available. Because of this no issues had been raised with regards to missed calls, or the provider being unable to fulfil its contract.

## Records

**Staff kept detailed records of peoples' care and treatment; however, these records were not consistently kept by the provider. Records used to inform staff and monitor patients were clear and stored securely**

Staff had access to people's notes that gave details of the care and treatment required. However, notes of care recorded for work carried out for an NHS trust, were not kept or analysed by the provider. The records were compiled, without being reviewed, and sent to the NHS trust each week. The provider could not then assure themselves that staff were providing safe care and treatment, unless the trust informed them of concerns.

Information was available to staff and included any special notes to make them aware of any pre-existing conditions a person may have. They also included any safety risks they may need to be prepared for so that they could be ready when they arrived to treat the individual.

Staff fully recorded the actions they had taken with each person and they were stored securely. Records (when retained by the provider) were stored securely and could only be accessed by authorised individuals within the service. A safe system was used for passing on confidential records between services, for example between ambulance crews and the emergency department of a hospital.

## Medicines

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

Medicines were managed in a safe way. All medicines used by Alliance-Pioneer Limited ambulance crews were supplied by the provider. No staff could have their own stock of medicines. Where a medicine required a prescription to be administered the provider ensured this was done following the necessary legal requirements. A medicines management policy was in use by staff, which had last been reviewed in February 2020.

Medicines were stored securely at the providers location and issued out to crews each day. There was a detailed signing in and out system to manage the issuing and receiving of all medicines to ensure they could be traced, and their use recorded. All medicines administered were also recorded on the individual treatment form. Each ambulance had a secure facility for the storage of medicines. The provider had the necessary Home Office licence for the storage of medicines.

Regular audits of medicines were completed to ensure staff followed procedure and that medicines had been used and stored in a safe way. Specialist medicines that required specific storage and recording processes to meet legal requirements were also well managed. They were stored securely and had their own process for signing them in and out.

## Emergency and urgent care

The storage of medical gases was limited by the ambulance base station environment. To ensure safety and meet landlord safety requirements only empty (vented) medical gas cylinders could be stored within the providers site. All cylinders containing any amount of gas had to be stored onboard the ambulances. This meant they carried more cylinders than was necessary. This had been considered in environmental risk assessments. The cylinders were stored securely onboard the ambulances and did not impact on available space to be able to treat people.

Use of medical gases was recorded, and staff had received training in their use.

### Incidents

**The provider managed safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave people honest information and suitable support.**

Staff reported incidents when they took place, and these were then investigated by the provider to see if any improvements in the service were needed. Staff understood when and how to report incidents, and the relevant forms were available to them on ambulances.

Where incidents had taken place there was a clear audit trail from the initial incident report, to the management review, and then any action that had been taken as a result. There had been 18 incidents recorded within the last 12 months. We reviewed four incident reports, and each had been clearly recorded, investigated fully and where needed, action had been taken to address any concerns. The registered manager monitored incident themes and trends to see if there were any signs that major failings were taking place. At the time of our inspection there had been no trends or themes identified. Learning from incidents was shared across the crews by way of newsletters, or via electronic messaging systems.

Staff understood the duty of candour and when to apply it. Every healthcare professional must be open and honest with people when something goes wrong with their treatment or care and causes, or has the potential to cause, harm or distress. The provider had a Duty of Candour Policy. The policy contained suitable references to regulations and highlighted the steps that needed to be undertaken following a serious incident.

## Are Emergency and urgent care effective?

We rated it as requires improvement.

### Evidence-based care and treatment

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

## Emergency and urgent care

Managers reviewed some people's records to ensure staff had followed best practice guidance. This was as the paper-based record was inputted onto their computer system, if information was missing, or there was a need to follow up on what had been written, this had been carried out. For example, where a note on a transfer record mentioned an incident, this had been followed up by an incident report and investigation.

Some observational supervision of crews had also taken place to assess compliance to national guidance, however the last recorded one had taken place in June 2020. None had not taken place within the last 12 months of this inspection. The registered manager said that the COVID-19 pandemic had limited the amount of face to face supervision that could take place within the close confines of an ambulance.

Ambulance crews had access to up-to-date medical guidelines issued by organisations such as the National Institute for Health and Care Excellence (NICE) as well as Joint Royal Colleges Ambulance Liaison Committee (JRCAL). These updates were available to staff via telephone application. We were told that any alert to changes in company policies or urgent information sharing was done through a staff bulletin or staff electronic communication application on their telephones.

Protocols were in place for some emergencies, such as people who had a stroke or heart attack. Staff were knowledgeable about the signs and symptoms and had the training to provide aid while the person was in transit to a hospital. Staff confirmed that a duty manager was always available if they needed urgent advice or guidance.

Staff followed discharge protocols based on the individual's needs. For example, if the person was discharged into care of a hospital emergency department, a handover would be given to the receiving clinician. Whichever route of discharge was taken, details were recorded on the person's treatment record, along with all treatments that had been given. This enabled healthcare professionals to understand and review the individual's medical and treatment history, should the need arise.

At the time of inspection staff did not undertake secure mental health transfers. Staff had training in mental health awareness as part of the mandatory training programme.

### Pain relief

**Staff assessed and monitored people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed pain using a verbal 0-10 pain score and recorded this on the individual's treatment record. There was also a visual pain scale for children or adults who were unable to communicate their pain verbally, or for people whose first language may not be English. Staff had access to pain relief medicine if it was required. All staff were able to administer pain relief, and when it was given this was recorded on treatment records. The next service that treated the person would know what had been given, when and at what dosage. This minimised the risk of harm through overdose. The provider had developed clear guidelines that detailed which level of staff were able to give which medicines. The five treatment records we reviewed as part of the inspection, showed that staff that had given medicines had been at the required level, with the required training to use them, such as Entonox, as per the provider guidelines. Entonox is a gas made up of a mixture of nitrous oxide and oxygen. It provides the pain relief properties of nitrous oxide with the benefits of additional oxygen, without producing unconsciousness.

# Emergency and urgent care

Information about allergies was recorded on the transfer form which would minimise the risk of a person being given pain relief that they may be allergic to.

People gave positive feedback about how effective staff had been with regards to pain relief. One feedback form recorded, “The pain he was in was horrendous. Your lovely chaps got his pain under control.”

## Response times

### **The provider did not always monitor the effectiveness of care and treatment.**

The provider did not have its own key performance indicators (KPIs) to monitor how effective the service provided was. The registered manager said that they were aware of national standards for NHS ambulance response times; however, they did not monitor how quickly their own ambulances responded on an ongoing basis. They explained that their current targets were set and monitored by the NHS organisation they had an urgent and emergency contract with. The performance of the Alliance-Pioneer Limited service would form part of the trust monitoring, so there was not a specific response time being monitored for the provider’s ambulances. Performance against these KPIs were discussed at monthly meetings with the NHS trust, and any areas of improvement were identified. This meant that unless there was a concern, the provider would not be aware of how effective their crews had been while carrying out work under the NHS contract. Because the review meetings were monthly the delay could have an impact to ongoing risk and performance issues not being addressed in a timely manner.

After the inspection the provider told us they had implemented check sheets to monitor KPIs and patient outcomes. However, as they had only recently been implemented there had not been enough time to evidence whether they were being used consistently or if they had been effective at monitoring performance and making improvements to the service.

## People outcomes

### **The provider had not consistently monitored the effectiveness of care and treatment.**

There was no clear approach to monitoring and auditing the quality of the service and the outcomes for people who used the service. The registered manager told us that if a person was transferred to a hospital emergency department, the person’s notes were handed over to the trust and so were not available for the provider to review. For the people they transported under the NHS contract they had, the notes from these were passed to the trust each week, with no review or analysis being carried out by Alliance-Pioneer Limited staff.

A review had been carried out for work they did directly for the local clinical commissioning group, and these records were retained by Alliance-Pioneer Limited. However, no transports had been done since April 2021, and this was a small proportion of the work that Alliance-Pioneer Limited completed. There was a risk that information about required improvements or patterns of failure could be missed because information was not monitored and reviewed effectively.

## Competent staff

### **Managers had not regularly appraised staff’s work performance nor held supervision meetings with them to provide support and development. The provider made sure staff were competent for their roles.**

## Emergency and urgent care

The providers supervision and appraisal policy had not been followed to ensure staff and contractors received appropriate appraisal and supervision. Supervision and appraisals are used to review staff development and identify any areas for support and development. When asked, the provider was not able to demonstrate that employed staff had an appraisal in the previous 12 months, nor that there was any form of ongoing record of supervision, or competency checks. The provider's policy references Regulation 18(2)(a) of The Health and Social Care Act (Regulated Activities) Regulations which requires service providers (and so, Alliance-Pioneer Limited) to ensure that those who provide services to people receive appropriate supervision and appraisal to enable them to them to undertake their role. However, no mention of how supervision of staff would be managed was contained within this policy.

Most staff working for Alliance-Pioneer Limited were working on zero-hour contracts and were classed as 'contractors' by the provider. The supervision and appraisal policy stated: "Alliance-Pioneer Limited commit to inviting each contractor to receive an appraisal; yet, as self-employed workers, contractors are not obliged to accept appraisal invitations. Alliance-Pioneer Limited will maintain a record of a) the offer of an appraisal being made b) contractors' response to that offer c) records of appraisals (if accepted by contractors or mandated for employees)." When asked, the provider was unable to provide any information that this process of inviting contractors for an appraisal had taken place.

When asked, the provider was unable to demonstrate any ongoing recent monitoring of staff (including contractors) performance. Five staff records were supplied for review by the provider. Two were for the appraisal and observation of practice for a paramedic, dated September 2020, and June 2020. Another three documents were for observations of practice for two paramedics and an emergency medical technician, but these were not current. The provider could not assure themselves that staff were competent, nor if they required support or development to carry out their roles.

The provider did monitor the training that staff had completed to assure themselves that they were up to date. They also carried out regular checks to ensure that staff had maintained their professional registration, for example as a paramedic.

Staff told us that they felt supported by the management. We spoke with seven staff (including the registered manager) and all were positive about the support they received.

### Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit people. They supported each other to provide good care and communicated effectively with other agencies.**

The provider worked with other organisations and professionals to ensure the safety of people. Alliance-Pioneer Limited had a contract with an NHS provider and the registered manager, and management team attended monthly meetings with this organisation. From the information reviewed as part of the inspection we noted that the meeting minutes were not always documented. There was a risk that areas for improvement could then be missed and not acted on, or an audit trail of decisions made would not be available for reference.

The ambulance staff told us they had regular contact with medical staff at hospitals and other units when carrying out urgent and emergency work and patient transfers. Staff worked with the local authority and NHS organisations when raising safeguarding concerns.

## Emergency and urgent care

The provider had several examples of positive feedback from other organisations about how well the provider's staff worked with other agencies. For example, email feedback stated, "Please could you pass on my genuine thanks to your guys, great to see true teamwork and genuine collaboration taking place, long may it continue."

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported people to make informed decisions about their care and treatment. They followed national guidance to gain peoples' consent. They knew how to support people who lacked capacity to make their own decisions or were experiencing mental ill health.**

All staff had received training in consent and were able to explain their duty under the Mental Capacity Act. Staff understood that information had to be given to people in a way they could understand, so that they could make an informed decision. Staff understood the protocol they had to follow if a person was unable to give consent, and that any decision made in a person's best interest must be recorded. Staff recorded on people's transport forms where consent had been gained (where these were held by Alliance-Pioneer Limited).

The registered manager said the service did not use restraint methods for people who they transferred in their service. Ambulance staff confirmed this and told us they did not use restraint if a person had behaviour that may challenge. They explained they would follow the company policy and try to de-escalate the situation, talk to health care professionals who knew the person, such as care home staff or family, and call the police if the situation was not manageable. The provider ensured staff had training in de-escalation techniques.

## Are Emergency and urgent care caring?

We did not have enough evidence to rate caring.

Due to the current COVID-19 pandemic we were unable to observe people's journeys or talk with people, families or carers to gain their feedback. We did request for the provider to contact people to ask if they would be happy to speak with us, but we did not receive a response. Therefore, we were unable to rate caring.

However, we read compliments received by the provider that demonstrated compassion and kindness shown by staff to people, their family and friends.

### Compassionate care

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

Staff were able to describe how they protected people's privacy and dignity when they provided care or treatment. They gave examples such as using blankets and curtains in the ambulance to give privacy and protect dignity. They also talked about listening to people's individual choices, and faiths. For example, wherever possible they only had female ambulance staff applying electrocardiogram (ECG) sensors on females. An electrocardiogram (ECG) is a simple test to check the heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by the heart each time it beats.



## Emergency and urgent care

We looked at ten feedback responses during the inspection. Seven were from individual people and three from services that the provider had worked with. Feedback cards were all positive, with Alliance-Pioneer Limited staff being consistently scored as 'Excellent' for friendliness and professionalism, competency, reassurance, and the overall experience. The majority of feedback cards named the staff involved, which showed that ambulance crews had introduced themselves when they attended the call.

One respondent had written, "They were smashing. I couldn't have been treated any better." Another relative wrote, "They were so thorough and reassuring. They used banter to distract and were so perceptive. It was a pleasure to have them in the house."

### Emotional support

Staff provided emotional support to people, their families and carers to minimise distress. They understood peoples' personal, cultural and religious needs.

Staff understood the need to give emotional support to people and those close to them. Paramedics explained that although they had not received formal training from Alliance-Pioneer Limited around emotional support for relatives, they had completed this as part of their paramedic qualification.

Personal, cultural and religious needs if identified prior to the pick-up, would be recorded on the individuals transfer form used by the ambulance crew. This would enable them to check any specific requirements they may need to consider before they arrived at the person's location. Staff described how religious and cultural needs had been included in an all staff newsletter to give them an update on meeting individual needs.

We looked at several feedback cards during the inspection. People provided feedback on emotional support. One respondent said, "These two gentlemen were outstanding. Professional, calm and reassuring. They put us at ease and went above and beyond caring." Another relative wrote, "Not only did they reassure my Dad, they also did their best to reassure us as a family as well."

### Understanding and involvement of peoples and those close to them

#### Staff supported and involved peoples, families and carers to understand their condition and make decisions about their care and treatment.

We looked at several people's feedback cards during the inspection. People provided feedback on understanding and being involved in the persons care. One respondent said, "Our children want to thank them for putting their minds at rest, it was a pleasure to meet them, even though difficult circumstances." Another respondent praised a crew for the decisions they had made about their treatment, "I would like to say that they were brilliant and their response to take me to hospital was very important as they found a bleed in my stomach, so I would like to thank them very much."

## Are Emergency and urgent care responsive?

Good 

We rated it as good.

# Emergency and urgent care

## Planning and delivering services which meet people's needs

**The provider 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 provider had contracts with one NHS trust provider and carried out ad-hoc work for the local clinical commissioning group (CCG). The provider responded to urgent emergencies for the trust and carried out high dependency transfers for the CCG. The provider had responded to the changing needs of people and the care sector brought about by the COVID-19 pandemic.

The core of Alliance-Pioneer Limited's service had changed from event work, to supporting local health systems that were under severe pressure due to the pandemic. Vehicles and crews were contracted to assist an NHS trust, and resources were also used to transport people between hospitals to and from a temporary hospital.

Staff worked in partnership with other agencies to reduce waiting times at hospital accident and emergency departments. Feedback received by Alliance-Pioneer Limited from a hospital ambulance liaison officer stated, "I have been incredibly proud of all the crews pitching in at ED (emergency department) today." They described how the Alliance-Pioneer Limited crews after handing over their own people to the hospital, offered to care for the people waiting in the trust's ambulances. They described how the provider's staff had obtained the electronic records for each person transferred and started their own paperwork to continue the care for each individual. This had freed up the trusts ambulances to go back out attending emergency calls.

## Meeting people's individual needs

**The service was inclusive and took account of peoples' individual needs and preferences. The provider made reasonable adjustments to help people access services.**

Peoples' individual needs were identified prior to each transport, and the information passed to the ambulance crews via a booking request form. These forms detailed information such as age, gender and any specific information related to individual needs or requirements, for example specific health conditions, or equality and diversity considerations. This enabled ambulance crews to check they had the necessary equipment, understanding and resources to meet those needs. They were able to report this back to the office if needed, for example if further support or guidance was needed.

Vehicles were modified to meet individual needs of people. Each ambulance had different points for entry, which included a tailgate lift, so people who were less mobile or in wheelchairs could enter the vehicle safely. Reasonable adjustments had also been made, such as access to bariatric equipment to meet the needs of people who may need it. Bariatric equipment is designed for someone with a body mass index (BMI) over 40 and may require specialist equipment such as stretchers or wheelchairs to keep them safe when being moved.

Information to enable staff to meet people's communication needs was available. A communication folder had been developed by the provider. This contained multiple language options based on the diverse nature of the local community, as well as consideration for people that visited from out of the area, for example when on holiday. The folders contained common emergency phrases and requests for information that an ambulance crew may need to ask. This would enable them to communicate in an emergency to gain important information and respond to immediate needs of each individual.

# Emergency and urgent care

However, we noted that at the time of the inspection, the communication folders had been removed from some ambulances during maintenance, and one staff member was not aware of the folder when we asked about them - they said they had their own document in their kit bag, so would be able to communicate with people even if they weren't aware of the provider's file. We discussed this with the registered manager, and they said they would ensure folders were placed back onto the vehicles, and a reminder would be sent out to staff.

## 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.**

People were able to access the service when they needed it. Prior to COVID-19 the provider had worked at events for which they had been pre-booked to provide a medical or first aid service. People could access the service at any time while at an event. People would be assessed by the crew or event doctor (if there was one present), and a decision made if the person could be treated and discharged at the event, or if they needed to be conveyed to a hospital.

Since March 2020 most of the work carried out by Alliance-Pioneer Limited was under a contract with an NHS provider, and pre-planned people transport for the local clinical commissioning group (CCG). The performance of the crew working under the NHS contract, such as response times were the responsibility of the NHS trust. Transportation under the CCG were all pre-planned and the provider had recorded information such as arrival times and length of journey. This information could be analysed if needed, to check if people had received the appropriate care in a timely way. This was not being done as part of routine monitoring at the time of the inspection, so if there was a risk downward trend in performance, this may not be picked up. However, no people transports had been carried out under this contract since April 2021, so the risk was low.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The provider treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**

Information was given to people so they could feedback to the provider about their experiences. Each ambulance had a large print sign explaining to people that complaints and feedback would be welcomed and used to make improvements wherever possible. There were several options by which people could feedback that took into account individual needs. These included by post, by email, or by telephone. The poster in the ambulances also gave information about how to contact the Care Quality Commission to raise concerns. Feedback forms were available on each vehicle, and used a combination of large print, pictures and colours to make them as accessible as possible.

The provider investigated and responded to concerns and complaints. Changes had been made to improve the service where a need had been identified. The provider had an investigations and complaints policy, which detailed how complaints would be managed and responded to. Timescales for responding to complaints were detailed, and complaints had been responded to within the specified time as detailed in the policy. Where complaints came through the NHS contract, these were also investigated, and a detailed investigation and response had been completed and returned to the NHS provider.

Staff told us they were aware of the complaints process, and their description of how complaints would be managed matched with the providers policy.

# Emergency and urgent care

## Are Emergency and urgent care well-led?

Requires Improvement 

We rated it as requires improvement.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the provider faced. They were visible and approachable in the service for people and staff.**

Leadership had the skills and abilities to run the service. The management team was made up of the registered manager, an operations manager and a human resources manager. The team was also supported on a part time basis by a management consultant who covered the areas of quality assurance and clinical governance.

The registered manager had a clear understanding of the current issues the service faced, which had predominately been brought about by the COVID-19 pandemic. The registered manager explained that the provider had transformed from an event service, to supporting an NHS trust with urgent and emergency transport of people. The closure of events during the COVID-19 pandemic had meant the loss of the provider's primary funding stream. The uncertainty of how long each successive national lockdown would last (which stopped events from restarting), and the temporary nature of the NHS trust contract had meant the ongoing future of Alliance-Pioneer Limited was constantly at the forefront of the registered managers mind. The registered manager said their focus had been mainly on supporting the NHS trust contract. This meant they had to follow the trust's systems and processes, which had resulted in Alliance-Pioneer Limited's own governance systems and checks not being as well managed as they had been in the past. A plan was underway to address this issue.

Leaders were visible within the organisation. Ambulance and support staff were able to identify each leader, and their roles within the organisation. All the staff we spoke with were positive about the leadership team. One staff member said, "I'm really impressed with the way that Alliance-Pioneer Limited are run. They are a professional outfit, and I'm really pleased to work for them." We found the leadership team were responsive to our information requests and were honest with us when information did not exist or was found to be out of date. This showed integrity and a willingness to make improvement.

### Vision and Strategy

**The provider had a vision for what it wanted to achieve and a strategy to turn it into action, but it had not been updated to reflect the current situation. The vision and strategy were focused on the sustainability of services and aligned to local plans within the wider health economy.**

The registered manager had a vision for the service but said it had not been updated to reflect the changes the provider had been through. They said the vision was, "To deliver the best possible care for our client base." They explained that this was based on their previous event work, so may need to be revisited as a result of changes in the work they currently carried out.

# Emergency and urgent care

The registered manager had recognised they had needed to develop the sustainability of the service during the COVID-19 pandemic. This resulted in them working to support NHS trusts and local authorities to meet the needs of the community, and the local health care system. A strategy had been developed to meet the targets and goals of these external bodies but had led to the focus being taken off Alliance-Pioneer Limited's own governance and quality assurance systems.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of people receiving care. The provider had an open culture where people, their families and staff could raise concerns without fear.**

Staff told us they felt supported and valued. One staff member said, "The managers are all lovely, I find them really approachable and I can ring the duty manager about anything." Another staff member said, "They are all really friendly, and if I need anything, they are really supportive."

Staff were passionate about providing care that met the needs of people. One staff member said, "It's about people centred care, and listening to what they want and what they are telling us." Another staff member said, "We have to have respect for people, and make sure we are protecting their privacy and dignity." Staff said they felt proud of the work they did with Alliance-Pioneer Limited. Feedback received by the provider from people who had used the service praised the positive and caring attitudes of staff.

Feedback was welcomed by the registered manager and the management team. Where complaints had been made, an apology was given, and each issue had been investigated and responded to. Staff understood the duty of candour, and their responsibility to report and apologise if they did something wrong. Staff said they were also comfortable reporting any concerns they may have had. When they had done this management had taken action to address their concerns.

## Governance

**Leaders did not always operate effective governance processes. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service.**

Leaders and governance systems were not effective at ensuring the service was well managed, and that it met the requirements of the Health and Social Care Act regulations. No formal documented management oversight meetings had taken place in 2021. The terms of reference for a company directors' team (updated in February 2020) stated that meetings would typically be held on the second Monday of each month. The purpose of this group was 'to provide advice to the managing director to promote safe/effective care and good governance within APG.' The group membership was made up of the clinical effectiveness lead (currently a part time consultant), the human resources & training coordinator and the operational support administrator & safeguarding lead. The terms of reference stated that 'minutes will be taken during the meeting and will be uploaded to the shared drive once prepared. Minutes will be reviewed/agreed at the proceeding meeting; and, action points that were raised during that meeting will be examined.' The provider was unable to produce any meeting minutes. This meant there was no evidence at the time of inspection as to how the management reviewed the business to ensure standards were being maintained. The registered manager said they had an online management forum where ideas and issues were discussed. However, they were unable to evidence this or give any results that these discussions may have brought about to improve the service when we asked.

No evidence was presented during the inspection that governance processes were consistently used to monitor performance and compliance to company and national standards. The last set of management level audits presented

## Emergency and urgent care

during the inspection were dated September 2020 (for example employment staff records audit). We were not made aware of any overarching audit plan by which the provider could assure themselves that each aspect of their business was following procedures. When requested during the inspection, the management team were unable to produce information on audits or management meetings from the last eight months. They were then unable to demonstrate that the performance of the service was being monitored and improved.

The provider did have regular monthly meetings with the NHS trust they worked with to review performance and discuss any issues or concerns. These were structured meetings where the provider's performance was measured against the trust's requirements. This was the predominant part of Alliance-Pioneer Limited's business at the time of the inspection so meant that governance processes had taken place for this part of their business.

Some of the provider's key documents such as the policies and procedures were out of date. There was a risk that as the documents had not been reviewed, they may not reflect current best practice and guidance and the advice they provided to staff may be outdated. The out of date documents included the following:

- The provider's Safeguarding and Mental Capacity Policy (version 1.02) provided to us when requested, was dated December 2017 with a 'review due' December 2020.
- The provider's Health and Safety Policy (version 1.04) was dated January 2020, with a 'review due' date of December 2020.
- The investigations and complaints policy (including duty of candour, concerns and whistleblowing) (version 1.02) was dated February 2018 with a 'review due' date of February 2021.

We did see up-to-date audits around medicines, and equipment checks. However, we found issues with equipment, as detailed earlier in this report, which demonstrated that the governance systems were not effective at ensuring staff carried out their duties with regards to equipment checks prior to vehicles going out and so ensuring patient safety.

There was a clear organisational and reporting structure which staff were aware of and understood what they were responsible for. For example, how to report concerns and complaints, incidents and safeguarding.

### **Management of risk, issues and performance**

#### **Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to manage unexpected events.**

Risks and issues that may impact the service had been identified and assessed by the management team, but this document was not up-to-date. A risk register recorded each hazard and its possible impact to the service. Each hazard was given a risk factor score, which enabled the managers to identify the biggest (highest impact) risks. A review of the systems currently used to minimise the risk of harm from each hazard had then been completed. The result was a structured plan that highlighted areas where further improvements were required, along with who was responsible and by what date.

The company risk register was not up-to-date. There was a risk that it contained out of date information that did not reflect the current way the provider worked. As with other key documents identified earlier in this section, the risk register had no issue date and the last review dates listed within the document were March 2018. It was unclear when the document had last been formally reviewed to ensure it was effective at managing risk. For example, there was no entry for the COVID-19 pandemic which began in the UK in March 2020 and resulted in a national lockdown. Although

# Emergency and urgent care

action had been taken as a result of the pandemic, this had not been recorded on the risk register. The provider had therefore not reviewed how effective their control measures had been, or if further action to reduce risk were required. The provider did have a separate 'COVID risk plan' that outlined issues that could arise as a result of the pandemic, how these could impact the service they provided and how these could be minimised.

A plan to identify possible unexpected events and the actions required to minimise their impact to the provider had been developed. A business continuity management plan (dated February 2020) outlined the responsibilities of different staff and how the provider would continue in the event of foreseeable incidents. These included risks such as loss of key personnel, and loss of or unable to use vehicles. The plan detailed the resources that would need to restart services after each incident. For example, if the office premises were not accessible all managers were able to work from home. This had been tested and proved effective during the COVID-19 pandemic where staff may have had to self-isolate.

## Information Management

**The provider did not always collect supporting data or analyse data available to understand performance, make decisions and improvements. Staff were unable to find the data they needed to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The provider had no system to monitor performance, such as monitoring key performance indicators (KPI's) around service delivery (e.g. timeliness of pickups). This meant they could not assure themselves about the quality of the service they were providing. The providers were unable, at the time of inspection, to accurately say how many local authority funded people transports they had completed over the last 12 months. The list we were given of people transfers did not identify if the transport had taken place or if it had been cancelled. There was a risk that areas for improvement or concern would not be identified due to lack of accurate data.

The company website stated that "Alliance-Pioneer Limited operate to the highest possible key performance indicators standards often exceeding many NHS Ambulance Trusts' minimum requirements. Our KPIs are reviewed and set annually to reflect the direction of contemporary UK Emergency & Urgent services." Our findings during the inspection found that these KPIs were not available and so could not provide evidence of the information stated.

Policy management was not well structured, so there was a risk staff would not have access to the most up-to-date guidance. The registered manager was not able to easily demonstrate if policies they referenced were the most up-to-date versions.

There was a risk that the failings in the records management process would not pick up when essential checks were missed by staff. As a result, no action would then be taken to correct the issues. For example, information on staff employment checks was not well organised and so did not ensure that all checks could be evidenced as completed. At inspection we identified a gap in the employment history of one (of five) staff records, the gap was later found to be covered on another document not stored with the original records reviewed. The provider's recruitment policy stated that two reference contact details must be supplied, but in two of the five records checked, one reference had been obtained. The provider's governance and records management systems had failed to identify these issues and so the provider could not assure themselves that the risk to people was being minimised in accordance with the providers policies.

Records were stored securely to maintain privacy and confidentiality.

# Emergency and urgent care

The registered manager understood the requirement to submit notifications to the CQC following safeguarding alerts or serious incidents. The registered manager was responsive to requests for data and additional information as requested following this inspection.

## Engagement

**Leaders and staff actively and openly engaged with staff, people, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for people.**

The provider captured comments from people and their relative with feedback forms. The responses had been used to assess the quality of the service.

The provider had sought out work within the local community as a result of the COVID-19 pandemic, resulting in them supporting an NHS trust, as well as the local authority clinical commissioning group. Regular meetings with these partners were held to plan and assess the effectiveness of the service. This collaboration work with other providers had a direct impact to improve services for people, as it gave the NHS trust access to more vehicles and staff at a time when resources were stretched due to the pandemic.

## Learning, continuous improvement and innovation

**Staff had a good understanding of quality improvement methods and the skills to use them, however their use was inconsistent. Staff commitment to continually learning and improving services was inconsistent.**

The registered manager told us they and their staff were committed to providing a safe, effective, caring, responsive and well-led service for their people they transported or treated. However, the use of improvement and governance tools such as quality audits, reviews of performance, and staff supervision was inconsistent, with many systems not being reviewed since September 2020. This meant that it would be difficult for the provider to measure success and assure themselves about the quality of the service and improvements needed.

Continuous improvement had taken place in the past. Prior to COVID-19 the registered manager had sought out well performing ambulance providers in other areas of the country (to avoid any commercial competition issues) to see how they achieved success and if these systems could benefit Alliance-Pioneer Limited. One of these initiatives resulted in a locker system being introduced to provide a safe and secure method for passing equipment and data between ambulance crews and the office team.



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

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service must ensure it has processes that enable it to monitor and assess the quality of the service provided. Regulation 17 (2) (a) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.
- The service must ensure it maintains securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The service must ensure staff receive appropriate support, training, supervision and appraisals to enable them to carry on their duties safely. Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Requirement notices

- The service must ensure that all premises and equipment used by the service provider must be clean, secure and properly maintained. Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.